Care Quality Commission

Asprey Healthcare Limited

Smallbrook Care Home

Inspection report

Suffolk Close
Horley
Surrey
RH6 7DU

Tel: 01293772576

Date of inspection visit:
20 August 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Smallbrook Care Home is a care home without nursing for a maximum of 41 older people, including people living with dementia, physical disabilities and long-term healthcare conditions. There were 31 people living at the home at the time of our inspection, one of whom was receiving respite care.

People's experience of using this service:
The management and leadership of the service had improved since our last inspection. The home had a new management team, which had improved the support provided to staff and communication with people and their families.

Regular residents' and relatives' meetings had been introduced to keep people up-to-date with developments at the home and to ask for their feedback. Any suggestions people made had been listened to and actioned.

Staff at all levels met regularly to ensure they were providing people's care in a safe and consistent way. Staff were encouraged to give their views about how the service could be improved and to raise any concerns they had. The management team maintained an effective oversight of the service, which ensured people's care was well-planned and managed. Key aspects of the service, such as medicines management and infection control, were audited regularly.

The way in which risks were managed had improved. A falls protocol had been introduced to ensure that all potential contributory factors were analysed for people who were at risk of falling. There was clear guidance for staff about how to support people who displayed behaviours that challenged the service in a consistent way. Adverse events, such as accidents or complaints, were analysed and discussed with staff to ensure that learning took place and improvements were made.

There were enough staff on each shift to keep people safe and meet their needs. People were supported to maintain good health and to access healthcare services when they needed them. Staff worked well with other professionals to ensure people's needs were met.

Staff were kind and caring and treated people with respect. They encouraged people to make choices about their care and respected their decisions.

Staff received the training they needed for their roles and had access to management support through supervision and appraisal. Staff shared information effectively to ensure people received care that reflected their needs.

People had access to a range of activities and events and had opportunities to access their local community. People's friends and families could visit whenever they wished and were encouraged to be involved in the life of the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
At the last inspection on 6 March 2018 the service was rated Requires Improvement. The report of this inspection was published on 17 April 2018.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good** ●
Is the service effective? The service was effective Details are in our Effective findings below.	**Good** ●
Is the service caring? The service was caring Details are in our Caring findings below.	**Good** ●
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good** ●
Is the service well-led? The service was well-led Details are in our Well-led findings below.	**Good** ●

Care Quality Commission

Smallbrook Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
Four inspectors carried out the inspection.

Service and service type
Smallbrook Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not at the home on the day of inspection. We were supported during the inspection by the home's deputy manager.

Notice of inspection
This inspection was unannounced.

Before the inspection
We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed a report from the local authority quality assurance team following their unannounced visit to the home on 29 November 2018. We did not ask the provider to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with eight people who lived at the home and three relatives. We spoke with nine staff including the registered manager, the deputy manager, the head of care, the chef, the provider's director of operations and clinical standards and four care staff.

We looked at care records for five people, including their assessments, care plans and risk assessments. We read minutes of staff meetings and residents' and relatives' meetings. We checked five staff recruitment files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

After the inspection
The provider sent us further supporting evidence, including the home's training record.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
● Risks to people's health and safety were appropriately assessed and managed. The provider had introduced a falls protocol since our last inspection. This ensured that all potential contributory factors to falls were assessed, including the medicines people took and any underlying healthcare conditions. If a person had more than two falls, requests for a falls team referral, GP appointment and medicines review were made. The implementation of this protocol had been successful in reducing the number of falls people had.
● People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely. If people needed support to mobilise, we observed that staff provided their support in a safe way.
● Staff carried out assessments to identify any potential risks to people, including risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people who were at risk of falling and people who were at risk of developing pressure ulcers were repositioned regularly.
● Due to their dementia, some people demonstrated behaviours which potentially put themselves or others at risk. Staff were aware of these risks and people's support was planned accordingly. Staff were able to describe the possible triggers for people's behaviours and how people should be supported according to their care plans.
● There was a fire risk assessment in place for the home and a personalised risk assessment to identify the support each person would need in the event of a fire. Fire safety checks and fire drills were carried out at appropriate intervals.
● Staff carried out regular health and safety checks and equipment used in people's care, such as slings, hoists and wheelchairs, was checked and serviced according to manufacturer's guidelines.
● The home had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency.

Staffing and recruitment
●.Staffing levels were sufficient to meet people's needs and keep them safe. People told us that staff were available when they needed them. They said they did not have to wait when they needed support and our observations during the inspection confirmed this.
●.Care staff told us that staffing levels had increased since our last inspection. They said this enabled them to spend more time talking and engaging with people rather than focusing solely on meeting their physical care needs.

● The number of staff required on each shift was calculated based on people's assessed needs. This calculation was reviewed regularly to ensure staffing levels took account of any changes in people's needs. The provider had developed a recruitment strategy to ensure all departments of the home functioned effectively.
● The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse
● Staff received regular safeguarding training and understood their responsibilities in protecting people from abuse. Staff were able to describe the signs of potential abuse and the action they would take if they observed these. They said they felt able to speak up if they had concerns and were confident any issues they raised would be taken seriously. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas.
● If concerns had been raised about people's care, the provider had reported these to the relevant agencies, including the CQC and the local authority. The provider had investigated allegations when asked to do so and shared their findings openly and transparently.

Learning lessons when things go wrong
● There was evidence of learning when adverse events occurred. The management team had analysed data from events including falls and accidents and discussed measures that could be implemented to reduce risks. For example, one-to-one support had been implemented for a person at the times of day when the person often displayed behaviours which put themselves or others at risk.
● Where the management team had identified measures to reduce risks, these were recorded in people's care plans. Staff were briefed about any changes to people's care plans to ensure that they provided support in a consistent way.
● The management team had also considered complaints and safeguarding incidents to identify any learning points or themes emerging from these events. Where learning points had been identified, these had been shared with staff at team meeting and handovers.

Using medicines safely
● Medicines were managed safely. People told us staff helped them take their medicines when they needed them. Relatives said staff managed this aspect of their family member's care safely.
● People were able to manage their own medicines if they wished although no-one was doing so at the time of our inspection. No-one was receiving their medicines covertly (without their knowledge). Each person had an individual medicines profile which contained a photograph and any specific needs or risks in relation to medicines.
● There were appropriate arrangements for the ordering, storage and disposal of medicines. Staff who administered medicines received relevant training and their practice was assessed before they were signed off as competent.
● The member of staff who carried out the lunchtime medicines round did so safely and took the time to give people the information they needed about their medicines. If people were not able to communicate their needs about pain, staff used an assessment tool to determine whether they would benefit from pain relief.
● The sample of medicines administration records we checked was up-to-date and accurate. Medicines were audited regularly by the management team and demonstrated that medicines were managed safely.

Preventing and controlling infection

- Staff kept the home clean and hygienic and maintained appropriate standards of infection control. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home and infection control audits were carried out regularly.
- Staff attended infection control training in their induction and regular refresher training. They had access to personal protective equipment, such as gloves and aprons, and we observed that staff used these appropriately.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the last inspection, we recommended that the provider improve the way in which people's capacity was assessed and recorded. At this inspection, we found improvements had been made and that people's care was provided in line with the MCA.

● If people lacked the capacity to make decisions about their care, the provider had involved professionals and representatives legally authorised to act on people's behalf to ensure decisions were made in their best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.
● Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. If people were subject to restrictions for their own safety, staff had implemented the least restrictive options. For example, if people were at risk of falling from their beds, measures such as low beds and sensor mats had been implemented rather than installing bedrails.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and to access healthcare services when they needed them. Managers and staff worked effectively with healthcare professionals to ensure people received the care and treatment they needed. This included GPs, community nurses, speech and language therapists and the intensive support team.

● Staff providing care in partnership with other professionals had achieved positive outcomes in people's heath. For example, one person had been admitted to the home with leg ulcers which required daily treatment from a community nurse. After four months, the person's leg ulcers had improved to the extent that the nurse now needed to visit the person only once a month.
● Relatives told us staff communicated well with other professionals involved in their family member's care. They said staff kept them informed about their family member's health and well-being. One relative told us, "There is good communication between here and [family member's] GP practice." Another relative said, "The seniors are very good, it's usually them I speak to. They keep me up-to-date with anything that's going on with [family member]."

Supporting people to eat and drink enough to maintain a balanced diet
● People's needs in relation to nutrition and hydration were considered during their initial assessment. If needs in these areas were identified, a care plan was put in place to address them. We saw that there were clear guidelines in place for people who had specific dietary needs, such as diabetic or texture-modified diets. If people were at risk of failing to maintain adequate nutrition, staff monitored their weight and recorded their food intake.
● Catering staff had the information they needed about people's dietary needs and preferences. The chef attended daily meetings with other heads of departments to ensure they were up-to-date with any changes in people's needs. The chef had received training from a speech and language therapist on the recently introduced guidance regarding thickeners and diets for people with dysphagia.
● People told us they enjoyed the food provided. They said they could have alternatives to the menu if they wished. Relatives told us their family members were supported to eat well and to maintain a healthy weight. One relative said their family member had become underweight when they lived alone but had achieved a healthy weight since moving to the home with the encouragement of staff. The relative told us, "[Family member] has put on weight since she's been here. They encourage her to eat. They will try different things until they find something she likes."
● Staff made the lunchtime meal a relaxed and enjoyable experience for people. They offered people a visual choice of meals and checked they were happy with the meal they had chosen when it arrived. If people were reluctant to eat, staff offered them alternatives, including dishes that were not on the menu. People who needed support to eat were assisted by staff in a dignified and unhurried way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved to the home to ensure staff could provide their care. People's needs were reviewed regularly to ensure they continued to receive appropriate care and support.
● Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.
● Staff shared information about people's needs effectively. Staff beginning their shift always had a handover, which ensured they were up-to-date with any changes in people's needs.

Staff support: induction, training, skills and experience
● Staff had the training and support they needed to provide people's care. All staff had an induction when they joined the home, which including mandatory training and shadowing colleagues.
● Refresher training in mandatory areas was provided regularly and staff had access to training relevant to the needs of the people they cared for. Staff were expected to complete the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
● Staff had opportunities to achieve further relevant qualifications. Care staff were encouraged to work towards vocational qualifications in health and social care and senior staff had opportunities to register for

leadership and management training.
- Staff met with their line managers for one-to-one supervision. These sessions provided opportunities for staff to discuss their performance, training and development needs.

Adapting service, design, decoration to meet people's needs
- The home had comfortable communal areas and a well-maintained garden. Adaptations and equipment were in place where necessary, including adapted bathroom facilities. People's bedrooms were personalised according to their tastes and preferences.
- Memory boxes had been installed to help people living with dementia recognise their bedrooms. Some of these contained personalised items or photographs but others were empty. We discussed this with the provider, who agreed to further develop the use of memory boxes to help people living with dementia orientate themselves.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked the staff who cared for them and we observed that staff engaged with people proactively, sharing conversation and humour. Staff knew the people they cared for well and spoke to them about subjects that were of interest to them. Staff were attentive to people's needs and quick to respond if people became anxious or upset.
- Relatives told us staff treated their family members with kindness and respect. One relative said of staff, "They are all very friendly." Another relative told us, "[Family member] is very happy here. A lot of that is down to the attitude of the staff."
- Relatives said the home provided a calm environment which benefited their family members. One relative said that when they first visited the home, "We thought it was ideal because it had a calm, homely atmosphere and we felt there were no restrictions on people." Another relative told us, "I have been extremely impressed [with the home]. The way staff relate to the residents is very good. There is a very much a calm atmosphere, which is important for people with dementia."
- Relatives told us their family members had received good support to settle in when they moved to the home. One relative said they and their family member had been anxious about the move but the caring approach of staff had helped allay their concerns. The relative told us, "[Family member] has had very good support to settle in. They have got to know her very quickly."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people in a way that was friendly yet respectful. Relatives said staff knew and respected their family member's choices about their care. We observed that staff offered people choices and respected their decisions. If people needed personal care during our inspection, staff provided this discretely and in a way which maintained people's dignity.
- People were supported to maintain relationships with their friends and families. Relatives told us they could visit their family members at any time and said they were made welcome when they visited. Relatives told us families were encouraged to be involved in the life of the home and to attend events. One relative said, "They had a lovely barbecue last month." People's religious and cultural needs were known and respected.
- Staff supported people in a way which maximised their independence. For example, we saw staff encouraging people to eat and to walk as independently as possible. One member of staff told us, "If people can walk a little bit, we encourage them. It's good for them to keep their mobility as much as possible."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People's care and support plans were individualised and person-centred. They considered all aspects of people's care, including mobility, personal care, mental health, continence, tissue viability and oral health.
● Care plans were detailed and contained clear guidance for staff about how people's support should be provided. They were reviewed regularly to take account of any changes in people's needs. The views of people and their relatives were sought when reviews took place.
● Staff had worked with people and their families to develop personalised 'life history' books. These contained information about people's personal histories, including their childhood, family, education and employment. In addition, the books contained information about people's interests, preferences, likes and dislikes. The director of operations and clinical standards told us staff would use the information to get to know the people they cared for more holistically and to personalise the support people received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People had opportunities to take part in a range of activities and outings. In-house activities included arts and crafts and gardening. Entertainers visited the home and trips to places of interest were organised regularly. If people had been identified as at risk of social isolation, action had been taken to mitigate this risk. For example, one person had one-to-one support to engage in activities funded by their placing authority.

Meeting people's communication needs
From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs had been considered at the time of their initial assessment. Where needs had been identified, individual communication plans had been developed to meet these.

End of life care and support
● The home was not providing end-of-life care at the time of our inspection although had done so in the past. Staff had access to training in end-of-life care and to advice and support from a local hospice.
● People were asked about their wishes regarding end-of-life care and these were recorded. If people did

not wish to discuss this aspect of their care, staff respected and recorded this decision.

Improving care quality in response to complaints or concerns
● The provider had a procedure which set out how complaints would be managed. People and relatives knew how to complain and told us they would feel comfortable doing so.
● The home's complaints log demonstrated that complaints were managed in line with the provider's procedures and that action was taken to address people's concerns.
● Complaints and the responses to them were monitored by the management team. Any issues arising from complaints were discussed with staff at team meetings to ensure learning points were actioned and improvements embedded.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● The management and leadership of the home had improved since our last inspection. The registered manager joined the home in February 2019 and had been supported in making improvements by the provider's director of operations and clinical standards, who was appointed in January 2019. The home also had an experienced deputy manager and the head of care, who completed the management team.

● Staff told us the management support they received had improved since our last inspection. They said the registered manager and senior staff were approachable and available for advice. One member of staff told us the registered manager and the deputy manager were, "Always ready to listen and help." Another member of staff said of the registered manager and deputy manager, "They are caring and try their best for their staff."

● Staff told us the registered manager had made clear the expectations of them in their roles. They said the management team reminded them of their responsibilities and encouraged their views about how standards could be improved. The registered manager had fulfilled their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

● The management team maintained an effective oversight of the service, which ensured people's care was well-planned and managed. Key areas of the service were checked and audited regularly. These included accidents and incidents, infections, pressure ulcers, medicines, infection control and health and safety. Any untoward events that occurred were reviewed to ensure learning and improvements took place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The management team had improved communication with people and their families. A newsletter was distributed regularly to keep people up-to-date with news and events at the home. Quarterly residents' and relatives' meetings had been introduced at which people were encouraged to give feedback about all aspects of the service. Suggestions people made had been listened to and implemented. For example, people had requested a refurbishment of the bistro area. This work was under way at the time of our inspection and progress had been communicated to people on a 'You said, we did' board.

● People and relatives told us they could always speak to the registered manager or a senior member of staff when they needed to. One relative said of the registered manager, "She is always around. She has a

presence on the floor."
● Regular meetings for all staff groups had been scheduled. Staff told us they were encouraged to give their views about how the service could be improved and to raise any concerns they had. They said any issues they raised were responded to. For example, one member of staff told us they had highlighted that one person needed a new item of equipment to help them mobilise safely. The member of staff said the management team had arranged for the equipment to be obtained. Minutes showed that the management team had also used meetings to discuss issues including complaints and compliments, safeguarding, training and recording.

Continuous learning and improving care; Working in partnership with others
● Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, community nurses and occupational therapists.
● The registered manager attended regular meetings with the provider's other registered care home to discuss developments in the sector and share good practice. A Dementia Talk was held at the in June 2019 for residents, families and staff which provided information about the condition. Positive feedback had been received from families who had welcomed the opportunity to learn more about dementia and to talk about their experiences.
● Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care. Dementia UK visited the home in March 2019 as part of an initiative for care homes to benefit from their knowledge of current best practice.