Riseley Beds Limited

Brook House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 November 2016. It was unannounced.

Brook House Residential Home provides a service for up to 20 older people who may also be living with dementia. There were 19 people living at the service on the day of the inspection.

We carried out an unannounced comprehensive inspection of this service on 23 June 2016 and found that three legal requirements had been breached. We found that recruitment procedures to ensure staff working in the service had legally required checks in place before they were employed, were not adequate. We also found the arrangements for obtaining consent from people, prior to providing care and support, needed to improve, as did the arrangements to monitor the quality of service, in order to drive continuous improvement.

After the inspection the registered manager submitted an action plan which outlined the improvements they planned to make to address these areas.

We carried out this inspection to check the progress with the improvements detailed in the action plan. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Brook House' on our website at www.cqc.org.uk.

During this inspection, we found improvements had been made in all three areas.

A registered manager was in post. 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.

Improvements had been made in regard to staff recruitment checks; to ensure all staff working at the service were safe to do so.

Action had been taken to strengthen the arrangements in place to ensure people's consent to care and treatment is always sought in line with legislation and guidance. Staff supported people to make their own day to day decisions as far as possible, such as what to eat and where to sit. Steps had also been taken to demonstrate that decisions made on behalf of people who lacked capacity, were in their best interests.

The arrangements for monitoring the quality of the service provided had also been strengthened; to mitigate identified risks to people and ensure their health and wellbeing. We saw that a number of new checks had been introduced to improve the management and oversight of the service.

Although we found that improvements had been made during this inspection, more time was needed to fully implement and embed some of changes that had been introduced. We have therefore not changed the overall rating for the service on this occasion, because to do this would require consistent good practice over a sustained period of time. We plan to check these areas again during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Action had been taken towards making the service safe.

The arrangements for ensuring safe recruitment practices were followed had been strengthened.

We could not improve the rating for 'safe' from 'requires improvement', because to do so requires consistent good practice over time. We will check this again during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement

Progress had been made to ensure the service was effective.

A number of steps had been taken to ensure consent to care and treatment is sought in line with legislation and guidance. However, more time was required to fully implement the changes that had been made.

We could not improve the rating for 'effective' from 'requires improvement', because to do so requires consistent good practice over time. We will check this again during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

Progress had been made towards ensuring the service was well-led.

New systems had been introduced to monitor the service provided, in order to deliver good quality care to people living at the home. However, more time was required to fully implement the changes that had been made.

We could not improve the rating for 'well-led' from 'inadequate', because to do so requires consistent good practice over time. We will check this again during our next planned comprehensive inspection.

Brook House Residential 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.

This was an unannounced focused inspection of Brook House which we undertook on 23 November 2016. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 23 June 2016 had been made. The inspection was undertaken by one inspector.

Before the inspection, we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we focused on three of the five questions we ask about services: Is the service safe, is the service effective and is the service well led? This is because the service was not previously meeting legal requirements in relation to these areas.

During the inspection we used different methods to help us understand the experiences of people using the service. We spoke with two people living at the service and observed the care and support being provided to seven people. We also spoke with the deputy manager and two care members of staff.

We then looked at records for four people, as well as other records relating to the running of the service - such as audits and care records; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 23 June 2016, we found that safe recruitment practices were not always being followed; to confirm new staff were suitable to work with people living in the service. Although the majority of required checks had been carried out, some had not. For example, one person employed since 2013 did not have a Disclosure and Barring Service (DBS) check in place. This meant there was potential for people to have been placed at risk, if the member of staff was not suitable to work at the home.

We also saw that a checklist, used to record which pre recruitment checks had been completed for new staff members, did not incorporate all the legally required checks. The checklists had not always been completed fully either; meaning the systems in place to ensure new staff were suitable to work in the home, were not adequate.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the June inspection, the registered manager took immediate action to arrange a DBS check for the staff member without a check in place, and confirmed soon afterwards that this had been received.

In addition, the registered manager submitted an action plan which outlined the improvements she planned to make to address these areas.

We carried out this inspection to check her progress with the proposed enhancements, and found that improvements had been made.

We checked a sample of staff records, including the file where the DBS check had been previously missing from, and found that all legally required checks were now in place.

We also saw that the registered manager had introduced a new application form and recruitment checklist, which would support her in ensuring all staff working in the home, had the correct legal checks in place, before they started working at the home.

Findings from this inspection have shown that action has been taken to strengthen the arrangements in place to ensure safe recruitment practices are followed.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 23 June 2016, we found that consent to care and treatment was not always sought in line with legislation and guidance. For example, we observed inconsistencies in the way that staff sought consent from people before providing care and support.

We also found a Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR) form in place for one person that had been signed by a doctor. There was no evidence that this had been discussed with the person or their family, so we could not clear if the person was aware of, or understood the reason for, the decision being made.

In addition, the home had three double, shared bedrooms. The registered manager confirmed there was no written evidence to support the fact that people had consented to sharing these rooms before they moved in. Verbal feedback we received from the people concerned indicated that the majority did not want to share. This did not demonstrate that the decision for people to share bedrooms was in their best interests, or that compatibility had been considered beforehand.

These were breaches of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager submitted an action plan which outlined the improvements she planned to make to address these areas. We carried out this inspection to check her progress with the proposed improvements, and found improvements had been made.

Staff provided some good feedback in terms of their knowledge regarding consent and the Mental Capacity Act 2005. They all were very clear about obtaining consent before providing care and support to someone. One staff member told us: "It's important not to push them into doing something they don't want to do." Another staff member said that if someone did refuse support and care, this would be respected and they would try an alternative approach such as offering support later, or giving the person the option to receive care from another staff member. They talked about relevant training they had received, and provided clear examples about scenarios where decisions might need to be made on behalf of someone, for example, if they no longer had capacity to make decisions for themselves. They were also clear about the need to pass on any concerns relating to mental capacity and consent to the management team to follow up on.

People confirmed they were supported to make their own decisions as much as possible. One person added: "They always come and help." We spent time observing the care and support provided to people, and saw one person independently moving from one arm chair to another. The person didn't manage to sit down safely in the chair they had moved to and had limited verbal communication to call for help. Staff came quickly however to help them, and we noted that they supported the person to sit in the chair they had chosen to move towards, rather than the one they had moved from. This showed that staff had respected the person's decision to move chairs. The person was seen looking content afterwards.

Later, the cook was heard asking people what they would like for lunch that day. People were offered a choice of main course and dessert. One person was having difficulty understanding the choices on offer, so the cook took the time to explain how each course was made and the ingredients used, which enabled the person to make a clear choice.

The deputy manager updated us on the use of the shared bedrooms. They provided a number of reasons as to why people may choose to share a room including companionship or wanting to remain close to local community ties and family. However, we also learnt that some people needed to share due to a lack of useable space, available beds or because finances prevented them from affording a single room. We were told that a decision had been made to change the smallest of the three shared rooms to a single room, and that they would only consider using this again as a double room if an emergency arose. We saw that only one person was using this room during the inspection. We also saw that new curtain tracking had been fitted within all three double bedrooms; to enhance the privacy and dignity of those who were still sharing a room.

Prior to this inspection, the registered manager told us they would revise the service's admission processes to ensure people were compatible before they started sharing a room. However, we were unable to assess this on this occasion as no new people had moved into one of the shared rooms since the last inspection. Staff told us if a person's needs changed or they became incompatible, then they would re-evaluate the situation. They provided examples of when this had happened in the past, and explained people had been moved in these circumstances to enable them to have a single bedroom. They confirmed that in their opinion, the four people sharing rooms at the time of this inspection were compatible, and there was nothing to indicate otherwise on this occasion.

The deputy manager talked to us about other steps that had been taken to ensure people's records reflected their consent; particularly in the event of people not having capacity to make a decision about sharing a room. None of the four people currently sharing rooms had the capacity to make such a decision. We saw that some people had Lasting Power of Attorney (LPA) arrangements in place, enabling an identified person (s) to make financial decisions on their behalf. However, none of the four people had a LPA in place covering health and welfare decisions. This meant that no one had appointed a person to legally make decisions that impacted on their health and welfare, such as sharing a room on a day to day basis. We saw that the registered manager had sought written information from some of the relatives of those concerned, outlining why they felt their relative should share a room. However, this alone was not sufficient to demonstrate that the decision to share had been made in each person's best interests.

The deputy manager showed us that the best interests decision process had been followed for one of the four people, who did not have LPA arrangements in place of any kind. Records we looked at supported this and demonstrated clearly how the decision had been made for them to share. The deputy manager told us that she and the registered manager would ensure this process was followed for everyone who lacked capacity and did not have the appropriate LPA arrangements in place. This would ensure that everyone involved was asked for their views, but would ensure the right decisions are made in the best interests of each person.

The deputy manager also showed us a sample of DNARCPR forms that had been put in place for some of the people living at the service. We saw on this occasion that they clearly recorded involvement with the person or their family, as well as documenting the reason for them being put in place.

Findings from this inspection have shown that a number of steps had been taken to strengthen the arrangements in place to ensure consent to care and treatment is always sought in line with legislation and

guidance. However, more time was needed to fully implement and embed the planned changes. We therefore plan to check these areas again during our next planned comprehensive inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 23 June 2016, we found that the arrangements in place to monitor the quality of service provided were not adequate. The registered manager told us about a small number of internal audits that were in place covering areas such as medication and care plans. However, they confirmed that they did not have wider systems in place at that time; to enable them to have an overall picture of the service provided. This did not demonstrate that the service's approach to quality was integral and that effective governance systems were used to drive continuous improvement.

This was a breach of Regulation 17 (1) (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the June inspection the registered manager submitted an action plan which outlined the improvements they planned to make to address these areas. We carried out this inspection to check her progress with the proposed improvements, and found improvements had been made.

The registered manager was on leave during this inspection however, the deputy manager explained that since the last inspection, a new computerised records system had been introduced. They told us that this would support the service in a number of ways including care planning and monitoring people's health care needs such as pressure care, weight and nutrition. They also said that they planned to use the new system to maintain other quality monitoring audits covering areas such as staff records and staff absence. During the inspection, staff and people told us that due to a variety of reasons, such as sickness, staffing was sometimes an issue.

Because the computerised system was still new, there were no electronic quality monitoring audits to view on this occasion. However, we were shown a folder that contained evidence of other checks taking place on a regular basis. This included a monthly care file audit, which looked at people's healthcare needs such as weight, nutritional needs, medication, falls and risk. We also saw that regular checks had taken place to monitor the content of staff files, medication, the kitchen, housekeeping and grumbles and concerns. We saw evidence of actions being identified in response to audit findings and incidents that had occurred. However, it was not always clear from the records we saw whether the actions had been completed. The deputy manager said that in future, this would be recorded alongside the identified actions; to provide a clearer audit trail.

We saw staff surveys that had been sent out and returned by October 2016, which focused on training and support. This showed that the registered manager encouraged feedback from the staff in order to drive continuous improvement. The surveys we looked at showed that the majority of staff had provided positive feedback, with only four out of 15 staff highlighting minor areas for improvement.

The deputy manager talked about spot checks which had been undertaken out of hours, to check equipment used to keep people safe was in place and being used correctly. Although records had been maintained of these checks, we noted that they did not yet contain enough detail to confirm when the

checks had taken place, and the outcome of any actions identified as a result of the spot checks. The deputy manager confirmed that changes would be made to ensure these checks were also better documented and any associated actions, with outcomes, recorded.

The deputy manager also provided evidence of regular medication audits taking place. We saw that anomalies and errors had been identified and follow up actions taken to minimise the risk of a reoccurrence. However, we also found some examples where further actions might have been considered, but had not been recorded such as contacting the person's GP for medical advice, considering whether something should be reported as a safeguarding incident or further staff training. In addition, actions that had been identified had not been updated / signed off, so it was not clear if they had been completed. Once again, the deputy manager took this on board and agreed that in future records would provide more robust evidence of the actions taken to address potential risks to people. This would also enable the service to use information from incidents and near misses, to review existing processes and drive quality across the service.

It was clear therefore, that a number of steps had been taken to strengthen the arrangements in place to ensure the service delivers high quality care. However, more time was needed to fully implement and embed the planned changes; in order for quality assurance and governance systems to be fully effective and used to drive continuous improvement.