

Pro Care Homes Limited

# Bronswick House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Bronswick House on 12 and 18 April 2016. At which we found breaches of legal requirements. This was because the provider had failed to ensure safe care and treatment and management of medicines. They had also failed to operate systems to assess, monitor and reduce risks to people and improve the quality and safety of the services provided. Our regulatory response to these breaches in relation to the unsafe care and treatment and management of medicines was a warning notice informing the provider of the actions they had to take to meet the regulations. We asked the provider to send us a report that said what action they were going to take in relation to good governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 31 January 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the latest inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Bronswick House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Bronswick House is registered to provide personal care for fourteen people whose needs are associated with their mental health. The home offers support for life and does not offer rehabilitation services. It is set on two floors with three bedrooms on the ground floor and ten on the first floor. It is situated in a residential area, and is close to public transport. At the time of the inspection visit fourteen people lived at the home.

There was a registered manager in place. However, although they were overseeing the service, they had withdrawn from the day to day management of Bronswick House. A new manager had day to day responsibility for Bronswick House and had started the process to apply to become registered manager. 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.

At our focused inspection on 31 January 2017, we found that the provider met the warning notice regarding safe care. They had followed their plan which they had told us would be completed by August 2016 and legal requirements had been met.

Risk assessments were in place, reviewed and informative to reduce any potential risks of harm to people. They were dated and signed by the person who completed them. Staff were observant and provided safe care and supervision to people, particularly those who were most vulnerable.

Risk assessments had been amended and improved and were dated and signed so staff had clear guidance

on the care and support people needed. This helped keep people safe.

Staff managed medicines safely with appropriate gaps between the times of administering them. They were stored securely and not left unattended.

Care records had been amended and developed so they were informative, personalised and involved people in their care.

People were encouraged to discuss any improvements they wanted in the home. Audits and checks were carried out frequently and findings promptly acted upon.

We could not improve the rating for safe, responsive or well led from requires improvement because to do so requires consistent good practice over time. We will check this 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?

We found that action had been taken to improve the safety of the service.

Risk assessments and strategies for managing behaviour that challenged were in place to support and protect people. These were updated, informative and gave staff guidance.

Medicines were managed safely and stored securely.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

Care records had been rewritten and reorganised so they were personalised and informative. They were dated and signed by the author.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve the leadership

**Requires Improvement** ●

of the service.

People's views were sought and taken into account when making changes in the home.

The home was led and managed more effectively with regular audits and action taken on their findings.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

# Bronswick 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.

We undertook a focused inspection of Brunswick House on 31 January 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12 and 18 April 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well led. This is because the service was not meeting legal requirements in relation to those questions.

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 31 January 2017 we reviewed the information we held about Brunswick House. This included the provider's action plan, which set out the action they would take to meet legal requirements and notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We spoke with a range of people about Brunswick House. They included two people who lived at the home, two staff and the manager. We did this to gain an overview of what people experienced whilst living at Brunswick House.

We also spent time observing staff interactions with people and looked at records. We checked documents in relation to two people who lived at the home and medicines records.

# Is the service safe?

## Our findings

At the comprehensive inspection on 12 and 18 April 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. One person who needed staff support and supervision had left the home unnoticed, with staff unaware that the person had gone until informed the following day. This resulted in harm and distress to the person and others.

At that inspection risk assessments and strategies to reduce behaviour that challenged the service were not always in place or informative, dated or signed. Medicines were not managed safely, had been left unattended and 'when necessary' medicines not given at correct intervals. A warning notice was served in relation to this breach.

At this focused inspection visit carried out 31 January 2017, we checked what progress had been made in relation to improving the people's safety and supervision and to risk assessments and medicines. We spoke with the manager and two staff about how they ensured the safety and supervision of people, in particular those who were most vulnerable. They told us where people were vulnerable or there was a risk of a person leaving the home when unsafe to do so, frequent checks were made. Staff recorded the times of the checks made and knew what to do if a person had left the home between checks. Where a person was agitated or anxious staff discretely increased observations so they were aware of the person's whereabouts. There had been no attempts to leave the home since the last inspection.

We spoke with the manager and two members of staff regarding the risk assessments and checked the risk assessments in two care files. Risk assessments and strategies for managing behaviour that challenged were in place to support and protect people. Risk assessments had been updated, were informative and gave staff guidance on how to reduce risks while still supporting people to be as independent as possible. Strategies for supporting people with behaviour that challenged was in place and identified ways of reducing agitation in an individual. All records seen were dated and signed.

We checked medicines were locked securely in the medicines cabinet on arrival and throughout the inspection. We asked two service users if their medicines were given as prescribed and stored safely. They said they were. We spoke with a member of staff and the manager about storage and administration of medicines. They told us medicines were stored in the medicines cupboard and this was not left unattended when open. They told us there were safe amounts of time between giving medicines. We also checked the medicines administration records and additional medicines information. These records indicated medicines had been given safely.

## Is the service responsive?

### Our findings

When we carried out the comprehensive inspection on 12 and 18 April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's needs were not met through care records that reflected their assessed, monitored and updated needs. We found staff did not identify and review people's needs. Care plans were difficult to follow with older and newer records mixed together in the care file. Few care records were dated or signed by the author and it was not possible to see which held current information. Daily records were sparse giving few details on the person's care and support and state of mind. The lack of personalised information on people, abilities, needs and specific areas of risk reduced staff's abilities to respond to situations.

At this focused inspection we checked what progress had been made in relation to the care records. We found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17. We looked at two care records and talked with the manager and senior staff. Care records had been rewritten and reorganised so they were personalised and informative. The manager told us that they were continuing to restructure the care records so they were easy to follow and person centred. Records were dated and signed by the author of the information. Staff had encouraged people to be involved in their care planning and where possible to sign to show they had done so.



## Is the service well-led?

### Our findings

At the comprehensive inspection on 12 and 18 April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Although audits were being completed regularly by the registered manager, issues including those we raised on the inspection had not been found. This led us to question their effectiveness. People were not given the opportunity to comment on the service they received in a formal way. The nominated individual visited the home several times each week but did not carry out formal audits. They had not noticed the issues we found on the inspection.

On this focused inspection we checked what progress had been made in relation to governance of the home. We found the home was led and managed more effectively. Residents meetings had started and people were asked what they wanted in the home. As a result of this, new activities and leisure equipment had been provided. People had new bedding and furnishings. Areas of the home had been redecorated with other redecoration planned in the home and garden. This had provided mental stimulation and improved the environment for people.

The manager had started to carry out audits and acted on their findings. Medicine checks were completed daily and audited weekly. This had reduced medicines errors. Care planning had been restructured, involved people and was regularly audited. Cleaning schedules were in place and these were audited to ensure good infection control. This had improved people's experience and the environment at Bronswick House.