

Barron Kirk Quality Care Limited

# Bryher Court Nursing 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

### About the service

Bryher Court Nursing Home is a residential care home providing regulated activities personal and nursing care to up to 45 people. The service provides support to people who were living with a range of health care needs associated with their age and physical health conditions. At the time of our inspection there were 34 people using the service.

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

Improvements were needed to some aspects of risk management. Systems were not robust enough to demonstrate safety was always managed effectively. Improvements were needed to recruitment procedures to ensure there was a full employment history for each staff member.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans and records did not always contain all the information staff needed to support people. An audit system was in place but this had not identified all the shortfalls we found. The manager and provider had oversight of the service and had implemented improvements which needed further time to be embedded into everyday practice. This included training, quality assurance feedback and accident and incident monitoring.

The home was clean and tidy throughout. Systems were in place to help ensure people were protected from the risk of infection. Staff understood safeguarding risks and procedures and knew what to do if concerns were raised. People were supported to receive their medicines when they needed them. There were enough staff working in the service to meet people's needs.

People told us they were happy living at the home and we observed an open and friendly relationship between staff and people. Staff knew people well; they understood people's care and support needs and were committed to providing good care. One staff member said, "We always try to do our best for people." We identified areas that suggested care and support was not always person-centred. The provider and manager addressed this immediately. People, relatives and staff told us there was a positive culture at the home. They said the manager was approachable and they could speak with them at any time.

People were supported to maintain and improve their health with support from health care professionals. People were supported to have enough to eat and drink throughout the day to meet their nutritional and health needs, individual choices and preferences.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. The service provided care and support to 2 people with learning disabilities and autism. The manager was aware of the principles of RSRCRC. At the time of the inspection these people's needs required care from nurses due to their health needs .

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

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Rating at last inspection

The last rating for this service was Good (published 17 November 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We have identified breaches in relation to Safe care and treatment, Need for consent and Good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Bryher Court Nursing Home

## 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 Health and Social Care Act 2008.

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

Two inspectors undertook the inspection.

#### Service and service type

Bryher Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bryher Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and was planning to register with CQC. This person had worked at the home for 2 years and knew people and staff.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 21 September 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we reviewed the records of the home. These included recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration charts, 7 care plans and risk assessments along with other relevant documentation to support our findings. We spoke with 8 people who lived at the home, 2 visitors. We spoke with 14 staff members; this included the manager and the provider. We also received feedback from 3 health and social care professionals.

We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas, this included the lunchtime meals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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

- Risks to people were not always safely managed. One person had originally been admitted to the home for a period of assessment. The person had been assessed as at risk of choking. However, there was no choking risk assessment to guide staff.
- Risks associated with people's health needs were not clearly identified to ensure all staff, including agency nurses, had the information they may need. This included diabetes management and catheter care. For example, there was no information about what staff should do if the person's blood sugar was above or below their ideal range. There was no information about what staff should do if the person's catheter was not draining properly. Agency staff worked at the home and this lack of information put people at risk of receiving unsafe care.
- One person appeared to have lost weight since admission to the home. No action had been taken when this was identified. However, discussions with staff showed that the person was not weighed on admission. The weight from hospital had been used, but it had not been recorded that the person had not been weighed when they moved into the home. This meant staff were unable to determine if the person had lost weight since admission.

People were at risk of harm because systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and nurses took action to mitigate the risks and ensure appropriate guidance was available.
- Through observation, discussion and documentation we saw other risks including moving and handling and pressure area management were managed well. There was information and guidance in people's care plans and staff told us how they supported people safely. One person told us about the care and support they received. They said it made them, "Feel safe."
- Environmental risks were identified and managed. Regular health and safety checks were completed. Servicing contracts were in place included fire safety, electrical equipment, gas and lifting equipment.

### Staffing and recruitment

- Appropriate recruitment procedures were not in place or followed for some aspects of staff recruitment. There was not always recorded a full employment history for some staff.

This is an area that needs to be improved and has been further discussed in the well-led section of this report.

- Other pre-employment checks had been completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All registered nurses had a record of their personal identification number (PIN) and this was checked to ensure they were safe to practice.
- There were enough staff working each shift to support people. We saw that people were attended to promptly. Staff told us there were always enough staff working and in case of absences regular agency staff were used.

Systems and processes to safeguard people from the risk of abuse

- There were systems to ensure people were protected from the risk of harm from abuse or discrimination. Staff received safeguarding training and told us what actions they would take if they were concerned people were at risk of harm through abuse or discrimination. One staff member told us, "I would speak to the senior on shift and we would go together to the nurse of manager."
- Safeguarding concerns were referred to the local authority safeguarding team appropriately.

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, administered and safely. Medicines were given to people individually in a way that suited each person. Medicine administration records (MAR) were completed after the medicine had been given. Only nurses and staff who had received medicine training and been assessed as competent gave people their medicines.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Staff discussed with people if they required these medicines before they gave them.

Preventing and controlling infection

- The home was clean and tidy throughout. There was a cleaning schedule to guide staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family and friends were free to visit the home whenever they wished. Due to a recent Covid outbreak temporary changes to visiting had been made. For example, visitors were encouraged to wear masks and visit individually.

Learning lessons when things go wrong



- Staff recorded and reported concerns, accidents and incidents. Information was shared with staff at handover and during the shift to ensure they were aware of any changes to care and support.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always following the principles of the Mental Capacity Act. Mental capacity assessments had been completed for some people; however, these were not decision specific. Where it had been determined the person lacked capacity in any area best interest decisions / meetings had not taken place to demonstrate who had been involved in the decision making or what their feedback was.
- Consent forms were in place, for example in relation to care plans and photographs. However, these did not include a mental capacity assessment to demonstrate the person had capacity to consent. We saw one consent form that had been signed by a staff member. There was no information to show if the person had given verbal consent or asked the staff member to sign on their behalf.

People did not have their care and support needs delivered in line with MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision.
- We observed staff asking people's consent before providing support. Staff told us how they offered people choices in all aspects of the care and support provided.

Staff support: induction, training, skills and experience

- We had identified through our monitoring work and subsequent communication with the then registered manager that improvements were needed to staff training and supervision. These improvements had commenced and were still ongoing.
- The provider had worked with a training consultant to develop a training program to ensure staff had the knowledge and skills to meet people's needs and to continually update their learning. This training had commenced and staff were completing all training, in small groups, face to face, in the home. Staff told us they preferred face to face training as it gave them opportunities to discuss what they were learning and apply it to the people they looked after.
- Staff had not been receiving supervision. This had commenced with a number of senior staff having received supervision training to enable them to supervise others. One staff member told us they were pleased that supervision had started. They said previously they had not known if they were progressing how they should be and it also gave them an opportunity to identify any further training needs.
- Staff who were new to the service completed induction training and shadowed more experienced staff until they got to know people and their needs. As part of the new training program nurses received clinical training and updates to develop and maintain their clinical skills.
- Care staff told us that although formal supervision had only just started they were regularly observed by senior care staff. This helped to ensure that people received the support they needed. One staff member said, "Senior carers check everything we've done, they check the beds have been made, charts have been completed." A senior care worker told us they also checked people had received the care they required, for example personal and oral care.

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

- Before moving into the home people's needs and wishes were assessed to ensure they could be supported effectively at the home. This also ensured staff had the appropriate knowledge and skills to support people.
- When people moved into the home care plans were developed and reviewed. Some people had moved into the home for a period of assessment following a hospital stay. At the inspection we found that the care plans for these people did not always contain information staff may need to support them. This is discussed in the safe and well-led section of the report.
- Recognised tools were used to assess people's level of risk of skin damage, malnutrition and oral health needs.

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

People were supported to have enough to eat and drink throughout the day to meet their nutritional and health needs, individual choices and preferences. People were provided with the appropriate support to eat their meals. One person said, "The food is usually good and there is a choice as well." Another person told us they enjoyed the food and, "There was always more than enough."

- People's nutritional needs were reviewed and referrals were made when required. Some people required specialised diets, and these were provided appropriately. Most people were regularly weighed to help staff determine any additional nutritional needs.
- We saw a number of people had their drinks in plastic beakers, some with lids. There was information in people's care plans about whether they preferred to use a cup and saucer or a beaker. However, we identified some people using a beaker when their care plan indicated they would prefer a cup. We discussed this with the manager as an area to be reviewed.

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

- The home was adapted to meet people's needs. People were supported to spend time where they wished.

There were accessible bathrooms and showers and toilets had rails and raised seats to help support people's independence. People's bedrooms had been personalised with items of the persons choice, such as photographs and other individual items.

- There was one communal lounge with an adjoining dining room for people to spend time together. There was level access to the garden, with seating areas that people could use in the warmer weather.

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

- People were referred to health and social care professionals and services when needed and when their health needs changed. A healthcare professional told us staff made referrals in a timely way, they followed advice given and would make further contact if improvements were not seen.

- A healthcare professional from the GP surgery contacted the home 3 times weekly to discuss the needs of people. When people's health needs changed staff contacted the appropriate healthcare professional to discuss any concerns and ensure appropriate care and treatment was provided.

- Where people required regular healthcare checks they were supported to maintain these. People's oral health needs were assessed, and staff supported people with their oral care and promoted good oral hygiene.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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

- Care plans and risk assessments did not always contain all relevant information. For example, care plans did not always contain necessary or accurate information staff may need to support people safely. One person had been identified as being at risk of choking however there was no risk assessment to provide guidance for staff. Discussions with staff identified that this person was not at risk of choking so the care plan was not accurate. Some people spent their time in bed, care plans did not always include the reason or how the decision had been made. Other care plans contained conflicting information. One person's care plan stated in one area they were at medium risk of falls but in another area it was recorded that they were not at risk of falls.
- Every person had a food and fluid chart which staff completed. There was no rationale for why some of these were in place or how much fluid each person should drink. Although fluid charts were totalled there was no overview to identify if people's intake was low. The nurses told us that care staff informed them at the end of each shift how much each person had drunk and if there were concerns. This information was then passed onto staff in handover. However, this information was not recorded to ensure it was available for all staff.
- Where people's preferences had changed this was recorded however there was not always information about what the change was. One person's plan said they no longer wished to have chiropody services. However, there was no information about how their foot care needs would now be met. There were no activity care plans to inform staff what people currently liked to do each day. Staff told us about the activities one person liked to engage in. These were specific to the person but had not been recorded so all staff were aware.
- There was a range of audits and checks to help ensure the quality and safety of the service. However, these audits did not identify all the concerns we found, for example in relation to recruitment records, mental capacity assessments and shortfalls within care plans.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. Care records were inconsistent and did not always detail the needs of people.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

## 2014 Good governance.

- The registered manager had recently left the service. A new manager had been in post for one month and was planning to register with CQC. This person had worked at the home for 2 years as a quality assurance manager and knew people and staff well. The audits and the knowledge and oversight of the manager had identified some areas that needed to be improved and work had commenced for example supervision and a review of accidents and incidents. An action plan had been developed to determine what progress had been made and when the improvement / change had been completed.
- Staff knew people really well. They were able to tell us about their individual preferences, their care and support needs and how they liked this care provided.
- At the time of the inspection the provider was introducing an electronic care planning system. Staff were due to receive training and implementation would be used as an opportunity to address identified shortfalls.

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

- Through discussions with people, relatives and staff we determined there was a positive culture at the home. One person told us, "I'm very happy here." A visitor told us they were happy with the care and support their relative received. They said, "As a family we're very happy, it's very personalised here." Staff spoke well of working at the home. One staff member said, "It's very good, a great team."
- However, some aspects of the suggested an institutional approach to care. For example, information about people's weights, position changes, personal hygiene requirements, including bath lists, and some dietary preferences were displayed in communal corridors. We discussed this with the provider and manager. They contacted us after the inspection to tell us this information had now been removed.
- Staff referred to people by room number. On occasions this may be appropriate if asking a colleague to meet them in a certain room. However, we asked the provider and manager to review this to ensure people were consistently referred to in the most appropriate and respectful way.
- Staff were committed to providing good care and support to people. They described a person-centred approach. For example, although there was a bath list which stated which day people could have a bath or shower this was not used. Staff assured us people were able to make choices about their own hygiene and what they done each day. One staff member said, "If they want a shower they have one."
- People, visitors and staff spoke well of the manager. One visitor told us they could speak with the manager at any time and often did. They said, "Any issues are addressed." Staff told us the manager had an open-door policy and was approachable. They said, "If [manager] see's something she tells you right there, do this, put this in place." The staff member explained this reassured them that they were supported and providing good care.

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

- We had identified through our monitoring work that residents, relatives and staff meetings were not being held. Surveys had not been completed for anyone, including visiting health and social care professionals. At the inspection the manager told us that feedback surveys had just been sent out to staff and staff meetings had commenced. The manager also told us that feedback surveys and meetings were due to be implemented for residents, relatives and visiting professionals. This is an area that needs to continue to be developed and improved.

Continuous learning and improving care; Working in partnership with others

- The manager had identified improvements were needed to ensure accidents and incidents were analysed

to identify if there were any themes, trends, or actions required to prevent a reoccurrence. These changes had been implemented and needed time to be fully embedded into everyday practice. Staff told us they were updated about any changes at the shift handover or throughout the day.

- The staff worked with other health and social care professionals to help ensure people received the care and support they required.

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 manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider was not following the principles of the Mental Capacity Act 2005.11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were at risk of harm because systems were not robust enough to demonstrate safety was effectively managed. 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(c)