

Commercial in Confidence



Excellence in Care

“Identifying, recognising, and celebrating those delivering excellence in care”

Assessment Report

For

**Brackenley Residential Care Home  
(Harrogate Skills 4 Living Centre - HS4LC)**

On behalf of



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## 1. Key Information

ASSESSMENT TYPE	INITIAL ASSESSMENT
ASSESSOR'S DECISION	STANDARD MET
ASSESSOR'S NAME	CHRIS JAMES & LORNA BAINBRIDGE
VISIT DATE	03/02/2017
CLIENT ID	C20875

## 2. Organisation – Information, Introduction and Overview

Brackenley Residential Care Home is part of the Harrogate Skills 4 Living Centre (HS4LC), referred to as Brackenley throughout the report. Brackenley is based in Harrogate, North Yorkshire, it is a residential care home, which provides thirteen people with twenty-four-hour residential care to enable them to lead full lives. It has a warm, friendly home environment with the aim of providing personalised care to the needs of each resident. The residents have their own bedroom with en-suite facilities and each room is furnished and decorated in the way the individual chooses, providing room for their personal possessions and TV. The communal areas include a large lounge and dining room, kitchen, patio, and extensive gardens, as well as a fully equipped sensory unit, which has multiple uses. Staff are on rota twenty-four hours per day to assist residents with personal care, meals, listening, advice and support. They help them on a one-to-one basis to live an independent and full life by accessing a range of activities, including, shopping, social and learning interventions, and getting out into the community

Brackenley aims to:

- support adults in the Harrogate area and surrounds, with learning difficulties and disabilities and to enable them to enjoy rich fulfilling lives, living, learning, working,
- provide or assist with the provision of educational courses, social activities, training and advice to meet individual's needs and abilities so that they may participate in community life,
- provide a safe and personalised holistic model of care, support and living skills, and
- promote such other charitable purposes for the benefit of persons with learning needs and volunteering in the local community.

Brackenley volunteered to be assessed against the Excellence in Care Standard with the aim of achieving accreditation against the Standard, identify areas of strength and those to be further improved.

### 3. Areas of Particular Strength

The following areas were aspects, which appeared to work particularly well and viewed positively by those staff and stakeholders interviewed and / or supported by observed and/or documentary evidence. Where there is a direct correlation to the **Excellence in Care** Standard this has been identified, and cross-referenced.

- **Qualifications and learning and development (2.2, 2.8)**

Staff are actively encouraged to work towards the completion of the relevant qualifications to ensure knowledge, skills and competency are fully understood and tested to support the provision of care. The mandated learning and development is recognised and an implementation plan designed to ensure all staff remain current with the requirements. In the event of updates to legislation and regulatory requirements, these are addressed within the relevant policy and communicated to staff through team and / or individual meetings. Staff are provided with the opportunity to work towards higher level qualifications with the aim of being able to progress within the establishment.

- **Recruitment and selection (2.5)**

There is a robust approach to recruitment and selection of people at all levels, clear specifications are designed, which incorporates knowledge, skills, behaviours and personal qualities. In addition, consideration is made to the requirements of the residents to ensure staff members have the necessary interests / talents to work with them. Managers, care staff and residents are actively involved in the recruitment and selection, which was evidenced through the recent recruitment of a new CEO.

- **Induction (2.6)**

New recruits are in receipt of an extensive induction programme when joining the establishment, whilst the mandated training is available including completion of the Care Certificate, there is an expectation that care staff will spend time shadowing and working with colleagues to gain a good understanding of the requirements of each resident, including 'likes' and 'dislikes'.

- **Development of talent and potential (2.8)**

Staff feel valued and appreciated for their contribution to the establishment through the recognition from senior leaders and managers, as well as residents and family members. Staff are very positive and in high spirits and throughout the interviews it was evident that they thoroughly enjoyed the role. Individuals talents are nurtured and used across the establishment to contribute to providing residents with access to a range of activities, including cooking, gardening, etc. including succession planning.

- **Choices / options for the resident (3.2)**

Residents and family members are consulted prior to moving into the establishment and throughout their residency to ensure their needs are met on every level, including personal care, safety, social and emotional. Choices and options are readily provided to residents and every effort is made to meet their needs and desires and there was no compromise, for example, individual's requests to visit London for a day, go abroad for a holiday, etc. were accommodated following extensive risk assessment.

## 4. Recommended Development Areas

Although Brackenley demonstrated that it meets the **Excellence in Care** Standard the following areas could be considered for review and improvement based on feedback, observed and / or documentary evidence. Where there is a direct correlation to the **Excellence in Care** Standard this has been identified and cross-referenced. These will form the basis for discussion at the twelve and twenty-four months' continuous improvement check.

- **Definition of Excellence in Care (1.2)**

The interim CEO provided a clear definition of Excellence in Care, and key words were echoed by staff when posed the same question. In addition, other stakeholders (family and professionals) used similar words, whilst the managers were focused on the outcome against the Care Quality Commission (CQC). Consequently, consideration could be made to clearly defining Excellence in Care and the measure, and communicate to all stakeholders; managers, staff, family and professionals to ensure a consistent understanding.

- **Involvement in the business plan and identification of additional services (1.3, 4.3)**

When Brackenley was acquired by HS4LC the family members were invited to an event and encouraged to share their ideas regarding the future of the home. Subsequently, an annual barbeque invites family members to attend a social event, receive an operational update and share their views and opinions. Whilst an open-door approach to engaging family members (and other stakeholders) is commonly recognised and appreciated, consideration could be made to formally engaging stakeholders (family and professionals) in contributing to the aims and objectives of the home, and future services required by the residents.

- **Feedback from residents and family (3.5)**

As previously stated, there is an open-door approach to gaining feedback; residents are engaged in a range of activities, for example, one-to-one with a key worker and resident meetings, whilst family members are invited to speak to the manager and staff at any time and in some cases, have completed a survey. In the future, consideration could be made to posing key questions, for example, *'how would you rate the level of care from one to ten, ten being the highest'* and *'why'*, as well as *'would you recommend the establishment to potential residents / family?'* and *'why'*. Leaders may also wish to develop a 'You said we did' type of update to everyone, so they have it in writing that their feedback had been actioned.

HS4LC has recently acquired an additional residential care home in Harrogate and the managers are working towards all the policies, systems and processes being universal across the group. Consequently, in the future, consideration could be made to the following:

- Develop a strategic plan for HS4LC, which incorporates the two residential care homes and indicates its vision, mission and values, as well as the strategic aims and objectives to contribute to further improvement. Subsequently, each establishment could develop an operational business plan; developed in consultation with the different stakeholders – staff, residents, family and professionals.
- HS4LC was successfully accredited with the **matrix** Standard in 2014 and subsequently undertook the annual continuous improvement check. In the future, consideration could be made to incorporating the two residential care homes and work towards 'matrix plus Leadership & Management. This approach incorporates three principles of the Leadership and Management Standard – Strategic Positioning, Leadership Principles, and People Engagement. Further information on the Standard can be found here; <http://excellencesquared.com/leadership-and-management/>

The annual **Excellence in Care** Continuous Improvement Check will allow the organisation to demonstrate on an ongoing basis the developments it is continuing to make in order to continually improve the provision of the service. These may include the Areas for Future Development above.

Please note that annual Continuous Improvement Checks are mandatory and non-completion within the required timescale will impact on the organisation's accreditation.

## 5. Methodology

The following methods were used to gather evidence against the **Excellence in Care** Standard during the assessment process.

- Initial planning conversations/correspondence with the CEO and the co-ordinator of the assessment, which included a review of the service delivered, the completion of the self-assessment and the logistics of the on-site assessment,
- Two Assessors on site for one day to undertake interviews with staff, residents, family members and professionals and access to a range of documentation and computer-based record keeping.
- A total of 10 interviews were undertaken with staff from different levels of the organisation, (senior leaders, managers and delivery staff.)
- Naturally occurring evidence (observations of staff interactions with each other and residents)
- Four interviews were undertaken with residents,
- Three telephone interviews were conducted with family members and four telephone interviews with professionals,
- A final feedback session was provided to the Chief Executive Officer (CEO), Quality and Compliance Manager and Service Coordinator indicating the findings against the Standard, areas of good practice and those to consider for further improvement.

## 6. Findings against the Excellence in Care Framework

### 1. The Establishment

Brackenley was assessed on 5<sup>th</sup> July 2016 by CQC and found to be fully compliant, although the home required improvement in 'safety' due to a signature omission on a declined medication. Since the inspection, managers have put in place refresher training for staff including guidance on the protocol of signatures for declined medications. Weekly audits by management have also been put in place to quality check this.

Managers make good use of The National Minimum Data Set (NMDS) which ensures that mandatory staff training is up to date, plan refresher training as well as benchmarking the home against staff turnover and qualification levels.

Staff at all levels are clear about what the home's vision and described it in the following terms; *'It's the right of every resident to live to their full potential', 'For staff and managers to be instinctively in tune with resident's needs, it's not enough just to fulfil the care plan', 'We're aiming for a quiet efficiency'*. Managers have set a specific objective for the home; *'To be awarded CQC 'Outstanding' in 2 areas (one to be care) within 2 years'*. This vision was a major consideration when recruiting the new CEO and all staff interviewed were clear about the 'type' of person that was needed.

Family members referred to being invited to a meeting when HS4LC acquired Brackenley whereby they were informed of the plans for the establishment and invited to express their views and opinions. Subsequently, annual events such as the barbeque provide the opportunity to advise family members of future plans for the establishment and once again seek their views and opinions.

The key aims and objectives of the family member is to ensure that their relative receives the highest standard of care to meet their personal needs. Whilst family members' views and opinions are sought, in the future consideration could be made to a far more formal approach and involve them in setting key aims, objectives and measures.

Leaders have ensured that there is an adequate budget for staffing including supporting Continued Professional Development (CPD) and qualifications at levels 2, 3 and 5. Staff can access support through HS4LC, and the recruitment of the Quality & Compliance Manager ensures that compliance takes place at the highest possible level. Managers can call on bank staff and agency staff in case of staff shortages. HS4LC has accessed charitable donations and grants to provide enhanced services for residents, such as the sensory studio for Brackenley residents with autism. A capital fund is also in place which provides for the renewal of fixtures and fittings; new carpets have been fitted along with new lounge furniture and garden seats and benches. Residents' rooms are constantly updated as new residents join and personalised as required. Expenditure against the budget is monitored by the Service Coordinator.

Staff knowledge, attitude and behaviour is regarded as the homes biggest asset by its leaders and managers. Staff describe 'time' as the greatest resource they have available to them and many described this as *'the thing that makes the difference'*.

The senior leaders source preferred suppliers through a range of methods, for example, research is initially undertaken on the Internet to purchase equipment and products with the aim of gaining an indication of the offer available and price range. Subsequently, a decision is made based on quality, cost and delivery arrangements. The purchase of food is undertaken at a local supermarket, which provides a level of confidence in the quality and competitive prices.

There is a robust approach to the purchase of works to the premises, for example, the refurbishment of a bathroom entailed the CEO establishing the key requirements and subsequently gaining three quotes prior to making a decision. Monitoring of the work is undertaken throughout each phase, and on this occasion the work was stopped due to poor workmanship, upon which a further supplier was sourced. This process has also been followed to purchase a new telephone system, whilst there is a broad understanding of the service provided the CEO has sought the opinions of a range of consultants / providers to gain information and advice on the most cost effective option to achieve the outcomes required.

The services purchased by the establishment, for example, art and crafts were sourced many years ago and through monitoring the residents' use of the service continue to use it. In the event of additional services being requested of this nature the scope of the service would be analysed and the relevant action taken to identify an appropriate provider and subsequently ensure the Disclosure and Barring Service (DBS) had been completed. As visitors to the premises providing a professional service the Assessors were asked for formal identification and to sign in at the start of the day.

The provision of Wi-Fi is readily available to family members and visitors. Staff are able to access mobile electronic care note recording with the residents whilst out and about. This allows more accurate capture and retrieval of information relevant to residents as well as a greater level of client involvement in their own record keeping process. Resident outcomes are assessed and recorded on the system which enables staff to identify progress (and any setbacks) over a longer period of time. Special apps for autistic residents are used to collate photographs in a 'gallery', which includes the residents likes, preferences or places they would like to go which also allow music to be played over the gallery.

## 2. People Management

Roles, responsibilities and capabilities were reviewed by leaders between September 2014 and March 2015. As a result of this the post of Deputy Manager was deemed as not needed and a complete organisation restructure took place. This resulted in revised roles, including Learning Coordinator, Key-worker (autism) and Service Coordinator. The Quality & Compliance Manager was recruited in November 2016 to provide a 'whole organisation' (HS4LC) approach to quality improvement. Staff have welcomed this and commented that they believe a greater level of professionalism was now in place and described how the introduction of 'tighter processes' for recording resident progress gives them access to more information.

Staff are expected to have a good knowledge of the sector and experience of working with people with disabilities. Staff described being expected to have aspirations for the residents, which is linked directly to Brackenley's values.

A great deal of consideration has been given to the recruitment of the new CEO. The current leaders described a CEO who would bring stability, a genuine commitment to the quality of care, along with a good understanding of the sector. Staff and residents were involved in the recruitment and all those interviewed believed that their views were taken seriously.

Leaders and managers are committed to CPD and staff are actively encouraged to work towards the completion of relevant qualifications. This ensures knowledge, skills and competency are fully understood and tested to support the provision of care. In the first year of HS4LC operating Brackenley, any unqualified staff were supported to gain a level 2 or 3 diploma in Health and Social Care with a 100% success rate, (5 staff qualified). Staff are also enrolled in further qualifications at level 3 and level 5: Managing Health Care Services.

The mandated learning and development is recognised and an implementation plan designed to ensure all staff remain current with the requirements. In the event of updates to legislation and regulatory requirements, these are addressed within the relevant policy and communicated to staff through team and / or individual meetings. Staff are provided with the opportunity to work towards higher level qualifications with the aim of being able to progress within the establishment.

A Training Supervisor was recruited a year ago, to ensure that mandatory training is kept up to date, and addresses any changes needed. This ensures that staff have the most up-to date knowledge in areas such as the Deprivation of Liberty Safeguards (DOLS) – an update to the Mental Capacity Act.

Residents and families are encouraged to be involved, and provide feedback on how the home is led and managed to the team through keyworkers, regular progress reviews and surveys. Staff are encouraged to raise issues or areas for improvement directly with the Service Coordinator. Residents urged management to abolish a 'house rule' whereby residents were expected to be in their rooms by 11pm. This was taken up immediately by the new management and changed. It was observed during the assessment that although dinner was ready, a small number of residents were watching a video and this was respected and dinner delayed.

Staff understand how important it is that residents maintain their independence, whilst managing risks, and let them do things for themselves where possible. Care records include risk assessments and are written in such a way that the resident is able to recognise and understand the risk. Malnutrition Universal Screening Tool (MUST) assessments have recently been introduced and any accidents or incidents are recorded with actions taken to prevent a reoccurrence. The Service Coordinator writes the risk assessments for Brackenley.

These include a wide range of risks within the establishment and in all cases the least restrictive way forward is adopted. Staff have many years' experience within the sectors and put this to good use when considering what might be a risk for residents. The CEO holds a level 7 qualification in Managing Health Care Services and has extensive experience in the National Health Service (NHS).

There is an effective conflict resolution process in place and a multidisciplinary team are brought together to consider possible actions if and when the need arises. A recent episode was dealt with discreetly and information was passed on by '*a need to know basis*'. The conflict was solved with very little disruption to the day-to-day running of the home.

There is a robust approach to recruitment and selection of people at all levels. Clear specifications are designed, which incorporates knowledge, skills, behaviours and personal qualities. In addition, consideration is made to the requirements of the residents to ensure staff members have the necessary interests / talents to work with them.

New recruits receive an extensive induction programme through the Skills for Care common induction. Mandated training is available including completion of the Care Certificate, and there is an expectation that care staff will spend time shadowing and working with colleagues to gain a good understanding of the requirements of each resident, including 'likes' and 'dislikes'.

Help in the form of mentoring from existing staff is also on offer for new recruits and for people changing role, this enables new staff to experience the enthusiasm and good work ethic providing excellent on-the-job training

New recruits are fully trained alongside the induction and are expected to feel fully confident in their role, this can take varying lengths of time depending on previous experience and other factors.

Staff take part in regular supervisions and value the 'me time' they get with their manager. A more structured approach to performance management has been put in place and staff like the self-appraisal prior to meeting with their manager. All staff have either completed level 2 or 3 qualifications, in Health and Social Care, or are working towards them. More experienced staff are on hand to support those working towards qualifications including managers.

Staff feel valued and appreciated for their contribution to the establishment through the recognition from senior leaders and managers, as well as residents and family members. Staff are very positive and in high spirits and throughout the interviews it was evident that they thoroughly enjoyed the role. Individuals' talents are nurtured and used across the establishment to contribute to providing residents with access to a range of activities, including cooking, gardening, etc. This also contributes to succession planning within the establishment.

### 3. People who use the Services

Care plans are person-centered and each resident is actively encouraged to explain how they want their care to be delivered, and if needed with input from family. Staff will read care plans to residents if needed to ensure they feel involved and are listened to. Care plans are reviewed monthly and when changes take place such as specific equipment being used or an adaptation to accommodate the changing needs. Staff were increasingly concerned about one resident who was at risk of causing serious injury to his head. Staff researched at great length a protective helmet which had heat, fitting and sound settings that would help to reduce their anxiety. Staff tried the helmet on to ensure they understood the sensation and what it would be like for the resident. The helmet is now in regular use and has been added to the resident's care plan.

Residents and family members are consulted prior to moving into the establishment and throughout their residency to ensure their needs are met on every level, including personal care, safety, social and emotional. Staff described involving family members and a prospective resident in the colour scheme of their room as well as choosing specific furniture. Choices and options are readily provided to residents and every effort is made to meet their needs and desires, for example, a resident's requests to visit London for a day, go abroad for a holiday, etc. were accommodated following extensive risk assessment.

Care plans include the resident's life story and are written mostly in their own words. These are completed before they become residents of the establishment and provide staff with valuable insights into the new resident. It was observed during the assessment that a resident was encouraged to talk about an upcoming trip to Northern Ireland where he was given the opportunity to share information and anecdotes from his past which was clearly enjoyable for the individual. The resident's rooms have pictures on their wardrobes of places they would like to go and things they would like to do such as 'having an Irish coffee' and 'shave my legs'.

Keyworker days allow residents the opportunity to request something a little different to their days, for instance visiting an air show in Chelmsford (which is a considerable distance from Bracklenley); the trip was planned, risk assessed and went ahead. Regular trips to the theatre, cinema, the races, bowling, pubs & clubs, along with coach trips and holidays are enjoyed by the residents throughout the year. When staff were asked about the options for activities nothing appeared to be *'out of bounds'*.

There is an open-door approach to gaining feedback, and residents are engaged in a range of activities, for example, one-to-one with a key worker and resident meetings, whilst family members are invited to speak to the manager and staff at any time and in some cases, have completed a survey. Additional opportunities and activities for residents have been introduced as a result of this for example activities that they enjoyed as a child. Families regularly telephone the establishment or email, and some visit regularly, giving them the opportunity to speak to staff and management. Family members were observed visiting the home and interacting in a positive and collaborative way with staff during the assessment.

Family members have good relationships with the senior leaders, managers and care staff and as a result feel very confident to raise concerns and / or issues regarding the care being provided to the residents. Family members view the relationship as a partnership and strongly believe that feedback is welcomed with the aim of meeting the changing care needs and ensuring a fulfilled life for the resident is gained.

Whilst family members were not directly aware of the local and national appeals and complaints procedures they confirmed that they would source the process from the senior leaders or Internet. However, it was emphasised that due to the current relationships; open and honest communications, discussions regarding issues and concerns and the ability to work together in the interest of everyone, family members failed to realise a time when they would need to follow a formal process. It was also stated that in the extreme cases they would be confident to use the appeals / complaints processes and currently felt that there would be no repercussions.

Residents have easy access to the local community and the staff arrange events throughout the year including galas, fetes, BBQs and special events to mark Easter and Christmas. Residents and staff organised a party to celebrate Le Grand Depart and the baton for the Olympic Games. Residents are also able to access the services on offer through HS4LC such as cooking as well as taking part in the upkeep of the garden at Brackenley.

#### 4. Stakeholder Consultation

A review of the care needs is undertaken in line with the minimum standards of the CQC, which involves the key stakeholders, including staff, family members and professionals. Informally, the ongoing communication with the residents seeks to establish their needs and desires to ensure they live a fulfilled life. As previously stated, the residents have monthly key-worker days whereby they choose an activity they would like to do. The staff are responsive to the residents' desires, for example, throughout the assessment one resident expressed interest in going to the local coffee morning on Saturday, and thus plans were put in place.

Family members confirmed that they are consulted on a regular basis regarding the care plans and additional needs of their relative. Issues and / or concerns identified by either party (family member or the staff) are openly discussed and a plan agreed, for example, one family member was concerned regarding the level of personal hygiene (the resident was wanting to demonstrate the ability to live independently), consequently a plan was designed whereby the support was implemented in an unobtrusive manner.

Similarly, professionals involved in the care, health and wellbeing of the residents confirmed their involvement in contributing to the plans of individuals and confirmed that feedback and action agreed was welcomed by the staff, and subsequently implemented.

The family members and professionals interviewed throughout the assessment had been involved with the establishment for many years, and as a result the induction to the establishment was not fully tested. However, the senior leaders and managers provided an in-depth explanation of the approach taken to bring a resident into the establishment, including phased visits to ensure both parties are comfortable and confident with the service identified and planned, as well as being comfortable with the environment and staff. Staff also described how a potential new resident and their family were shown around the home and had been involved in deciding on the decoration and furniture within the room.

The residents' meetings provide the opportunity to review the activities they are engaged in on a day-to-day basis, and subsequently identify what they would like to do in the future. Whilst there is an open-door approach for family members and professionals to express their views and opinions, in the future, consideration could be made to consulting them regarding identifying and accessing additional services to meet specific needs and expectations. Professionals described an effective consultation process, for example, if they believed a resident needed to go to neurology then it would be instigated.

Family members and professionals spoke of the ongoing communications whereby information was shared regarding the future plans, including activities. In addition, reference was made to the newsletter, which is informative and provides a range of information and updates in relation to the establishment and plans. Staff are always on hand for professionals and one described having a specific point of contact but if that staff member wasn't available the other staff would be able to update them.

As previously stated, family members and professionals are confident to express their views and opinions on any aspect of the service being provided with the aim of further improving the life of the resident/s. Professionals described being sent a questionnaire when HS4LC took over the home and that staff regularly ask 'what more can we do'? There is recognition that occasionally communication fails to be effective as it could be, but this is not with intend and it is appreciated that the establishment is a busy home for the residents.

## 7. Conclusion and Recommendations

Brackenley Residential Care Home have successfully met all the requirements of the **Excellence in Care** Standard. Whilst the senior leaders practice the principles of the Standard; The Establishment, People Management, People who use the Service and Stakeholder Consultation the key strength is around People Management.

The evidence collected from staff, residents, family members and professionals demonstrated that the **'resident'** is the primary focus, however, it was recognised that staff are the greatest asset. Consequently, the management and development of the staff were a focus of the senior leaders. Whilst money is invested in the residents and staff, there is a substantial amount of time invested in both.

## 8. Acknowledgements

The assessment team; Chris James and Lorna Bainbridge would like to take the opportunity to thank the senior leaders of Brackenley Residential Care Home for participating in a pilot assessment against the **Excellence in Care** Standard. We request that the staff, residents, family members and professionals also involved in the assessment are duly thanked; their contributions were greatly appreciated.

In line with the agreement to undertake a pilot assessment please provide the assessment team with feedback regarding the experience of the assessment and the criteria of the **Excellence in Care** Standard. Consideration could be made to the following:

- Were the requirements of the Excellence in Care Standard clear from the start?
- Was the completion the self-assessment of value?
- Did the assessment plan provide clarity about the requirements of the on-site assessment?
- Did the on-site assessment go according to your expectations?
- How satisfied were you with the feedback provided at the close of the day?
- How could the assessment team improve its performance?
- Is the Standard challenging?
- Does the Standard replicate the CQC inspection too much?
- What other aspects / requirements would be of value to be included in the Standard?