

Care First Class (UK) Limited

Bretby House

Inspection report

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West Midlands
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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

About the service

Bretby House is a residential care home providing personal care for up to 24 older people, some of whom live with dementia. At the time of the inspection the service was supporting 21 people. The care home accommodates people in one adapted building.

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

People told us they felt safe. Relatives had no concerns about the safety of their loved ones. Staff knew how to escalate concerns and were aware of potential risks when providing support. People received their medicines when they needed them. Staff wore gloves and aprons to ensure they protected people from cross infection. Systems were in place to review incident and accidents to see if there were any lessons to learn from these.

Staff told us they had received the training they needed to care for people effectively and they felt supported in their role. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

People and relatives made positive comments about the staff that supported them. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect.

People had care plans in place which provided staff with information about their needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service. The provider invested in the home and several areas have recently been redecorated to make the home more dementia friendly.

Rating at last inspection

The last rating for this service was good (published 2 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bretby 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector, 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. The expert's area of expertise was older people and dementia.

Service and service type

Bretby House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used all of this information to

plan our inspection.

During the inspection-

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with four care staff, the cook, the registered manager, operations manager, a visiting activity person and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including the care records for four people, five medicine records and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "I do actually feel safe here, no trouble everyone's very nice." A relative said, "100% safe, brilliant carers, always around, never left out."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would always report anything of concern to the manager. I have had training around safeguarding people from abuse."
- The registered manager had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed and covered a variety of areas including, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- Discussions with staff demonstrated their knowledge of any potential risks when supporting people. A staff member said, "We have a handover before each shift and anyone who may be poorly or at risk of falls we discuss, and we monitor them throughout our shift."
- Checks were carried out on the facilities and equipment, to ensure people were safe. This included fire safety systems, and electrical equipment. People had personal emergency evacuation plans (PEEP) in the event of an emergency.

Staffing and recruitment

- People told us there was enough staff on duty to meet their needs. One person said, "As soon as the alarm goes off staff respond, staff are always available."
- The registered manager told us they monitored the staffing levels on a daily basis and where needed she was able to increase these based-on people's dependency needs. For example, a person whose anxiety had increased was provided with one to one staffing to support them. The registered manager also advised us, consultation was been undertaken to see if implementing an additional member of staff at 5pm till 10pm would assist the night staff when supporting people to their bed.
- Records confirmed the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people. We did note some gaps in staff members employment history which were addressed during our visit by the registered manager.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "Always a drink with medication, I know what my tablets are." Another person told us, "Medication is given at the right times, I have pain killers on regular basis."

- A review of the records and systems in place, demonstrated people received their medicines as required. There were clear guidelines for staff to follow for people who required medication 'as and when required'.

- Staff had received training to administer medicines, but competency checks had not yet been completed to ensure staff administered medicines safely. The registered manager told us these would be completed within the next two months.

Preventing and controlling infection

- People and relatives told us the home was well maintained. One person said, "Clean room, a clean place, staff wear aprons and gloves for personal care."

- Staff told us they had access to sufficient supplies of protective personal equipment such as gloves and aprons to prevent the spread of infections.

- Staff told us, and records confirmed, they had received training in relation to infection control and food safety. For new staff training had been planned for October. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.

- The registered manager discussed any lessons learned in staff meetings following incidents that had occurred.

- Staff understood their responsibilities to raise concerns in relation to health and safety.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. A person told us, "I had an assessment before I came here and told them all about me and what I needed." A relative told us, "I was asked about my relatives needs and what support they will need. I was asked about their past life and activities, what they enjoyed doing and about their preferences."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills and knowledge for their role. One person said, "I have confidence in the staff assisting." A relative told us, "I think the staff know what they are doing and have the skills for their job."
- Staff told us they had access to regular training opportunities. A staff member said, "I have received the training to meet people's needs."
- A training programme was in place and training was planned for the forthcoming months for those staff that had not completed key training required for their role. The registered manager confirmed new staff were provided with the care certificate to complete as part of their induction. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided. One person said, "Very good meals, anything special you would like, have as much as you like." Another person told us, "Meals are fantastic, can't fault them, I eat well, get a choice and meals are warm enough."
- A menu was in place with the food options available and there were pictorial aids on the board for staff to use to assist people to make a choice. Different coloured plates were used for people that lived with dementia to enable them to see their food more clearly, and for people whose food intake needed to be monitored.
- Discussions with the cook demonstrated their knowledge about people's dietary requirements, and food consistency. Records were in place containing this information for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives confirmed arrangements were in place to access healthcare services when needed. One person said, "The doctor is called if needed and my feet are done, I've seen the optician since being here."
- Records we reviewed showed referrals to various agencies such as dietician, and mental health services to ensure people's healthcare needs were met.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with pictures and ornaments that reflected the person.
- Where people shared a room a privacy curtain was in place to be used when personal care tasks were delivered.
- People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests.
- The home had recently been redecorated to make it more dementia friendly. There was pictorial signage, for all rooms to enable people to understand the purpose of the room and to enable people to orientate themselves. Corridors had been redecorated with murals on each floor to assist people to locate their bedrooms. On the ground floor a corridor named memory lane had pictures and memorabilia from the olden days.
- The registered manager told us how they intended to implement memory boxes next to people's bedrooms. Discussions with the provider demonstrated their plans for further investment in the home and we saw where furniture was worn, arrangements had been made for these to be replaced.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us their consent was sought before support was provided. One person said, "The staff always ask me before they support me."
- Where people lacked capacity and were being deprived of their human rights the appropriate applications had been made and one authorisations was in place.
- Staff confirmed they had completed MCA and DoLS training and had basic awareness of how this legislation impacted on their role. Further training was being planned. A staff member told us, "It is important to always ask the person first and if they say no then I leave them for a while and go back, we cannot force people."
- Where people had refused care and support this was documented in their records.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and respected. People's facial expressions and responses indicated they were at ease with staff. One person told us, "Staff are very kind, they work hard." A relative said, "Staff are excellent they have [persons] best interests at heart, and I visit different days and times and the care I've seen is always very good."
- We observed care interactions that were kind, patient and sensitive, and we saw staff give reassurance and encouragement when needed.
- Staff told us they enjoyed their role. One staff member said, "I love working here we all work as a team and I love caring for older people."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. One person said, "The staff check which clothes I want to wear."
- People were supported to make choices about everyday life in the home as much as possible. For example, we saw people making choices about how they wanted to spend their day.
- Some people choose to remain in their bedrooms and not use the communal areas and this choice was respected.
- Staff told us how they encouraged people to make decisions about their care and understood how people would make choices if they had limited verbal communication.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful and dignified manner and encouraged them to be independent. One person said, "Staff help me to get up in a morning, I make a start and they do parts I can't reach." Another person told us, "The staff knock the door, close the door for personal care, and don't rush me."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Systems were in place to involve people and their relatives in the care planning process. One relative told us, "The staff keep me informed of any changes and we regularly have a chat about [person]."
- People were supported by consistent staff who knew them well and were knowledgeable about their support needs.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- Staff responded promptly to changes in people's needs. A relative told us, "Staff had quickly noticed [person] had a medical issue and appropriate medical assistance had been sorted."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Pictures were used in the home to assist people to make choices, and information such as the complaints and safeguarding procedure were available in an easy read format.
- Information about how people communicated was included in the initial assessment and care plan to ensure arrangements could be made to meet any identified needs.
- The communication needs of staff was also considered and we saw information displayed in different languages for staff to access.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were satisfied with the activities provided. One person said, "I like to watch TV, I used to enjoy dancing but can't do it anymore, I don't feel like going out in the garden, the singer is very good and we all sing along, family come when they can."
- An activities programme was not in place, but we saw notices displayed about singers booked to come into the home. We observed people participating in some exercises, having their nails painted, making cards and a group of people enjoyed a cinema afternoon in the quiet lounge. A therapy dog also visited in the afternoon. The home receives postcards of kindness from around the world and these were used to encourage discussions between people about places they had visited.
- We saw a staff member give a person their 'baby' which provided comfort to them. The staff member talked to the person about their 'baby' respectfully and in a valued manner.

- We observed staff asking people what activities they wanted to do and sitting with people chatting about their family or topics they choose.
- A church service was undertaken at the home every month for those that wished to participate.

Improving care quality in response to complaints or concerns

- People and their relatives said that they knew how to make a complaint and felt listened to. One person said, "If I had any concerns or needed to ask something, I'd speak to (manager's name) she's very nice." A relative told us, "I have been told about the complaints procedure if any concerns would go to (manager's name)."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends.

End of life care and support

- Although there was no one receiving end of life care, the service had appropriate processes in place to ensure people would be supported in a dignified, and sensitive way.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to obtain feedback from people and their relatives. This included meetings with people, where they discussed the service provided, food and activities.
- Surveys had recently been sent out to obtain people and their relatives feedback.
- A newsletter is devised monthly to share information with people and their relatives about the home, forthcoming events, dates for meetings, and the changes to the environment to make it more dementia friendly. People and relatives were asked for ideas for further developments in the home.
- We saw a comments book was positioned by the signing in book and this contained positive feedback from relatives and visitors about the care provided.
- Staff told us they attended regular meetings to discuss the service and felt listened to and their suggestions for improvements were valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the service provided to people, this included a variety of audits that were completed at regular intervals in areas such as medicines, infection control, and health and safety. Where issues were identified action, plans were in place to address them.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, 'approachable, caring, supportive, and provided good leadership and direction.'
- The registered manager told us they promoted an open culture, and open-door policy and this was confirmed by people, staff and relatives we spoke with.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

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

- People were happy with the service provided and confirmed it met their needs. One person said, "Can speak to (name of manager) does her best to sort things out, shame not more places like this, it's perfectly fine, I'm happy here." A relative told us, "Overall care is excellent, know (manager's name) very approachable can ring them anytime, the atmosphere is good, [relative] seems happy."
- Staff we spoke with felt supportive in their role. One staff member said, "It is a great place to work. We are all here for the people that live here, and we aim to provide the best care. The atmosphere is lovely, and we

work well together."

- The registered manager spoke about her passion for the service and providing the best care for people.

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; Continuous learning and improving care.

- The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to recent incidents.
- The registered manager aimed to promote an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.
- Hospital passports were in place for people to take with them when accessing healthcare services. These contain key information about people and their needs.
- The service is currently working with health watch to gain feedback about the home. They are also looking to see if any relatives would like to become a representative for the home to speak and act on behalf of relatives of people in the home and provide support.