Care First Class (UK) Limited

Bretby House

Inspection report

253 Boldmere Road
Sutton Coldfield
West Midlands
B73 5LL
Tel: 0121 373 6562

Date of inspection visit: 30 December 2014
Date of publication: 24/02/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection that took place on 30 December 2014. The service was last inspected on 25 April 2013 and was found to be meeting the requirement of the regulations inspected.

Bretby House provides accommodation to up to 24 older people who are in need of personal care. Bedrooms and bathing facilities are provided over three floors which can be accessed via a passenger lift. There were 21 people in the home when we inspected.

There was a registered manager 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 about how the service is run.

People said they felt safe in the home. Staff had the skills and knowledge to recognise abuse and raise their concerns with the managers. The risk of harm to people receiving a service was assessed and managed appropriately. There were sufficient numbers of suitably recruited staff to meet people's needs safely. People

Summary of findings

received their medicines safely and as prescribed but we saw one example where staff had not waited to ensure that the tablets given to and individual were taken as required.

People and relatives spoken with were clear that they felt that staff had the skills and knowledge to meet their needs. People told us they were encouraged to make decisions about their care where possible. The mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. All staff spoken with confirmed they had received training but we found that applications for DoLS that may have been needed had not been submitted at the time of our inspection.

Most people felt they were supported to have choices at mealtimes but some people felt choices could be improved. Food and drinks were prepared so people's individual dietary needs were met. Support to encourage people to eat and offer alternatives was not offered consistently in the two dining areas.

People's health care needs were met by visiting professionals to the home and by attending appointments at local hospitals so that their medical conditions were kept under review.

People, their relatives and a visiting professional to the home were all complementary about the staff and said they had a kind and caring attitude towards people. People were supported to make day to day choices and to maintain and improve their independence.

Staff supported people so that their individual needs were met according to their needs assessment. People were involved to determine how they wanted to be supported. We saw that changes in people's needs were identified, monitored and plans put in place so that people's needs continued to be met.

People were provided with opportunities to be involved in group activities if they wanted. People were supported to maintain relationships with people important to them.

The service consulted staff, people who lived there and their relatives to get their views about the service and improvements were made as a result of suggestions made. This showed there were systems in place to monitor the quality of the service provided and get people's views.

Summary of findings

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 safe.

People said they received a safe service. Staff knew how to keep people safe from abuse and harm because they received training and support and knew how to raise concerns.

Risks to people were assessed and managed appropriately and there were sufficient and suitable staff to provide care and support to people.

People were usually supported to receive their medicines safely.

Good

Is the service effective?
The service was not consistently effective.

People said they received good care and support to meet their health and daily living needs from staff that were knowledgeable about what help they needed. Staff received effective support, training, supervision and development to enable them to care for people well.

People were provided with food and drink that met their needs and ensured that they nutritional risks were managed. Not everyone received the support and encouragement they needed to eat well.

People's rights were protected and decisions were made in their best interests. Applications for Deprivation of Liberty Safeguards had not been applied for all the people who needed them at the time of our inspection to ensure that people's rights were protected.

Requires Improvement

Is the service caring?
The service was caring.

Everyone told us the staff were caring and people felt valued because staff were attentive to their needs. People's privacy, dignity and independence was promoted by the staff.

People were supported to make choices about their daily lives by staff who knew them well.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing and planning their care, so they received a service that was personalised and based on their agreed needs. Staff were aware of people's preferences, likes and dislikes.

People were able to make decisions about how they spent their days and what they did to keep occupied.

Good

Summary of findings

People and relatives were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service is well-led.

The registered and deputy managers were visible in the home and promoted an inclusive and open environment.

The views of people, staff and relatives were sought to ensure that they were happy and that their comments for improvements could be considered.

There were processes in place to monitor the quality of the service and improvement was encouraged by the management team.

Bretby House

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 inspection took place on 30 December 2014 and was unannounced. The inspection team consisted of an inspector and a specialist professional advisor whose expertise was in the area of nutrition.

Before the inspection 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 within the required timescale. We also looked at information we hold about the service including notifications. A notification is information the provider is required to send us by law.

During our inspection we spoke with ten people, two relatives, three staff the registered manager and deputy manager. We observed how people were cared for by using a Short Observational framework for inspection (SOFI) in one lounge over lunchtime. SOFI is a way of observing people's care to help us understand the experience of people who live there. We also carried out general observations throughout the day. We looked at the care files of four people and looked at the files of two staff and other records which included staff planner, complaints and safeguarding records. Following our inspection we spoke with two relatives and a visiting professional to the home. This enabled us to have a good understanding of how staff and the people who lived there were able to contribute to the service provided.

Good

Is the service safe?

Our findings

All the people spoken with at Bretby House told us they felt safe with the staff. One person told us, "I feel safe." A relative told us they felt their family member was safe in the home and well cared for. Staff told us and records showed that they had received training in how to protect people from harm. All the staff spoken with knew what to do in the event of a suspicion of abuse and how to escalate concerns if they felt they were not being addressed. We saw that when concerns had been identified by the registered manager the local safeguarding team had been contacted. This showed that actions had been taken to support staff to raise concerns and the registered manager took actions to protect people and take steps to prevent abuse occurring.

We observed that people were supported safely and in line with their assessments. One person told us, "They [staff] know what they are doing." Staff spoken with were knowledgeable about the identified risks to the people. We asked them about and what they would do in the event of emergencies such as fire and they were able to demonstrate their knowledge to us. Staff had the skills and knowledge to support people safely because training had been provided. We saw that equipment that was regularly serviced was available for people to be assisted safely. This showed that people were protected from the risk of harm because assessments, managements plans and equipment was available to staff. Accidents were recorded and monitored on a monthly basis so that actions could be taken to minimise their reoccurrence and people could be protected from preventable harm.

People and relatives told us that staff were available to assist them when required. One person told us, "I am quite independent but they [staff] do come when required." A relative spoken with told us staff were always available to support people when needed. One relative told us, "I am pleased that there is continuity of care with the staff at Bretby House." During our inspection we saw that the emergency call bells were answered quickly and no one had to wait for assistance.

A new member of staff told us and their recruitment records showed that all the required employment checks were undertaken before they were employed. These included character checks with previous employers and Disclosure and Barring Service checks (DBS). Staff told us that they received an induction into their role and training to ensure that they had the skills and knowledge to care for people. This showed that the provider undertook all relevant checks and provided training to ensure that staff were safely recruited and trained to care for people and help to keep them safe.

We observed that people were supported to take their medicines with appropriate drinks and encouragement. One person told us, "They [staff] bring the tablets to me." During our inspection we found two tablets belonging to one person on the floor in one of the lounges. This meant that there was a potential risk that the wrong person could have taken the tablets with a detrimental effect on their health. When we checked the medicine administration records (MARs) we saw that the medicines had been signed as given. This meant that staff had not ensured that they waited to observe that tablets had been taken before signing the records. No other shortfalls in the management of medicines were observed. We saw that there were appropriate systems in place to ensure that medicines were received, stored, recorded, returned and destroyed safely. This meant that generally people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

People living in the home and relatives spoken with felt that the staff were trained and knowledgeable about their needs. One person that lived in the home told us, "They look after you. Make you feel wanted. Nothing is too much trouble." Another person said, "They are wonderful, look after you here." All the staff we spoke with were knowledgeable about people's needs. Staff told us and records confirmed that they received the training, supervision and support they needed to carry out their role. There was a training plan in place that ensured that staff received regular training updates so that their knowledge remained up to date. Staff told us and we saw records that showed that practice issues were discussed at regular staff meetings. This meant that staff had the skills, knowledge and competencies to do their job well.

People told us that they were asked about the support they wanted. One person told us, "They [staff] ask what help I need." A relative told us, "They [staff] meet [person's name] needs." Staff spoken with told us they always asked people what help they wanted. One member of staff told us, "Even if people have dementia they can say something." We saw staff ask people discreetly if they wanted assistance with personal care. This showed that people's agreement to care was sought.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We saw that there was a basic capacity assessment that stated whether decisions could or could not be made by the individual. The registered manager told us that everyone living in the home was able to make day to day choices such as where to sit, what to wear and what to eat. We saw that other decisions such as whether to receive life saving treatment, were made only after discussion with a medical person and the person's representative if the individual could not be involved. This meant that decisions were made in people's best interests.

The registered manager had some awareness of the Deprivation of Liberty Safeguards and although the appropriate documentation had been accessed the registered manager confirmed that no applications had yet been submitted. We identified that two people needed to have DoLS applications to be made on their behalf to ensure their rights were protected. The day after our inspection we were informed by the registered manager that applications had been submitted. Applications for other people needed to be considered and submitted where relevant to ensure that the rights of everyone living in the home were protected. This meant that the requirements of the MCA and DoLS had not been met for some people that lived there.

People told us they were generally happy with the food but some people told us there were not enough choices and that they didn't always get what they asked for. One person told us, "There's enough food but you don't get a choice at breakfast. I get fed up with breakfast. I wouldn't mind a bacon sandwich now and again" Another person told us, "It's not the Ritz but it's passable – quite good really. They [staff] ask what you like but you don't always get it." A member of staff told us that cultural diets were catered for. This showed that people were generally happy with the food but some people felt there were not enough choices and that they didn't always get what they asked for. We saw that people had been offered a choice of two meals at lunchtime and they were provided as ordered.

We saw that people had been assessed to determine if they were at risk of dehydration or being malnourished and systems were in place to ensure that what they ate was recorded and their weight was monitored monthly. We saw that even when people had been identified that they were at risk of malnutrition they were weighed monthly. We discussed with the registered manager the need for more regular weight monitoring for people that had been identified as at risk of malnutrition so that actions needed could be taken in a timely manner.

Advice had been sought from the dietician and speech and language therapist for people at risk of malnutrition and risk of choking. We saw that foods were fortified with cream and butter to add calories and food supplements were available to increase people's calorific intake. Staff spoken with were knowledgeable about people's dietary needs and we saw that a variety of dietary needs were met including soft, cultural and diabetic requirements.

We saw that the staff had sufficient time to serve the food, talk to and encourage people to eat in the main lounge/ dining room and second portions were offered to people.

Requires Improvement

Is the service effective?

However, we saw that people in the other lounge area received less support. Of the four people eating in there we saw that two people did not eat their main course at all and there was no encouragement, support or alternatives provided to ensure that they ate a sufficient amount. One person who only ate their pudding was not offered a second portion. We saw that supplements were sometimes given to people too close to meal times so that people's appetite was diminished when meals were presented to them. Some people were given their puddings before they had finished their main course which meant that the pudding was cold by the time they ate it. This showed that people did not always get sufficient support to have choices at mealtimes and eat sufficient amounts to remain healthy.

All the people spoken with told us they were able to see the doctor and receive d hospital treatment when they needed one. A relative told us, "Staff get the doctor when needed and keep me informed about [person's name] health." One person told us, "I have seen the district nurse and chiropodist today." A visiting healthcare professional told us that they were very happy with the care provided and always found the staff to be receptive to any advice they provided and saw that the advice was followed. We were told by staff one person refused medication, food and support so concerns were raised with the GP. This showed that staff were able to identify deterioration in people's health and ensure that they received prompt attention.

Good

Is the service caring?

Our findings

All the people spoken with told us the staff were caring and kind. One person told us, “They [staff] make you feel wanted.” A relative told us, “He likes the people [staff], they are nice and helpful.” Another relative said, “The staff really care about the residents.” Staff spoke about people as individuals and knew their needs and personalities. We saw that staff were attentive to people and there was good banter between staff and the people that lived there. This showed that people felt that they mattered because staff were attentive towards them, showed kindness and treated them as individuals.

People and relatives told us that they were happy with the care provided. One person said, “They [staff] are wonderful, they look after you here.” A relative told us, “I am very happy with the care. This place has been a real blessing.” We saw that staff knew people’s needs and supported them appropriately. This showed that people were happy with the care provided.

We saw that people were involved in making choices about their care and support. One person told us, “I can stay in bed longer if I want to. I can watch telly in my bedroom.” Another person told us, “They [staff] ask what help I need.” We saw that people were able to choose the clothes they wore, the food they ate and what they did during the day. This showed that people were supported to be involved in making decisions and choices about the care and support they received and their daily lives.

People were supported to remain as independent as possible. For example, one person was encouraged to take some control during transfers with a hoist. Other people were encouraged to walk independently with the use of walking frames. One individual told us they were being supported to get physiotherapy to help them regain some mobility after a period of illness. We saw people walking around the home when they wanted. A member of staff told, “I always let them do as much as they can for themselves.”

People told us that their privacy and dignity was promoted because staff knocked and waited a few minutes before entering their bedrooms. A visiting professional told us that they felt staff knew people well and treated them with care and dignity. Staff spoken with were able to explain how they promoted privacy and dignity. Examples included using people’s preferred names, ensuring doors were closed when providing personal care and waiting outside bathrooms whilst people used the facilities. During our inspection we saw that staff were discreet when people were supported to use the toilet. This showed that people’s privacy and dignity was maintained by staff who understood how to maintain people’s privacy and dignity.

Good

Is the service responsive?

Our findings

We saw that people and their relatives had been involved in contributing to the assessment and planning of care. One person told us, "I have looked at part of my care plan." Another person told us, "They [staff] know what I can do and what I need help with." One relative told us that staff were on the ball and notice changes in people's needs. Two relatives gave us examples of how support had changed following illness. One relative told us that they had discussed the medicines taken by their family member and had seen that they were on much less medication than when they were at home. Staff told us that they were able to read the care plans so that they knew how to support people in an individualised way and information was passed onto staff at shift handovers. We saw that people or their relatives had signed their care plans to show their agreement to the care to be provided. This showed that people were provided with care and support that met their identified and changing needs.

Staff were aware of people's preferences, likes and dislikes. For example, staff were able to tell us how people's cultural and religious needs were met and how they tried to speak with people in their preferred language and about things that were important to them. Staff were well aware that some people preferred staff of a particular gender to support them and understood the reasons for this and the importance of fulfilling this requirement. This showed that people received individualised care that met their needs according to their preferences and that reflected their cultural and social needs.

We saw that there were group activities in the home. We saw that people could choose to get involved in the group activities if they wanted. One person told us, "I play bingo in the home. I used to go to a day centre but not so much now." Another person said, "I like crosswords. I do them in the paper which [relative] brings. They can visit when they want and stay as long as they want." A relative told us that their family member enjoyed dancing and exercise to music." The registered manager told us and records confirmed that people went out on trips that had been organised. This showed that people could choose to be involved in organised group activities if they wanted or spend time involved with individual hobbies and interests or spend time with people that were important to them.

Everyone spoken with were aware of how to raise any concerns they may have. One person told us, "I can speak to the manager, they are very good and very reasonable." A relative told us, "There is always someone in the office to raise complaints with if needed. I have never had to raise one though." The registered manager told us that there had been one complaint since our last inspection. We were aware of this and knew that the issues had been resolved appropriately. This showed that people felt able to raise complaints if needed and felt that they would be listened to.

Good

Is the service well-led?

Our findings

The registered manager was registered for two services and was overseeing Bretby House which was being managed on a day to day basis by the deputy manager. One person told us, "The ladies who run the service are excellent, very hard working; they know what they are doing." People and relatives spoken with told us they were happy with the service provided. One relative told us, "We couldn't have picked a better home." This showed that people were happy with the management of the service.

We saw that there were links with the local churches and young people came into the home to talk with people about their wartime memories and had organised a summer fete. People were supported to be part of the local community and used the local shops and cafes. We saw that the home had good relationships with other professionals that provided people with a service such as dieticians. This meant that people were able to use community facilities available to them.

People living in the home told us they saw the registered and deputy managers on a regular basis to speak with. Relatives told us they could always go to the office to speak with staff. One member of staff told us that the deputy manager was well liked, staff could talk to her and she was good with the people living in the home. Another staff member said, "I think the home is well led."

We saw evidence that meetings were held with people so that they could discuss activities, food and holidays. Surveys were completed by staff, relatives and people that lived in the home to get their views about the service. One relative told us that they had recently been asked to complete a survey asking if any improvements were needed to the service and said, "It's all good; I will look at it and comment if needed." People felt that they were listened to. This showed that there was an open and inclusive atmosphere in the home so that people felt able to raise issues of concern.

Staff told us that there were regular staff meetings where they were able to discuss practice issues. They told us that recent accidents and safeguarding incidents were discussed so that there was learning from these where possible so that the likelihood of reoccurrence was reduced. Staff told us and records confirmed that staff were supervised regularly so that they were able to raise issues confidentially and any practice issues could be raised with them. We saw that there were some improvements that could be made to record keeping such as mental capacity assessments, weight monitoring records, analysis of safeguarding's and nutritional assessments. We saw that the registered and deputy managers led by example and encouraged improvement in the service however, some areas of their knowledge needed to be developed. For example, prior to our inspection a training provider had informed us that additional staff had not been brought in to supervise people whilst staff received training so that the training had been cancelled. The deputy manager told us they were not aware that they needed to do this.

We saw that there were robust systems in place to monitor the service. These included regular audits of records, staff training, medication and people's care records. The providers visited the home monthly and completed a report of the findings with action points for improvements. We saw that the provider ensured that any improvement suggested was followed up on their next visit. The service received very few concerns or complaints, incidents or accidents This meant that continual improvement of the service was promoted and monitored.