

Mr T & Mrs C Murphy

Bronte

## Inspection report

Lower Lane, Ebford  
Exeter  
Devon  
EX3 0QT

Tel: 01392879350  
Website: [www.bronte-devon.com](http://www.bronte-devon.com)

Date of inspection visit:  
04 August 2021  
23 August 2021

Date of publication:  
17 September 2021

## 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

Bronte is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 20 people. The property is a single-story building with en-suite bedrooms and communal spaces including a lounge, dining room and conservatory. There are large gardens to the front of the property which people are able to use with the assistance of staff.

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

Risks relating to the physical environment had not been properly assessed and systems in place were not being operated robustly enough to identify where improvements were needed. People were at risk of the spread of infection because the poor maintenance of a communal bathroom made it difficult to keep clean and because of some working practices, such as sharing communal bars of soap. Infection control audits were not being completed and general audits had failed to identify areas of concern, such as a carpet with a strong smell of urine.

Recruitment systems were not operated effectively. Staff were recruited without the required checks being recorded, for example, a full work history, appropriate references and a record of job interviews. Staff had not had recent training in relation to fire, safeguarding or medicines administration. We were told that informal training and supervision had taken place in house and the Registered Manager was confident staff had the appropriate skills and knowledge. We recommended the provider ensure that training in safeguarding and medicines administration is brought up to date.

The providers quality assurance and governance systems had failed to identify where improvements were required and there was no service development or improvement plan in place. Where the Provider was aware improvements were required, such as in the communal bathroom, no action had been taken. The Provider did not have any formal oversight of the quality assurance systems.

Lessons had been learnt from a previous allegation of abuse which was inappropriately investigated by the provider. The Registered Manager and staff we spoke to were able to tell us the correct procedure for reporting concerns and told us they felt confident to do so. People's families told us they felt comfortable raising any concerns and when they had done so previously, they had been acted on.

Improvements had been made to record keeping and regular fire tests were taking place. People's individual risks were assessed and regularly reviewed.

We received positive feedback about the quality of care from people, their families, staff and visiting professionals. The culture was open and person-centred; one visiting professional told us that staff had worked hard to understand a person's individual needs. The Registered Manager was well liked and respected and everybody we spoke to gave positive feedback in relation to their openness and communication.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was requires improvement (published 4 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

## Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they 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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bronte on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of the premises, infection control 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 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 work with the local authority to monitor progress. We will 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 not safe

**Requires Improvement** ●

### Is the service well-led?

The service was not well led

**Requires Improvement** ●

# Bronte

## 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 Care Act 2014.

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

The inspection was conducted by one inspector.

#### Service and service type

Bronte is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 3 August 2021 and ended on 23 August 2021. We visited the location on 3 August 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority

and professionals who work with the service.

#### During the inspection

We spoke with the Registered Manager, the Provider and three staff including the activities co-ordinator and the cook. We spoke with a visiting GP and one person's family members. We observed and spoke with people in the communal areas and spoke with three people in their bedrooms. We reviewed a range of records including health and safety records and staff files.

#### After the inspection

We continued to review documents sent to us electronically. This included the training matrix, policies relating to Covid-19 and the registered managers quality audits. We spoke with five people's family members, two visiting health professionals and one staff member.



# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were in place to demonstrate safety was being effectively managed.

Not enough improvement had been made and the provider was still in breach of regulation 12.

- Risks relating to the physical environment had not been identified or assessed.
- People were at risk of harm due to the poor maintenance of the physical environment. For example, one person's en-suite had a broken sink support leaving sharp metal exposed.
- In October 2019 Devon County Council expressed concerns regarding the safety of a raised fishpond at the front of the property. The recommendation to undertake a risk assessment and consider a cover had not been acted on at the time of our last inspection and had still not been acted on at this inspection. We were told that people were unable to use this area without staff supervision, however this still placed people at potential risk.
- Staff had not received any recent fire training. Staff that had previously completed fire training had last done so in 2019. Six staff had not completed any fire training.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and confirmed essential maintenance works in people's en-suite bathrooms would be completed by the end of August 2021.

- Improvements in record keeping had been made and records showed the fire systems were routinely tested and fire drills had taken place. A fire risk assessment had been completed.
- Work had been completed to address concerns identified during our last inspection in relation to the management of legionella.
- Contracts were in place to ensure utilities and equipment were appropriately serviced and maintained.
- People's individual risks were assessed and regularly reviewed.

### Staffing and recruitment



- Procedures relating to the recruitment of staff were not robust enough to ensure staff were recruited safely.
- We reviewed three staff files. None of them contained the information required to demonstrate robust and safe recruitment procedures.
- The staff files we reviewed did not record a full work history or explore any gaps in employment. Appropriate references were not always sought and there was no record of any interviews.

The provider was unable to demonstrate staff were recruited safely and had the appropriate skills and knowledge required. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The Provider obtained DBS checks prior to staff starting work.
- There were enough staff to meet people's needs. There was a stable staff team in place and minimal sickness.

### Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance regarding the prevention and control of infection and take action to update their practice. The provider had not made improvements.

- Systems were not in place or not operated effectively to prevent and control the spread of infection.
- Poor maintenance of the building made it very difficult for cleaning to be effective. For example, a communal bathroom had a tile missing in the shower area, mouldy and loose sealant, cracked floor tiles, a warped and chipped bath panel and warped radiator cover.
- We saw multiple bars of soap in a bath tray, which were being used communally. This posed an infection control risk.
- Some people's en-suite bathrooms were poorly maintained and therefore could not be cleaned effectively. Several bathrooms had chipped and damaged shelves, one had a damaged toilet seat and another cracked and dirty grouting around the sink.
- With the exception of one person, staff had not completed any infection control training since 2018.
- Full infection control audits were still not being completed. Where infection control had been considered in general audit documents, issues had not been identified.
- Whilst systems were in place to ensure handrails were cleaned twice daily, in line with current UK Government guidance in relation to the management of Covid-19, other areas which would be considered high risk were not being cleaned. This included telephones and shared computer equipment.
- One person's bedroom had a carpet with a strong smell of urine. The carpet was ripped in places and held down with duct tape.

Systems in place were not robust enough to protect people from the risk of the spread of infection. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently attended an infection control webinar provided by the Local Authority and intended to implement a full infection control audit following our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at Bronte, and that staff were kind and caring.
- An allegation of physical abuse was made in October 2020. This was inappropriately investigated by the provider and was not referred to the Local Authority. The registered manager told us they had learnt from this and would now take advice from the Local Authority safeguarding team prior to investigating any concerns.
- Staff had not completed any safeguarding training in the past 12 months, however, staff told us that the registered manager regularly discussed safeguarding in morning meetings, and they knew how to appropriately raise concerns.
- Policies and procedures relating to safeguarding reflected current best practice and provided staff with the relevant details should they wish to raise a concern outside of the organisation.

We recommended the provider ensure that all staff complete safeguarding training.

Using medicines safely

- We observed medicines being administered safely, however, staff administering medicines had not completed any training since 2016.
- No competency assessments had been completed to ensure staff had the knowledge and skills to administer medicines safely. The registered manager told us they observed staff's practice but did not record it.
- One member of staff told us that whilst they hadn't completed any recent medicines administration training, both the registered manager and provider had worked alongside them and observed them prior to them being able to administer medicines independently.
- Two members of staff were in the process of completing medicines administration training.
- A healthcare professional told us they were confident staff used medicines appropriately in relation to a person they support, trying alternative ways of managing the person's behaviours before using medication.

We recommended that the provider ensure all staff who administer medicines complete the appropriate training and have their competency assessed and recorded.

# 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 the same. 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

At our last inspection the provider had failed to ensure quality assurance and governance systems were operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Quality assurance and governance systems had failed to identify risks in relation to health and safety and recruitment.
- There was no risk assessment in place in relation to the physical environment, including the raised pond. There was no improvement plan in place.
- The provider told us that the communal bathroom was due to be refurbished in March 2020, however this work did not take place due to Covid-19. They did not take any action to reschedule these works or make any temporary repairs to ensure the bathroom could be effectively cleaned and was safe to use.
- The registered manager completed an appropriate range of audits on a monthly basis; however, the provider did not have any formal oversight of these.
- There were no checks and balances between the registered manager and provider's responsibilities. This meant areas for improvement were not always identified. For example, the registered manager was unaware that recruitment procedures were not robust.
- When face to face training was not possible due to Covid-19, the provider offered on-line training to staff, however, the registered manager told us staff were not keen on completing this. The provider failed to explore alternative training options and as a result all staff training was out of date at the time of this inspection.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following this inspection, the provider advised that work to the communal bathroom is scheduled to commence in October 2021.

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

At our last inspection we recommended the provider seek guidance to improve their quality assurance processes and act, to shape the service thereby making improvements.

At this inspection we found improvements had been made.

- Feedback on the service provided was sought from people, their families and healthcare professionals on a regular basis.
- As part of their routine monthly audits the registered manager sought feedback from people, their families and visiting professionals and recorded any action taken as a result of this feedback.
- One staff member told us that the regular morning meetings were an opportunity to feedback anything they had concerns about or could improve.

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

- Bronte has a warm, family like atmosphere and staff knew people well. A family member told us that, despite their loved one living with dementia, it was clear staff knew her personality well.
- The registered manager worked closely with the staff team and people and encouraged an open culture. Staff and families consistently told us the registered manager was approachable, listened to any concerns and was open and honest.
- The home was adaptable and responsive to peoples changing needs. For example, a family member told us that their loved one had recently been offered a change of room to enable them to visit more frequently as their health declined, whilst minimising the risk of the spread of Covid-19.
- Both families and professionals told us they felt people received good outcomes at Bronte. One family member told us how the management of their loved one's health condition had improved since moving into the home, and a health professional told us that staff had worked hard to understand and meet their client's individual needs.

Working in partnership with others; 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 home worked closely with external health professionals.
- One visiting health professional told us that the registered manager was their named point of contact, which was helpful in gaining consistent information about the person they support.
- All health professionals we spoke to told us communication was good and they were confident the registered manager contacted them as appropriate.
- Peoples families told us they felt confident they were informed when things went wrong.

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  Risks relating to the physical environment had not been identified or assessed.  Regulation 12(2)(a)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance and governance systems had failed to identify risks in relation to health and safety and recruitment.  Regulation 19(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Systems in place were not operated robustly enough to ensure staff were recruited safely  Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

