

Brama Care Ltd

The White House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The White House provides treatment and care to people with eating disorders. The service provides support to people who are transitioning from hospital into the community. The residential service has six bedrooms over three floors. Four bedrooms were en-suite and two bedrooms shared a bathroom.

The provider is also registered to provide personal care to people living in the community.

At the time of our inspection there was six people living in the residential care home and three people in receipt of supported living.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider was not registered to support people with learning disabilities or autistic people. However, they were supporting people with eating disorders who were autistic. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were autistic people using the service.

Right Support: Staff understood their responsibilities in relation to the Mental Capacity Act 2005.

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

Where people had given consent to do so, their relatives were involved in their care and no decisions about care were made without the person being at the centre of discussions before plans were agreed.

Right Care: Care and support provided was person-centred and promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of nurses and support staff ensured people using services were treated with kindness and supported in line with their recovery plan. Further work was needed to ensure the management of quality and safety assurance systems were strengthened.

We found medicines continued not to be managed safely. The service had good care outcomes for people but there was a lack of clear and consistent systems to ensure the registered manager and provider had good oversight of the service.

We recommended the provider refers to current guidance to ensure all pre-employment checks are received prior to a new staff member starting work.

The service was clean and well maintained. However, further work was needed to ensure fire safety checks were carried out as required and staff, including the registered manager have access to the records maintained.

For the care service to be correctly registered for the regulated activity of Personal care, there must be a real separation between the provision of personal care and the accommodation agreements. This was not in place for people in receipt of supported living.

People were supported by staff who had received a variety of training including autism, and eating disorders. People told us staff treated them with kindness.

People were supported to access all relevant health professionals in order to support their recovery and ensure their health and wellbeing were being appropriately monitored.

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

Whilst the last rating for this service was good (published 24 January 2020) there was a breach of regulation. The provider did not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and governance at this inspection. Please

see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The White House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three Inspectors including a pharmacy Inspector and a specialist advisor with a specialist background in eating disorders.

Service and service type

The service is registered both as a domiciliary care agency providing personal care and support to people living in the community. And, as a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The White House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We used observation to gather evidence of people's experiences of the service. We spoke with six people who used the service including people who had previously used the service. We received feedback from 2 relatives. We spoke with 7 members of staff including the registered manager, administrator and deputy manager.

We reviewed a variety of records including 6 people's care records, staff recruitment, incident reports, audits, medicines records, policies and procedures.

We continued to seek clarification from the provider to validate the evidence found.

We provided feedback with our findings to the registered manager on the 21 December 2022.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service continued not to be always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found a lack of improvement and the provider was still in breach of regulation 12.

- At the last inspection we found people were not receiving safe care and treatment and were at risk of harm from unsafe medicines processes. These included incomplete medicines records, concerns about how people self-administered their medicines and not improving areas identified in an audit.
- At this inspection we continued to find several concerns with the management of medicines.
- There were gaps on the electronic medication administration system (EMAR) where doses of medicines had not been signed for. This meant we could not be sure people had received their medicines as prescribed. Since the inspection the registered manager told us a medicines management investigation has since been completed regarding this incident.
- We found several discrepancies between prescription instructions and the (EMAR). In addition, when medicines doses were altered, we did not see evidence that written confirmation of these changes from the prescriber had been obtained by staff before the (EMAR) was updated. This meant we could not be assured people were receiving their medicines as intended by the prescriber.
- The provider did not have a robust system for the management of medicines supplies. We saw three expired medicines. This meant there was a risk of people receiving medicines that were not suitable. We also saw two medicines were out of stock and two medicines being administered which were not listed on the (EMAR) for that person.
- Staff were secondary dispensing medicines for a person to take whilst living away from the care home. However, this practice was not being carried out in line with the provider's own medicines policy.
- Staff did not have access to information on the use of 'as and when required' (PRN) medicines or medicines prescribed with a variable dose. We were not assured that staff made consistent, person-centred decisions about when and how much medicine to give to people as there was a lack of PRN protocols in place.
- Nursing staff responsible for medicines administration also undertook the medicines audits, where some areas for improvement had been noted. However, these audits had not identified the shortfalls we found.

This demonstrated a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People could not be assured all steps required were taken to ensure fire safety of the premises.
- We found two fire doors wedged open. Fire doors are designed to reduce the risks of the spread of fire and smoke, but by having the doors wedged open, the risks are increased.
- The provider's premises fire risk assessment had not been reviewed since May 2016. Without a current and up to date fire risk assessment, the provider could not be assured their mitigation of risk was fully compliant with current legislation and best practice guidance.
- Fire safety checks including weekly fire bell checks had not been completed since August 2022. Without routine fire safety check the provider could not be assured their systems to keep people safe were fit for purpose.
- The registered manager told us up to date checks were available on the deputy manager's computer. However, they and other staff did not have access to these records. Despite our requests these were not provided, therefore we could not be assured they were in place.
- The provider was unable to provide assurance that medical equipment was suitable for use. For example, we did not see checks to confirm whether the blood glucose meter, weighing scales, blood pressure machine and the pulse oximeter were suitable for use.

This demonstrated a further breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff met people's dietary needs and assessed those needing additional specialist care for nutrition and hydration. People were supported to live healthier lives.
- On admission, staff completed assessments for specific risk issues relevant to the person. Staff knew about any risks to each person and actions needed to prevent or reduce risks.
- Regular multidisciplinary meetings were held to discuss people's care and treatment needs including a review of incidents and agree risk prevention strategies.
- People were involved in the review of their care. However, some people told us they had to ask to obtain a copy of their care and support plan as this was not automatically provided.
- When an incident or accident occurred, this was reported and recorded and then investigated by the management team. Measures were introduced to mitigate future risks and learn lessons from what had happened.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- Staff had received training in understanding the MCA.
- Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision.

Staffing and recruitment

- Recruitment processes were not always safe. References were not always received prior to staff being employed.
- For three staff files reviewed Disclosure and Barring Service (DBS), were completed by a previous employer going back to 2019 and in excess of 3 years. More up to date checks had not been completed or risk assessments carried out to determine the provider's decision making not to carry out updated checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider refers to current guidance to ensure all pre-employment checks are received prior to a new staff member starting work.

- There was no separation of designated staffing hours to support people living in the residential care home and those in receipt of supported living in the community.
- People told us staffing met their needs apart from when staff left the care home to support people living in the community. One person told us, "If staff are visiting people in their own homes this does mean there are less staff around to talk to when you need them." Another told us, "If there are not enough staff around this can impact on my being able to go out as I need staff to support me."
- The service had vacancies for nursing and support staff. However, there was a consistent staffing team with bank staff and use of regular agency staff. This ensured people received consistency of care from staff who knew them well.
- The GP, also the company director for the service attended one day per week and was available on an on-call basis out of hours.
- The mandatory training programme was comprehensive and met the needs of people and staff. Training included understanding the needs of autistic people, supportive clinical management for eating disorders.
- Managers monitored mandatory training and alerted staff when refresher and updates were needed.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on how to recognise and report abuse, appropriate for their role.
- People told us nursing and support staff were kind and responsive to any concerns they might have. Some said they did not feel they could always raise concerns with the registered manager.
- There were systems to safeguard people from the risk of abuse. Staff demonstrated their understanding of procedures in place for reporting and acting on suspected abuse.
- The service provided care and support to mixed genders on the same corridor. There were three different activity rooms that could be used as separate gender specific day rooms if required. Each person had their own bedroom, some with en-suite facilities. However, two people's bedrooms shared a bathroom. There was no identified risk assessment in relation to this.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- With people's consent they were supported to have visitors. Relatives understood there were some restricted times for visiting such as during protected mealtimes due to the nature of support required to aid people's recovery.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some governance processes were not operated robustly. We identified continued shortfalls in relation to the management of people's medicines and a lack of fire safety checks.
- Audits carried out by nursing staff did not identify the continued shortfalls we found in the management of medicines, nor provider actions taken following our previous inspection to address the breach of regulation.
- Shortfalls found at this inspection in relation to fire safety, medicines and quality assurance had not been independently identified by the provider and registered manager. There was no action plan in place for improving standards of care and record keeping.
- Following the last inspection, the registered manager failed to provide an action plan in response to a breach of regulation, telling us what they would do to ensure compliance. This meant there was no action plan in place to ensure effective oversight and governance. This placed people at risk.
- Despite the service supporting autistic people, staff were not aware of CQC's statutory guidance on right support, right care, right culture.
- We experienced some difficulty throughout the inspection when requesting information from the registered manager. Not all information was provided. Therefore, we could not be assured they were in place. Some Information received was not provided without repeated requests and within the timescales specified.

This demonstrated a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted personalised care. People's plan of care was agreed via the multi-disciplinary team of professionals and was tailored to individual needs.
- People were involved in all aspects of their care and felt supported and able to speak up to nursing or care staff.
- For at least two people in receipt of supported living, support the provider was both the landlord for accommodation as well as registered to provide care and support. There was no tenancy agreement in place to show a clear separation between provision of care and treatment and accommodation, run separately, without reliance on each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they did not have a system for logging complaints as they had not received any since the last inspection.
- Staff told us there was some reflective learning in response to incidents

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

- People were supported to access activities outside the service, such as voluntary work, education, and opportunities to maintain family relationships. People could access spiritual, religious and cultural support.
- Managers supported staff through regular supervision sessions and constructive appraisals of their work and told us they felt supported.
- People told us they did not all feel supported or listened to by the registered manager, or that the registered manager was approachable.
- The registered manager told us quality assurance surveys were conducted with staff and people who used the service.

Working in partnership with others

- Staff held regular multidisciplinary meetings where they discussed each person, their care needs and plans for recovery.
- The service had access to and worked in partnership with a range of specialists to meet the needs of the people. This included nurses with specialist knowledge of eating disorders, clinical psychologist and dietitian.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider continued not to provide proper and safe management of medicines. There was also a failure to ensure fire safety was monitored with records maintained.
Treatment of disease, disorder or injury	This was a continued breach of regulation 12

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider did not ensure robust governance systems were in place to help them identify shortfalls found at this inspection in relation to safe and proper care.
Treatment of disease, disorder or injury	