Care Quality Commission

Girlington Nursing Home Limited

Britannia Care Home

Inspection report

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Bradford
West Yorkshire
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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

Britannia Care Home is a purpose built facility in Girlington, Bradford close to local amenities. The home provides accommodation for a maximum of 39 people who have mental health needs.

Accommodation is provided across three floors. There is clear access to all floors for wheelchair users with a passenger lift and a ramp for wheelchair access at the front of the home.

The inspection was carried out on 14 September 2017 and was unannounced.

At the time of the inspection there were 38 people living in the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in August 2016 we identified one breach of regulation in relation to the safe management of medicines (Regulation 12). During this inspection we found the required improvements had been made.

People told us they liked living at Britannia and felt safe. Staff were aware of how to identify and report any concerns about people's safety and welfare.

There were enough staff available to ensure people received appropriate support. The required checks were completed before new staff started work and this helped to protect people. Staff were trained and supported to carry out their duties.

The home was clean and maintained in a safe condition. People told us they liked their rooms.

Risks to people's safety and welfare were identified and managed. Within people's care records there was some duplication of the information recorded in their care plans and risk assessments. The registered manager had already identified this and was dealing with it.

Incidents and accidents were recorded and investigated and action was taken to reduce the risk of reoccurrence. The records showed physical restraint was only used when it was in people's best interests and necessary to prevent harm.

We found improvements had been made to the way peoples medicines were managed and people told us they received their medicines at the right times.

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We found the service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted.

People had access to advocates to help ensure their views were represented.

Everyone told us they enjoyed the food. People were offered an excellent choice of food which reflected their preferences and cultural needs. Appropriate action was taken to support people who were at risk of poor nutrition.

Within the care records we saw evidence people had access to a range of health and social care professionals. The feedback we received from other agencies involved with service was positive. They all told us they felt the registered manager and staff worked well with them for the benefit of people who used the service.

People told us staff were kind and treated them with dignity and respect. This was confirmed by our observations of care and support. People were supported to maintain their independence. Equality and diversity was promoted, for example, people were supported to celebrate a diverse range of religious festivals.

People were supported to take part in a range of activities. The registered manager was eager to recruit a dedicated activities coordinator to improve people's access to social activities.

There was a system in place to log, investigate and respond to any complaints received. People told us they were confident the registered manager would listen to them and take appropriate action if they had any concerns.

There was an open and inclusive culture within the home. The registered manager provided strong leadership and a good role model for staff. We found the service had continued to improve since the last inspection.

People's views were listened to and used to continue to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people's health and safety were identified and managed.

There were enough staff deployed to ensure people received appropriate support.

Robust recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to carry out their roles.

The service was working in line with the requirements of the Mental Capacity Act which helped to make sure people's rights were protected.

People's nutritional needs were met. People had access to a wide variety of food and drink and everyone told us they liked the food.

People's healthcare needs were assessed and people had access to a range of health professionals.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was well led.

The registered manager provided strong leadership and was clearly committed to continuing to improve and develop the service.

Systems were in place to seek people's feedback and use it to make positive changes to the service.

Systems were operated effectively to assess and monitor the safety and quality of the services provided.

Care Quality Commission

Britannia Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 14 September 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case our expert had experience in mental health services and spoke a number of South Asian languages which ensured they were able to speak with a diverse range of people within the home.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with nine people who used the service. We spoke with the registered manager, three care workers and the cook. We looked at four people's care records, medication records and other records which related to the management of the service such as staff files, meeting notes and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us in a prompt manner and we took the information provided into account when we made judgements in this report.

Good

Is the service safe?

Our findings

People told us they liked living at Britannia and felt safe. One person said they felt safe because a member of staff always went with them when they went out to the local shops and post office. Another person said, "I think the manager [name] is wonderful. We all love her but then all the staff here are very good. We are like one big happy family. They all look after us well."

Safeguarding incidents were recorded and investigated. This included appropriate referrals to the local authority, liaison with people's families and police. A log was maintained which clearly showed a description of each incident, the action taken to help maintain safety and the lessons learned to prevent a re-occurrence. This gave us assurance that action was taken to learn from safeguarding matters and continuously improve safety. Safeguarding was an agenda items at staff and resident meetings and people were asked if they felt safe. This helped provide mechanisms for people to raise concerns. Staff understood how to raise concerns and said they were confident people were safe living in the home.

The home supported some people to manage their money. We found people's money was managed safely. All transactions were recorded and receipts were kept for any purchases made on people's behalf.

The registered manager told us there were usually five care workers on duty during the day, this included one senior care worker. Overnight there were three staff on duty. The registered manager was not included in the staff numbers. In addition there were separate staff for catering and housekeeping. At the time of our inspection there was only one domestic assistant, however, the registered manager told us they were looking at increasing the housekeeping hours. The registered manager told us they were also planning to recruit an activities coordinator. At the time of our inspection care staff were responsible for supporting people with social activities and engagement. The registered manager and deputy manager provided support on an 'on call' basis, out of hours.

People who lived at the home did not raise any concerns about the availability of staff. Staff said there were enough staff deployed to ensure people had interaction, stimulation and supervision. During the inspection we observed staff carried out their duties in a calm and organised way and were available to support people as needed.

We looked at three staff files and saw checks had been completed which included two written references and a criminal record check through the Disclosure and Barring Service (DBS). Interview records, proof of identity documentation, job descriptions and evidence of previous training was also present. This demonstrated staff were suitably checked before starting work in the home.

People who lived at the home told us their rooms were kept clean, their bed linen was changed at least once a week and their clothes were washed and ironed for them.

The home was clean and maintained in a safe condition and was suitable for its intended purpose. There was a large dining room and activities room where people could spend time as well as a number of small

lounge areas. There was a kitchen on the second floor where people could independently prepare meals. There was a sensory room where people could relax. Since the last inspection, the service had worked with a voluntary organisation to develop the garden area for the benefit of people who lived at the home.

Safety features were installed such as radiator coverings to protect against the risk of burns and window restrictors to reduce the risk of falls. Key safety checks took place on the gas, electrical and water systems. The passenger lift was maintained, however, we saw a stand-aid was in use with no evidence of it having been serviced. During the inspection, the registered manager took immediate action to address this. A fire risk assessment had been completed and we saw the actions had been worked through by the registered manager to help ensure good fire safety was maintained. Personal evacuation plans were in place instructing staff how to safely evacuate people in the event of an emergency.

At the last food standards agency inspection the kitchen had been awarded a score of 5 (Very good) which is the highest score possible. This showed us effective systems were in place to ensure food was being prepared and stored safely.

Risk to people's individual safety and welfare were identified within their care records. The risk assessments addressed risks to people's physical wellbeing such as falls, nutrition and pressure sores. People's mental health needs were also considered with assessments addressing areas such as self-neglect, self-harm, behaviours which challenged and social isolation. We saw the risk assessments included information about the actions being taken to manage or reduce the risk. We found there was some duplication of information recorded in the risk assessments and care plans. The registered manager told us they had already identified this and were providing additional support to the staff members involved in developing people's care plans and risk assessments.

Incident records were maintained electronically. We saw evidence action was taken to investigate incidents and accidents. Where physical restraint had been used this was documented and it was evidenced that this was in the person's best interest to prevent further harm to themselves or others.

The people we spoke with told us staff gave them their medicines and said they received their medicines at the right times.

At the last inspection we had concerns about some aspects of the way people's medicines were managed. During this inspection we found improvements had been made. Staff had received training in medicines management. Competency assessments had been completed on staff to ensure they retained the required skills to administer medicine safely. These had been further developed since the last inspection to ensure staff knew what to do if someone regularly refused their medicines.

People's medicines were stored safely. Room and fridge temperatures were checked to make sure medicines were stored at the recommended temperatures.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

When medicines were prescribed to be taken 'as required' (PRN) we saw there were written instructions regarding their use. However, we found some of these were lacking in detail, for example, about other

actions staff might use to resolve a situation before offering PRN medicines. Staff were able to tell us about other strategies they used to support people when they became upset or agitated and we were assured PRN medicines were used appropriately. We concluded people's medicines were managed safely.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had thought carefully about people's capacity to consent to their care and treatment, and whether the restrictions placed on people amounted to a deprivation of their liberty. Six DoLS applications had been made where the service had concluded it was likely they were depriving people of their liberty. The reasons for making these applications had been clearly recorded. Of these six, one had been approved, with no conditions attached, with the others awaiting assessment by the supervisory body.

We saw evidence people had been offered Independent Mental Capacity Assessment (IMCA) advocates and saw some people who used the service had advocates to ensure their views were represented.

People who lived at the home were happy with the food. One person said, "I enjoy the food. You can pick what you want from the chart [menu] on the wall in the dining room. I have curry and rice most of the times with chapatti. Sometimes I will have a jacket potato. I help myself to drinks. We can all make our own drinks, the facilities are over there."

Another person said, "We have a good menu it is changed every day with a nice different curry changed as well. Yes, here we all enjoy a good curry. We can have rice with it and bread (chapatti)."

There was good oversight of nutritional risks within the home. The registered manager and kitchen staff maintained a list of who was nutritionally at risk, and the measures needed to support them to maintain a healthy weight, for example, prescribed supplements or fortification of food. We spoke with the cook who demonstrated those at risk had an individual plan to increase their nutritional intake. For example, fortifying food with cream and preparing banana milkshakes. Some people were diabetic and low sugar desserts were provided for them.

People were provided with an excellent choice of food which was prepared fresh daily. Menus varied day to

day on a four week cycle. For example, at lunchtime there were four main courses available. This included two western options and two South Asian options. Vegetarians and those having halal diets were fully catered for. In the evening, both western and South Asian options were also available. On the day of the inspection we observed people enjoying lamb or vegetarian curries with fresh chapattis, jacket potatoes or meatballs followed by a dessert.

We observed at breakfast time, people had access to a range of foods made on order from the kitchen. This included cereals, porridge toasts and a cooked option. We saw people approach the kitchen when they got up and ask for their breakfast which was promptly cooked to order anytime from 8am onwards. For example, one person asked for an egg sandwich with brown sauce and this was quickly provided.

Snacks and drinks were available throughout the day, with people encouraged to prepare these items themselves to increase independence. Drinks trolleys were taken around the home to encourage people who stayed in their bedrooms to keep hydrated.

Within the care records we saw evidence people had access to a range of health and social care professionals which included GPs, consultant psychiatrists, community psychiatric nurses, social workers and tissue viability nurse specialists.

The feedback we received from other agencies involved with service was positive. They all expressed the view that the manager and staff worked well with them for the benefit of people who used the service.

Staff told us they received a range of training which gave them the skills required to care for people with mental health needs. New staff were required to undertake a full induction to the service, its ways of working as well as completing training on safe working practices. New staff without an appropriate qualification in health and social care were required to complete the care certificate. This ensured that new staff received a standardised induction in line with national standards.

Arrangements were in place to provide existing staff with regular training updates in subjects such as moving and handling, managing violence and aggression, mental health, safeguarding, fire and dementia.

Staff we spoke with had a good knowledge of topics such as safeguarding and Mental Capacity Act which demonstrated training in these areas had been effective. Quizzes and competency checks were also undertaken to check staff knowledge. At the last inspection we were concerned medicines competency checks were not robust enough. During this inspection we found this had been addressed.

Staff told us they had regular one to one supervision meetings and annual appraisals. They said they felt well supported to carry out their roles. One staff member said, "[Registered manager] is very helpful with training, all the management are good." The registered manager used an annual planner which helped them to keep up to date with staff supervision and appraisals.

Good

Is the service caring?

Our findings

At the last inspection in August 2016 we found the service was caring. During this inspection we found the service remained caring.

One person who used the service said, "I am free to come and go as and when I want.
They are very nice staff here. I do my own laundry and ironing."

We saw staff treated people in a kind and respectful manner. Staff connected with people at eye level and interacted warmly with them. This included the registered manager.

People's birthdays were celebrated and made a special day for them. This included providing food which they enjoyed as well as a birthday cake.

The service helped promote people's independence. For example, some people accessed the community on their own and this was supported by positive risk assessment. People were encouraged to make their own snacks and drinks, for example, bread and butter and toast mid-morning. Throughout the day we saw people making their own drinks and one person offered to make the inspection team a drink. A kitchen on the second floor was also used by people to improve their cooking skills. We saw one person had recently used this to prepare food for a guest.

People were able to make choices and they were listened to. For example, there was a person centred approach to mealtimes, with the cook preparing food to order on request. Staff told us that some people liked to eat in the middle of the night and were supported to do this. Pictorial menus were on display to promote choice and understanding. Some staff were bi-lingual and a number of them could speak south Asian Languages which enabled them to communicate effectively with people who used the service. One person who used the service spoke Polish and very little English .We saw two staff members on duty who were both native Polish speakers and observed one of these having a conversation with the person.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act and for example, made arrangements to ensure food prepared for people met their cultural and religious preferences. Some people required a halal diet and this was provided by the service. A diverse range of religious festivals were celebrated by the service. The registered manager told us this was not only for those who followed the religion but to raise awareness with all about different cultures. The registered manager told us wanted to further develop links with the diverse local community to further promote cultural diversity.

Good

Is the service responsive?

Our findings

At the last inspection we found the service was responsive to people's needs. During this inspection we found it remained good.

A visiting professional told us "Given how complex the people's needs are here, they do very well."

People told us the service met their needs. One person said, "I have my own room, toilet and shower. Staff help me to shower and change my clothes every day."

Staff understood people well and their care and support plans. This gave us assurance that care plans were followed.

People's needs were assessed and care plans put in place. We found some of these care plans would benefit from more person centred detail and better quality evaluation. For example, one person whose records we looked at was overweight with their weight increasing month on month. The review of their care plan did not acknowledge this or detail strategies to assist them with a healthy diet. Advice from health professionals was clearly recorded in care records, but not always used to update the relevant plan of care. We saw the registered manager had identified care plan updates were not sufficiently robust and had put in place plans to address this.

We saw people had access to a number of activities. Since the last inspection an activities room had been set up. This provided people with a dedicated area to participate in activities such as watching television, listening to music, playing board game, pool or table football. Staff told us they organised activities such as bingo, and other games and took people out, for example, to the local park or for a coffee. External entertainers also came in to undertake chair exercise classes and the registered manager was in the process of arranging pet therapy, as well as a short break to Blackpool.

At the time of the inspection there was no activities co-ordinator employed. The registered manager told us they were keen to ensure a co-ordinator was employed in the coming months. This would help ensure people with consistently provided with a range of suitable activities.

We saw the service maintained links with the local community. For example, a local youth group had undertaken music, sports and drama workshop in the home and had helped develop the garden area as part of a piece of work designed to reduce the stigma of mental health conditions. This had benefited people living at the home with an improved garden area as well as meaningful activity and entertainment.

A system was in place to record, investigate and respond to complaints. The registered manger said there had been no complaints received since the last inspection. We saw the registered manger was "hands on" and approached people regularly, this provided an informal mechanism to address people and deal with any concerns. We saw compliments were also recorded so the home knew the areas its exceeded expectations. One compliment received after the previous inspection in 2016 read 'In the last few months I

have started to notice a few changes to the home and clients. The home looks a lot more friendly. Staff are interacting more with the clients, more activities going on and also outings have been made available to service users.'

Good

Is the service well-led?

Our findings

At the last inspection we found that although improvements had been made the service was not consistently well led. During this inspection we found the service had continued to develop and improve and the registered manager provided good oversight and leadership. We found the registered manager was committed to the continuous improvement of the service and had identified areas for development.

This view was also expressed in the feedback we received from external agencies. They told us the service had continued to develop and improve under the leadership of the registered manager.

People living at the home spoke very highly of the registered manager and this was echoed by staff. They all said they were happy to work at the home.

We saw the registered manger was 'hands on' and regularly undertook care and support tasks. This helped them provide oversight of the home and understand people and their individual needs. The registered manager demonstrated a good understanding of the people and topics we asked them about, which provided us with assurance they understood how the home was operating.

A range of audits and checks were undertaken by the manager and senior staff team to ensure the service operated effectively. Daily walk rounds were documented demonstrating the registered manager checked things formally on a daily basis. Daily, weekly and monthly medicines audits were undertaken as well as audits in areas which included fluid charts, care plans and health and safety. We saw evidence these were effective in identifying issues. Many of the audits contained an analysis produced showing the actions and learning. This demonstrated the manager was committed to continuous improvement of the service.

A range of staff meetings were held including management meetings with agenda items showing service improvement was a key aim of the service. Full staff team meetings were also held. Important topics such as safeguarding were discussed, as well as any recent quality issues found through audits. Staff meetings also provided a support mechanism for staff.   In addition, staff feedback was sought more formally through annual questionnaires.

People's views were sought to help with service improvement. Regular resident meetings were held. We saw these were an opportunity for topics such as activities and food to be discussed. A 'You said, we did' table was produced following each meeting to ensure all feedback was acted on. We saw a tablet computer had been provided following a request at one meeting and more vegetarian options had been provided on the menu to address another person's feedback.

The registered manager had attempted to hold Family/carer meetings to engage with people's relatives and local health professionals. Although nobody had attended the last meeting, it showed a willingness to engage with people's representatives to help drive improvement.

People's feedback was sought through more formal means during an annual survey. We looked at the 2017

results which were very positive showing people were highly satisfied with the service.

The rating was displayed in the home as required by law.