Esteem Care Limited

Brandon House NH

Inspection report

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Date of inspection visit: 18 & 24 November 2014
Date of publication: 10/03/2015

Ratings

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

Overall summary

The inspection was unannounced and took place over two days on 18 and 24 November 2014.

At the last inspection in July 2014 we found the provider was breaching eight regulations. The breaches related to respecting and involving people who use services; consenting to care and treatment; care and welfare of people who used services; meeting nutritional needs; safeguarding people who used services from abuse; management of medicines; supporting workers and assessing and monitoring the quality of service provision.

At this inspection we found the provider had made improvements in some areas but they were still in breach of four of the eight regulations. We also found other areas of concern.

Brandon House provides nursing care for up to 42 older people, some of whom maybe living with dementia. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although people told us they felt safe we found this service was not providing consistently safe care. Staffing levels were not adequate to keep people safe. People told us there were not enough staff. People were not adequately supervised and had to wait for support and assistance. The provider did not have effective recruitment and selection procedures in place. Appropriate cleanliness and hygiene standards in the home were not maintained which put people at risk of acquiring infection. People were given their medicines in a safe way. Medicines were kept safely and adequate supplies were maintained to allow continuity of treatment.

Staff were not provided with sufficient supervision and training to ensure they were able to meet people's needs effectively. Management and staff did not fully understand the requirements or principles of the Mental Capacity Act (2005)(MCA) and Deprivation of Liberty Safeguards (DoLS). Providers are required to submit applications to a 'Supervisory Body' for authorisation to restrict people's liberty but it was clear from the paperwork we reviewed the correct process was not followed so people were not safeguarded. People were offered varied snacks and drinks during the day and enjoyed the food. However, meal experiences were not enjoyable for everyone. Some people had to wait for their meal whereas others received theirs promptly. Staff did not always explain to people what they were having to eat. A range of healthcare professionals were involved in people's care.

Some people we spoke with were very happy with their care whereas others thought it could improve. We also got a mixed response when we spoke with visitors about the care that was provided. During the inspection we observed good care being provided. Staff were caring and compassionate in their approach.

Aspects of people's care was not assessed, planned and delivered appropriately. There was not enough information to guide staff on people's care, treatment and support. The morning routine in one unit was not personalised. A visiting healthcare professional told us the same issues about people's care and treatment constantly had to be reinforced. People could join in group activities. On the day of the inspection we saw a group enjoying a painting session. People told us they knew who to speak with if they had any concerns.

The provider's systems to monitor and assess the quality of service provision were not effective. Actions that had been identified to improve the service were not implemented. The provider asked people to comment on the quality of care through surveys but results were not analysed or acted upon. Staff provided positive feedback about the management team. They said the registered manager and general manager were approachable and addressed issues straightaway.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Inadequate 

The service was not safe.

There were not enough staff to meet people's needs, at all times. Staff recruitment checks were not robust and therefore, did not protect people from staff unsuitable to work with vulnerable people.

Risks to people were not always identified and assessed as part of the care planning process.

Appropriate standards of cleanliness and hygiene were not always maintained. Areas of the home were not clean.

People said they felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Medicines were administered safely. Medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started.

Is the service effective?

Inadequate 

The service was not effective.

The provision of training, supervision and appraisal required improvement to ensure all staff were provided with up to date skills and knowledge.

The service was not meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People enjoyed the meals. Some people received their meal promptly and received good support. Other people had to wait for their meal and didn't receive appropriate support.

People received appropriate support with their healthcare and a range of other professionals were involved to make sure people's healthcare needs were met.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

Some people were very happy with their care whereas others thought it could improve.

We saw examples of good practice where staff provided encouragement, reassurance and treated people with kindness and respect.

Is the service responsive?

Inadequate 

The service was not responsive.

Summary of findings

People didn't always receive care that was planned to meet their individual needs and preferences. Care records did not sufficiently guide staff on people's care.

People knew who to speak with if they had any concerns. There was a clear procedure for staff to follow should a complaint be raised.

Is the service well-led?

Inadequate

The service was not well led.

The provider had not taken the necessary action to improve the service after the last inspection.

The systems in place to monitor the quality of service provision were not effective. Action was not always taken even though shortfalls were sometimes identified.

Staff said the management team were approachable and addressed issues straightaway.

Brandon House NH

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 18 and 24 November 2014 and was unannounced. On the first day the inspection the team consisted of four adult social care inspectors, a specialist advisor in nursing and an expert by experience in people living with Dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services. On the second day the inspection team consisted of three adult social care inspectors and a pharmacist inspector.

Although the service was registered to accommodate 42 people, at the time of our inspection there were 34 people living in the home.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent us. The provider had completed a Provider Information Return (PIR). This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we used different methods to help us understand the experiences of people who lived at the home. We spent time observing care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We spoke with ten people living at Brandon House, six visitors including two health professionals, 12 staff, the registered manager who dealt with day to day issues within the service and the general manager who oversaw the overall management of the service. We looked at 12 people's care records, ten people's medication records, staffing rotas, staff recruitment and training records and records relating to how the service monitored the quality and safety of the service.

Inadequate

Is the service safe?

Our findings

Through observations and discussions with people and staff we found that there were not enough staff to meet the needs of the people who used the service. We received a mixed response when we spoke with people who used the service and their relatives. Some said there were enough staff but others said there were not enough. One person who was nursed in bed said, "No one comes into see me." Another person said, "I have no complaints about staff but don't see them often enough." Another person told us call bells were not always answered. They said, "I know they have paperwork to do but on a night they should have someone to check on us." A relative said, "I think it's adequate, not short but I would like to see more." Another relative said, "Staff always chat and listen to my dad."

The home had an eight bedded unit and a 34 bedded unit. Nurses were based in the larger unit but also oversaw the smaller unit. Care workers were allocated to work in each unit. The staffing rotas showed at least two nurses worked between 08:00 and 17:00 and one nurse was on duty between 20:00 and 08:00. Six care workers worked between 08:00 and 20:00 and then three care workers worked between 20:00 and 08:00.

Staff we spoke with told us there were not always enough staff. One staff member told us, "Most people are living with Dementia. We have 34 residents and 27 need two to one care. There are not enough staff during the day because of the dependency of the residents." Another member of staff told us, "There is not enough staff every day. If someone calls in sick we don't always get cover. There is normally enough staff to help people eat their meal." Another member of staff said, "We could do with more staff at mealtimes. On eight occasions since I have worked on this unit there has been only one member of staff." Another member of staff said, "There is not enough staff at mealtimes."

We observed care being delivered and found people sometimes had to wait because there was insufficient staff. There was not enough staff to support people to eat their meals in a timely way. People who had chosen to eat in their rooms had to wait for their meal because there was not enough staff to support them to eat. On the first day of the inspection, one care worker was supporting three people with their meal. When they were assisting people to eat they were often interrupted because others needed help. This meant people did not receive appropriate support throughout their meal. On the second day we observed the same. One person did not get appropriate help even though they were struggling to eat. They were putting soup on their napkin and then trying to eat it from there and then attempted to eat their dessert with their glasses in their hand which ended up with food on. Staff offered support but then left the person because they had tasks to do such as answering the call bell and serving drinks. At 3:20pm, staff in the smaller unit were assisting one person in their room. This left other people in the unit unattended for at least five minutes.

Staff told us that everyone in the smaller unit ate their breakfast in bed because this was their preference and when we looked at four people's care records they stated 'I like to get up in the morning early – after I have had my breakfast in bed'. We found they all said exactly the same and concluded the care plans were not individualised. We concluded that people remained in bed to eat their breakfast because there was a lack of staff to assist people to get up on a morning and to eat their breakfast in a timely manner. We spoke with the general manager about the morning routine; they said they had already identified this was not personalised and would be reviewing it.

We concluded people did not get appropriate support because there were not enough staff to meet people's individual needs.

We spoke with the management team who said the service was adequately staffed. They said they did not use a formal system for calculating staffing but observed practice. This included assessing how many people needed assistance at meal times and support with moving and transferring, however, these observations were not recorded. The home did not have a system where they could check response times to call bells. We asked to look at records to show staffing levels were reviewed but told these were not available. We concluded that the provider did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed. This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Staff recruitment practices at the home did not protect people from staff unsuitable to work with vulnerable people. We looked at recruitment records and found that

inadequate checks had been completed. For example, there was no Disclosure and Barring System check for one care worker and the employment history on the application form did not correspond with other information provided. Another file had gaps in employment history that had not been explored and the last employer was not asked for a reference. This is a breach of Regulation 21of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We looked at how risk was managed and found there was a lack of consistency in how this was done. Some systems were in place to help keep people safe but other systems were not effective so people were not protected. The registered manager told us checks and services were carried out on the premises to make sure they met safety requirements and this included internal checks and servicing from external contractors. We saw a number of records, including fire test records and maintenance log records, which confirmed this. The registered manager said they had a range of environmental risk assessments that had been reviewed by the management team.

Under current fire safety legislation it is the responsibility of the provider to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be in the premises, including disabled people, and how that plan will be implemented. The home's fire risk assessment stated there was an emergency plan in operation but there were no personal emergency evacuation plans; these identify how to support people to move in the event of an emergency. The general manager said these plans were being completed but at the time of the inspection were not available in the home.

At the last inspection we reported that call bells were not answered promptly and some call bells had been placed out of people's reach. The provider sent us an action plan which stated they had reviewed all call bell points by the end of October 2014 and we saw the maintenance records which confirmed this. They also said in their action plan that they had completed a 'full audit of resident use/ capacity to use their call bell'. However, when we looked at the audit we found two people were recorded as having the capacity to summon assistance using the call bell. However, in care plan files both were recorded as lacking capacity to maintain a safe environment. The registered manager confirmed neither person would be able to use the call bell to summon assistance and agreed the call bell audit needed urgent review. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We asked staff about arrangements for dealing with emergencies. Staff said if they requested help they would get an immediate response. One member of staff told us they would call for a nurse if they needed any assistance in an emergency. They said they had discussions in staff meetings regarding what to do in an emergency but had not received first aid training since starting work at the home. They said they had not received CPR or first aid training. The registered manager said they had a nurse on duty at all times who was responsible for overseeing any medical emergency. The registered manager said nursing staff had previously done emergency first aid training but a decision was made by the provider that this training was no longer required so staff did not attend refresher training. The provider's policy stated that a trained first aider or qualified staff must be present. The registered manager said they would be looking at re-introducing emergency training and would review the arrangements with the provider.

Risks to people's safety had sometimes been assessed by the staff but there was a lack of consistency and sometimes assessments were incomplete. The care files we looked at contained a range of assessments, for example, nutritional screening, pressure ulcer and falls risk. One person had recently moved into the home and a pre-admission assessment form was completed, however, there was no record of who completed it, no signature and no date recorded. The only section completed on the nutritional screening form was the person's weight so the assessment was incomplete. In another person's care file, risk assessments were in place but the information did not show the risk was being appropriately managed. For example, in the section 'maintaining a safe environment' staff were asked to prevent 'hazards such as broken things and sharp corners'. Another risk assessment had identified three different types of risk on one plan, one of which talked about the risk of self-harm. However, there was no care plan to show how the risk should be managed.

People were provided with appropriate equipment to help reduce the risk of harm. This included pressure relieving equipment and sensor equipment to help prevent falls. We

Inadequate

Is the service safe?

observed staff making sure people, who were at risk of developing pressure sores, had appropriate mattresses in place. However, we saw that staff were not using equipment to help reduce the risk of harm to one person who was assessed as being at 'very high falls risk'. We concluded the registered person did not take proper steps to ensure that people were protected against the risks of receiving care that was unsafe. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We looked around the home which included all communal areas and a number of bedrooms and saw some areas of the home were not clean and hygienic. We noted in one area there was an offensive odour. In the dining room skirting was not clean and there was a large stain on one of the columns. The area where food was served, the trolley which was used for storing trays and some areas of the floor were not clean.

Bathrooms and toilets were not clean and hygienic. In one bathroom we noted, there were stains on the shower chair, toilet roll holder and hoist handle. Coving was broken at the back of the toilet and areas were not sealed properly which were potential infection risks. In another bathroom we noted that a sling was not clean. In one toilet there was a hole in the door, paintwork was not clean and the area at the back of the toilet was dusty. We also noted paintwork was grubby in some communal areas. In one person's bedroom there was a stain on the wall. In another person's bedroom there was a stain on the chair seat and on the bed bumper. Another person's bedding was stained.

We asked to look at the home's cleaning schedules and found these had not been completed for over three weeks. A member of the housekeeping team told us the schedules were being reviewed because they were too general and they had identified more detail was required to ensure appropriate standards of cleanliness and hygiene were maintained.

We asked to look at how mattress audits were carried out. This was being demonstrated in a room that was vacant. When the member of staff lifted the mattress we noticed there was faeces along the side. After the member of staff cleaned the mattress they carried out an audit and found the mattress had failed so needed to be replaced. We found the home was not maintained to an appropriate standard of cleanliness and hygiene and people were not protected against the risk of infection. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report. We also shared our findings with the local infection and prevention control team.

Staff told us there was always a supply of personal protective equipment (P.P.E) which included, gloves, aprons and sanitising hand wash. When we looked around the home we saw P.P.E was available. We also observed staff using P.P.E when they were assisting people with personal care and during meal times.

People we spoke with told us they felt safe. One person said, "I do feel secure here, it's homely and they make you feel welcome as soon as you come in."

At the last inspection we found the provider was breaching the regulation that related to safeguarding people from abuse. This was because only half the staff team had received training in safeguarding vulnerable adults which meant there was a risk staff would not be able to recognise the signs of abuse and when they should report concerns. Records relating to incidents of safeguarding were not available and had not been reported to CQC. Following the inspection the provider sent us an action plan that told us how they were going to improve.

At this inspection the provider had introduced better systems to make sure people were safe. The management team had given out safeguarding information packs to the staff team and had discussed safeguarding people from abuse at a staff meeting in September 2014. The provider had arranged for more staff to receive safeguarding training but not all staff had received the relevant training.

Staff we spoke with told us people were safe. Staff understood what abuse was and could describe the types of abuse people may experience in residential care settings. The staff we spoke with understood how to report a concern about abuse and were confident the management team would treat any concerns seriously. This showed that people's risk of abuse was reduced.

At the time of the inspection the registered manager told us there was one safeguarding incident that was being investigated by the local safeguarding authority; we will monitor the outcome of this investigation.

Inadequate

Is the service safe?

At the last inspection we found that people were not being protected against the risks associated with medicines because the provider did not have the appropriate arrangements in place to manage medicines. This included the arrangements for medicines storage and record keeping.

At this visit we found that the medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. Medicines were kept safely and adequate supplies were maintained to allow continuity of treatment.

All medicines were administered by qualified nurses. Arrangements were in place to ensure that where doses of the same medicine were repeated throughout the day, enough time was left between each dose. However, we found that on occasion these were not adhered to; increasing the risk that people may suffer side-effects from their medicines. One person we spoke with explained that before they came to the home they used to, “Worry when my medicines were getting low, but I don’t have to worry now, my medicines never run out.” People wishing to self-administer medicines were supported to do so. Written assessments were completed to help identify any support people may need with this.

Inadequate

Is the service effective?

Our findings

At the last inspection we found the provider was breaching the regulation that related to supporting workers. This was because staff had not received appropriate training and supervision. After the inspection the provider sent an action plan and told us they had made improvements and put appropriate arrangements in place. However, at this inspection we found the provider was still breaching the regulation that related to supporting workers because staff had not received appropriate training and supervision.

We got a mixed response when we spoke with staff about training, supervision and development. One member of staff told us she thought some members of staff were not trained adequately to work at Brandon House Nursing Home, she said, "It's not that they don't want to do the work properly, it's that they don't know how." Another member of staff told us the training was good and it gave them the skills to do their job. However, they felt they would like more in depth dementia awareness training and said, "The current training doesn't address the needs of the people who use the service. I would like to improve my skills in how to approach and work with people with dementia." They told us they had supervision every two months. Another member of staff told us they were, "Not happy with the training offered by the home and they could use e-learning more." Another member of staff said, "We have supervision. This is a recent thing."

The provider's action plan stated that all staff would receive supervision by the end of October 2014. When we looked at the staff supervision file we found the management team had arranged a supervision session for most staff but the information indicated they had not received previous sessions. Files had a note which stated 'first supervision' or 'no previous supervision'. The records showed two of the eight nurses had not received any supervision. The registered manager confirmed both members of staff had not had a recent supervision. We concluded arrangements for supervision were being introduced but suitable arrangements were still not in place to ensure staff received appropriate supervision.

The provider's training policy stated that all staff would have an individual training plan that identified what training they should do and when this should be refreshed. The registered manager told us staff did not have training plans and there was no guidance to indicate how often training should be refreshed.

We looked at a training matrix which had a list of mandatory and non-mandatory training. This stated that there were nine mandatory courses for all staff, manual handling, food hygiene, fire awareness, health and safety, safeguarding, infection control, control of substances hazardous to health (COSHH), MCA-DOLS, dementia awareness. The matrix showed some staff had not received mandatory training. For example, a nurse had not received food hygiene, safeguarding, infection control and COSHH and a member of the kitchen and housekeeping staff had only done fire awareness training; the member of staff confirmed they had not received any other training.

The training matrix showed only 18 of the 25 senior care assistants and care assistants had completed safeguarding training; only 15 of the 25 had completed fire training; only 12 of the 25 had completed health and safety and only 14 of the 25 had completed infection control. The training matrix showed only five of the 11 kitchen and housekeeping staff had completed safeguarding training; only six of the 11 had completed manual handling; only four of the 11 had completed health and safety and only six of the 11 had completed infection control.

The provider's action plan stated training on equality and diversity and dignity and respect would be refreshed by the end of October 2014, however, the training matrix showed only four of the 25 senior care assistants and care assistants had completed equality and diversity training. The training matrix showed only three of the eight nurses had completed equality and diversity training.

A visiting health professional voiced concern about the training staff received. They said there were, "Lots of dementia patients and little training." They also reported there was a, "High death rate due to the hospital referring a lot of severely ill patients." We looked at the training records and saw only one of the 25 senior care assistants and care assistants had received end of life care training; only four of the eight nurses had received end of life care training.

We looked at training records and certificates which were held in individual staff files and found there was a lack of evidence to show staff had received appropriate training.

Inadequate

Is the service effective?

For example, one member of staff had four certificates; their name was hand written but dates of when the training was completed were left blank. There were no certificates for fire awareness or safeguarding training. Another file had certificates for training but there was no name on these. The member of staff did not have certificates for fire awareness or safeguarding training. We concluded the provider did not have suitable arrangements in place to ensure staff received appropriate training. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

At the last inspection we found the provider was breaching the regulation that related to consent to care and treatment. This was because where people lacked mental capacity to make decisions assessments were not carried out and there had not been any application Deprivation of Liberty Safeguards (DoLS) applications even though restrictions were in place. At this inspection we found the provider was still breaching the regulation that related to consent to care and treatment because people's capacity to make decisions about different aspects of their care and treatment was not assessed even though there was evidence they were unable to make some decisions.

We found staff and management did not understand what they must do to comply with the Mental Capacity Act 2005 and DoLS. We were told that four DoLS applications had been completed and the home was waiting for the outcome of these. However, when we reviewed the information we found urgent request forms were completed and these had already expired. Standard authorisation forms had not been completed.

We saw there was a lack of consistency in how people's mental capacity to make decisions about different aspects of their care and treatment was assessed. We looked at people' mental capacity assessments and found these were not carried out in line with the statutory principles of the Mental Capacity Act (2005). For example one person's impairment was recorded as dementia but there was no evidence to show this had been diagnosed. Their assessment stated they were unable to make decisions but their medication plan said they were able to refuse medication. There was no best interest decision recorded. Another person's record showed they were having their medicines administered covertly but there was no mental capacity assessment or best interest decision in place to show this decision met the requirements of the Mental Capacity Act (2005).

We looked at four people's mental capacity assessment and found they were standardised. The assessments were not decision specific and contained the same five decisions; personal care, nutrition/feeding, medication, activity and remaining safe in the environment. Each assessment concluded the person did not have capacity but there was insufficient information to show how the decision maker had assessed capacity and ability to make a decision. There was no evidence of best interest decisions. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

At the last inspection we found the provider was breaching the regulation that related to meeting nutritional needs. At this inspection we found the provider had made some improvements but further improvements still needed to be made. We did not find they were breaching the regulation that related to nutritional needs.

A person who used the service said, "I always look forward to the meals." One person had ordered egg and chips and when their meal arrived they said, "It looks lovely." Another person told us they always got "Plenty" to eat. A relative said, "Mum is happy here. The food is good and the new chef is good." During the day we observed people being offered drinks and snacks on a regular basis, this included milk shakes, fruit platters and home baked cakes.

We observed three separate meal times and saw people enjoyed the food. The food looked appetising and portions were generous. However, people had different meal experiences. Some people received their meal promptly and received good support. Other people had to wait for their meal and didn't receive appropriate support. Sometimes staff were assisting people to eat but were interrupted or went off to do other things. Clothes protectors were placed on people without an explanation and staff were observed serving meals but didn't explain what food people were having. A member of staff was vacuuming during lunch and walked through the lounge/ dining area with wet floor signs.

Inadequate

Is the service effective?

A member of the catering team explained the arrangements in place for planning meals. They said there was a good supply of provisions. The menu was varied. People could choose the main meal from the menu or from a list of alternative menu choices but this was the same every day. At lunch the alternative menu choice was sandwiches, omelettes, salads, sausage roll, cornish pasty or vegetable curry. At teatime people could choose egg and chips. Staff said if people didn't want the meal when it arrived they would be offered an alternative. When we looked at the meals selection list we noted that nearly everyone had chosen the main meal.

Food and fluid charts were filled in but had not always been totalled. Staff we spoke with were clear on how to measure people's fluid intake. One member of staff told us, "I would measure the fluid from a breaker with a measure on the outside and record what has been drunk." Another member of staff said, "People drink out of a breaker cup with a measure and I have had training to say how much when cups do not have a measure. I record what has actually been drunk."

People told us other healthcare professionals visited the home when they were requested. We looked at people's care plans and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody.

Requires Improvement

Is the service caring?

Our findings

We got a mixed response when we spoke with people about their care. Some people we spoke with were very happy with their care whereas others thought it could improve. One person said, “The staff don’t seem attentive; they don’t talk to me enough.” Another person said, “It’s very good here.” People told us, in the main, that they could make decisions about their care. One person said, “I can choose what clothes to wear.” Another person said, “They more or less say I’m putting you to bed but I suppose I could do what I wanted.” We saw some people chose to spend time in communal rooms whereas others chose to spend time in their room.

We got a mixed response when we spoke with visitors about the care that was provided. A relative told us, “Staff are lovely here, they are gentle and I have no complaints at all.” Another relative said, “They always talk to him, he is less anxious here.” Another relative said, “The staff are quite nice.” A relative was concerned because they felt the person living at the home was not encouraged to go out of their room enough. Another relative told us the person they visited had not always been dressed appropriately. Another relative told us they thought staff could do more to encourage the person to get out of bed.

During the inspection we observed good care being provided. Staff were caring and compassionate in their approach. Staff were friendly and people clearly enjoyed their company. We saw examples of good practice where staff provided encouragement, reassurance and treated people with kindness and respect. In the main, people looked well cared for and were tidy and clean in their appearance. However, we noted two people had long and dirty finger nails. The management team said they did not like having their nails cut but we could not see any reference to this in their care records.

We noted there was information displayed in the home to help keep people informed. There were some leaflets about advocacy near the entrance along with a leaflet which was a care home check list for relatives/clients.

Inadequate

Is the service responsive?

Our findings

At the last inspection we found the provider was breaching the regulation that related to care and welfare of people who used the service. This was because people were not always receiving appropriate care to meet their needs. After the inspection the provider sent an action plan and told us they had made improvements and put appropriate arrangements in place. However, at this inspection we found the provider was still breaching the regulation that related to care and welfare because people care needs were not always met.

One relative told us they had recently experienced poor communication about input from a healthcare professional. One person who used the service said they wore continence pads but felt if they were assisted more to the toilet they wouldn't need them. Another person told us they had been involved in making decisions about their care. Their relative said the staff and manager had been responsive following a fall and had taken prompt action.

A visiting healthcare professional told us the same issues about people's care and treatment constantly had to be reinforced.

The home is divided into two units. Eight people were staying in one of the units which staff referred to as the dementia unit. Everyone in this unit had breakfast in bed and were then assisted to get up and dressed around 9:30am. We looked at four people's care plans from this unit and they all stated the same, 'I like to get up in the morning early – after I have had my breakfast in bed'. We raised concern with the management team about the morning routine because even though people's care plans stated they like to get up after breakfast, the care was not planned and delivered in such a way to meet people's individual needs and preferences. They said they had already identified this as an area of concern and were planning to review this.

We found aspects of people's care was not assessed, planned and delivered appropriately. One person was at risk of malnutrition; there was not enough information to guide staff on the person's care and the guidance that was in place was not followed. One person was at risk of falls and to help reduce the risk a sensor mat should have been used, however, we saw on the second day of the inspection this was not used. Therefore, the person was not protected against the risk of unsafe care. Another person's care plan made reference to behaviour that challenged. However, there was no explanation about the behaviour or how staff should provide support.

Basic written information was in place about the use of 'when required' medicines. However, the care plans we looked at lacked clarity or were not up-to-date about the individual support people may need with their medicines. For example, one care plan referred to the use of covert (hidden) medicines administration but the nurses we spoke with said covert administration was not used. We found that information about when and how often a prescribed nutritional supplement should be offered was not included within another person's care plan. Clear records of when the supplement was administered were not made.

Four people's care plans did not contain any background information and details of their likes and dislikes. This meant staff may not understand or recognise people's values and beliefs that influence how they want their care delivered. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

People told us they could join in group activities. One person said, "They do a lot here, it's very good: there's all sorts going on like art, everyone finds it homely." On the day of the inspection we saw a group enjoying a painting session. There was an activity board in each of the communal areas which informed people of what activities were available and this included bingo, drawing and hand massage as well as one to one time that people could spend with staff. There was a notice near the entrance displaying entertainment and events such as carol singing and dancing.

People told us they knew who to speak with if they had any concerns. One person said, "The manager is marvellous, he will listen to anybody, he'll help you." Another person said, "I have no concerns, I know who to go to if I did." A relative told us they had not had to complain but knew who to go to.

In the PIR they said, in the last 12 months they had received seven compliments and six complaints. They said all six complaints had been resolved within 28 days of the complaint being made. Staff we spoke with knew how to respond to complaints and understood the complaints

Inadequate

Is the service responsive?

procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a complaint be raised. The complaints policy was displayed in the home.

We noted in two people's care files that concerns had been raised about the quality of care that had been provided.

Alongside one of the concerns it stated 'reassured issues will be dealt with'. The registered manager said these were not documented in the complaints file because they were not formal complaints.

Inadequate

Is the service well-led?

Our findings

At the last inspection we found the provider was breaching eight regulations. The breaches related to respecting and involving people who used services; consenting to care and treatment; care and welfare of people who used services; meeting nutritional needs; safeguarding people who used services from abuse; management of medicines; supporting workers and assessing and monitoring the quality of service provision.

After the last inspection we met with the provider to discuss our inspection findings and made them aware we were concerned about Brandon House Nursing Home. The provider had an action plan and assured us they had made improvements to their service. In October 2014 they confirmed the action plan had been completed as planned and they believed the service was compliant with the regulations.

At this inspection we found the provider had made improvements in some areas but they were still in breach of four of the eight regulations. We also found they were breaching three other regulations.

In the provider's action plan they told us they had taken action to ensure that the home remained clean at all times. At this inspection a tour of the home was carried out and we found it was unclean and unhygienic. We found the home's cleaning schedules had not been completed for over three weeks. Mattress audits were not carried out regularly.

The provider had introduced a number of audits but we found these were not always effective. The provider had completed monitoring visits and identified areas where they needed to improve. For example, they had gone through some people's care records and documented what information was missing. However, they had not taken action to put this right. In October 2014, the monitoring visit report identified shortfalls, for example, some staff had not had mandatory training, but the action plan section was blank. The registered manager and general manager told us they did regular checks, spot checks and early morning visits as part of the quality monitoring of service provision but these were not recorded. Regular medicines audits were being completed to help ensure that should any shortfalls arise, they can be promptly addressed.

The provider had completed an audit for people's mental capacity to summon assistance using the call bell. However, when we looked at this we found it inaccurately identified that at least two people on the list had the capacity to summon assistance using the call bell even though this was not the case. We concluded there was not an effective operation of systems to identify, assess and manage risk.

The last resident and relative meeting took place in October 2013. In the home a notice was displayed that a meeting was planned for the end of November 2014.

People who used the service, relatives, staff and healthcare professionals were asked to comment on the quality of care through surveys. The provider had sent out surveys in September 2014 and asked for feedback. We looked at some of the returned surveys and saw comments were very mixed; some positive and some negative. A health professional had commented about moving and handling issues. There was a poster displayed in the staff room showing an example of how not to lift people but there was no evidence of additional training provided. The registered manager said they had talked to staff about the moving and handling issues raised by the health professional.

Staff surveys showed some staff had raised concerns about teamwork, training and general satisfaction. Minutes from a staff meeting in June 2014 contained evidence that survey results were discussed; however, it was not evident that all areas of the results were covered. Relative and resident surveys showed some people were happy with the care provided but others were not. There was no evidence that the surveys were analysed or that action plans were developed to address the concerns raised. We concluded there was not an effective operation of systems to identify, assess and manage risk and to monitor the quality of service provision. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We spoke with 12 members of staff during our visit and received positive feedback from staff about the management team. They said the registered manager and general manager were approachable and addressed issues straightaway. One staff member said, "I am quite satisfied. We are alright with the manager and we work together. The staff team is ok more or less." Another member of staff said, "The manager is a good manager, he listens and sorts out

Inadequate

Is the service well-led?

problems. The operational manager is here daily and is approachable and she walks around the home. I enjoy my work." Other comments included, "I am able to talk with the managers and raise issues. I am happy and ok working here." "The managers are really nice; they listen and respond to issues."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not take reasonable steps to ensure that service users and others were protected against identifiable risks of acquiring such an infection by the means of the effective operation of systems designed to prevent, detect, and control the spread of infection, and the maintenance of appropriate standards of cleanliness and hygiene.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The registered person did not operate effective recruitment procedures.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps to ensure each service user received care that was appropriate by means of planning and delivery of care in such a way to meet the service user's individual needs and ensure the welfare of each service user.**

The enforcement action we took:
We have served a warning notice and the provider was told they must become compliant with the Regulation by 27 March 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of the service delivery.**

The enforcement action we took:
We have served a warning notice and the provider was told they must become compliant with the Regulation by 27 March 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users or the consent of another person who is able lawfully to consent to care on that service users behalf.**

The enforcement action we took:
We have served a warning notice and the provider was told they must become compliant with the Regulation by 13 February 2015.

This section is primarily information for the provider

Enforcement actions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place to ensure persons employed for the purposes of carrying out the regulated activities receive appropriate training, supervision and appraisal.

The enforcement action we took:
We have served a warning notice and the provider was told they must become compliant with the Regulation by 13 February 2015.