

Nexus Trading Services Limited

Bracken House

Inspection report

Bracken House Residential Home
Bracken Close
Burntwood
WS7 9BD

Tel: 01543686850
Website: www.nexuscare.co.uk

Date of inspection visit:
17 October 2023
23 October 2023

Date of publication:
13 December 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bracken House is a residential care home providing personal care to up to 34 people. The service provides support to older people some of whom are living with dementia. The care home accommodates people in 1 adapted building across 2 floors. There are 3 communal lounges downstairs and a dining area. At the time of our inspection there were 31 people using the service, 2 of whom were on respite placements.

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

Cleaning schedules were in place and the home was generally clean. However, systems in place failed to ensure the carpet cleaner was replaced in a timely manner when it was broken which meant stained carpets were not always cleaned effectively. Systems in place were not always effective in ensuring decision specific mental capacity assessments were recorded when needed. Systems were in place to check the quality of the service. Audits were undertaken and actions identified were overseen by senior management. Whilst we saw evidence of a number of actions being addressed by the provider, sufficient action was not always taken to address environmental risks identified.

People told us they felt safe, and relatives felt people were safe. Staff had completed safeguarding training and knew how to keep people safe. People had risk assessments in place for moving and handling and clinical risks and staff followed them. People were supported by a sufficient number of competent staff. People told us staff were available to support them when needed and they made them feel safe. People were supported by staff who were recruited safely and were required to complete an induction when they commenced their employment. People's medicines were administered safely, and protocols were in place to guide staff when to administer 'when required' medicines. Where medicines errors occurred, action was taken to reduce the risk of reoccurrence.

The provider analysed accidents and incidents data to identify themes with a view to reducing the risk of reoccurrence. Staff told us the morale at the home had improved and people liked living at the home. The provider sought feedback from people, relatives, and staff to try to improve the care provided. The management team were open and honest when things went wrong and were proactive in seeking learning opportunities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to unwitnessed falls, the governance of the service and management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained as requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bracken House on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Bracken House

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

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bracken House 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. Bracken House is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 October 2023 and ended on 25 October 2023. We visited the location's service on 17 and 23 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the site visit, we spoke with 7 people who lived at the home and 6 relatives. We spoke with 3 staff in detail including a senior case assistant, the housekeeping manager, and the catering manager. We also spoke with the registered manager, the Operational Lead for Residential Services, and the Operations Director.

Following the site visit, we spoke to 2 additional relatives and 6 additional staff members by telephone.

We looked at 6 people's care records and 5 people's medicine administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

The provider sent us further documentation we requested following the site visit including accidents and incidents analysis and action plans.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some topical creams did not always have use by dates recorded on them. The registered manager told us this would be addressed immediately.
- Medicines were stored in a locked cupboard in the medicines room. Fridge temperatures were recorded to ensure medicines were stored at a safe temperature that did not affect their efficacy.
- People's medicines were administered safely. One person told us, "They bring my medicines first thing every day, they never forget."
- Protocols were in place to guide staff when to administer 'when required' medicines. Staff recorded when these medicines were administered and the reason for administration.
- Where medicines errors occurred, they were investigated, and action was taken to reduce the risk of reoccurrence.

Preventing and controlling infection

- People were protected from the risk of infection.
- People told us the home was clean. One person told us, "It's all very clean here including my room." Another person told us, "I think the home and the toilets are kept very clean."
- Cleaning schedules were in place, and we observed regular cleaning being undertaken throughout both days of the inspection. The home was generally clean, but we identified 3 bedrooms that had stained carpets that required replacing, 1 which was causing an odour. The provider had escalated this to the property owner, but they had not yet approved funding for this to be addressed.
- People were supported by staff who wore Personal Protective Equipment (PPE) in line with guidance."

Staffing and recruitment

- Staff told us there were a sufficient number of staff allocated to shifts but they would benefit from more permanent staff. The registered manager confirmed they had experienced some difficulty with recruitment and retaining new staff but the use of agency staff was now reducing.
- We observed limited staff upstairs during the inspection. The registered manager told us staff were not allocated upstairs but undertook sightings of people to check they were safe at frequencies identified in their care plans. We checked this and staff were checking people were safe in line with their care plans.
- People were supported by competent staff who made them feel safe. One person told us, "The staff make me feel safe, they know what they are doing."
- People told us there was a sufficient number of staff to meet their needs. One person told us, "There's definitely enough staff as there's always someone here when you need them." Another person told us, "I have a shower when I want one and I can get up and go to bed when I want to. The staff don't wake me up."

- Relatives who visited the home told us staff were always visible. One relative told us, "There's always enough staff around when we are here so we know [my relative] is being looked after."
- People were supported by staff who were safely recruited. Staff were required to provide satisfactory references and Disclosure and Barring Service (DBS) checks prior to commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I'm very safe here. I haven't crossed anything to make me feel not safe." Another person told us, "I'm perfectly safe here, there's absolutely nothing to worry about."
- Relatives told us people were safe. One relative told us, "The care is second to none here."
- A safeguarding policy was in place and staff had completed safeguarding training. Staff knew the types of abuse and how to escalate any concerns. One staff member told us, "If I saw any abuse, I would report it to immediate seniors. If it involved seniors I would report to the registered manager and follow the policy."
- Accidents and incidents were recorded and action was taken to reduce reoccurrence.
- Safeguarding referrals were made to the local authority when required.

Assessing risk, safety monitoring and management

- People had clinical risk assessments in place to guide staff how to manage risk to people. For example, where people had risks related to their skin integrity, clear personalised guidance was in place to mitigate risk to them.
- Risks to people were monitored and concerns were escalated where needed. Where people had risks relating to fluid and nutrition, staff monitored and recorded their fluid and nutritional intake.
- People were supported safely with moving and handling in line with their care plans. One person told us, "I need 2 staff to take me to the toilet. There is always 2 of them, sometimes there is 3. They always talk to me when they put me on the stand. I'm never frightened of it."
- Where people required monitoring at night, this was identified in their risk assessments and staff supported them in line with their care plans. One person told us, "They check on me in the night. That makes me feel safe."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Visiting in care homes

- Flexible visiting arrangements were in place so people could be visited by their friends and relatives when they wished.

Learning lessons when things go wrong

- Where things went wrong, the provider took action to reduce the risk of reoccurrence. For example, where people had experienced frequent falls, their needs had been reviewed and assistive technology had been put in place where needed to mitigate risk to them.

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 requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure the governance of the home was effective in identifying areas for improvement and taking required actions to keep people safe. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were needed.

- Systems used to complete documentation did not always enable the provider to record people's information in the way they needed to. For example, where the provider had discussed the use of bed sensors with people and had assessed their capacity, this had not been documented. The management team told us this was due to limitations with the computer system. They have since assured us the system is able to do this and this will be addressed.
- Quality checks failed to identify where sufficient action had not been taken to address environmental risks in the home. For example, where there was a delay by the building provider in replacing 3 soiled bedroom carpets, the provider failed to arrange for a broken carpet cleaner to be fixed which may have helped to reduce the risk of spread of infection. Action was only taken to arrange for the cleaner's repair when we raised it during inspection.
- Systems in place failed to identify where the provider had not taken sufficient action to ensure visitors to the home were not at risk when using the lift when the light had broken. For example, there was no signage up to make them aware that emergency lighting only was in use.
- Quality checks in place did not identify when clinical monitoring checks were not required. For example, staff were required to input records related to bowel monitoring when people did not have any needs or risks related to continence. The provider looked into this during inspection and immediately rectified it to ensure the system did not indicate these checks were needed.
- Systems were in place to check the quality of the service. Audits were completed online and actions required were identified. The system shared a list of outstanding actions across all audits with the provider which enabled them to oversee what remained outstanding and take action where needed.
- Medicines audits were undertaken. Where errors were identified, immediate action was taken to address this including staff retraining.

- The provider undertook a 'resident of the day' audit which ensured each person's care was checked in full each month including their care records and their rooms.
- The provider completed a high level analysis of accidents and incidents that identified patterns and trends. This enabled them to take action when needed to reduce the risk of reoccurrence.
- Statutory notifications were submitted to CQC when needed.

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

- People and relatives told us the management team could be more visible in the home.
- The provider undertook residents surveys with people and relative surveys. The results were then analysed so patterns could be identified, and action taken where needed to improve the service.
- Staff meetings were held to enable staff to put forward their views on the service. One staff member told us, "The registered manager listens to me when I make suggestions."

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

- People and relatives found the home to be a positive environment in which to live. One person told us, "On a daily basis, I feel good here."
- Relatives told us people's outcomes had improved since being at the home. One relative told us, "[My relative] has turned their life round [since being in the home]."
- Staff told us morale had improved at the home and the team supported each other. One staff member told us, "We've got a good team. We pull together as staff."
- We observed a positive culture at the home. Staff engaged with people in a person-centred way and people seemed empowered by their interactions with staff.

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 provider was open and honest when things went wrong. One relative told us, "They let me know everything like when my relative fell out of bed."
- The management team were transparent and engaging throughout the inspection.

Continuous learning and improving care

- The management team were proactive in improving their learning. For example, the Operational Lead for Residential Services had recently attended an audit training course and discussed their learning with us.
- The registered manager and deputy manager also told us about training courses they had attended.
- The provider was proactive in trialling assistive technology at the home to help to improve care and mitigate risk to people. For example, sensors had been put in place that measured people's heart rate, movement and breathing and alerted staff regarding any concerns to people's health.

Working in partnership with others

- The provider had links with the local community and worked together to improve the care provided to people. One relative told us, "They go the extra mile. They have local school children coming in and some animals visiting the residents. It's just all so wonderful."
- The provider worked closely with health and social care professionals to ensure people received the care they needed.