GCH (Brackenbridge House) Ltd

Brackenbridge House

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 caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of Brackenbridge House on 6, 7 and 8 September 2016.

Brackenbridge House is a residential home and is part of Gold Care Homes. It provides accommodation for up to 36 people in single rooms. The home is situated within a residential area of the London Borough of Hillingdon. At the time of the inspection there were 21 people using the service (of which two people were in hospital).

At the time of the inspection the service did not have a registered manager in post. Since the previous inspection the manager in post at that time had left. A new manager started at the home five weeks before the current inspection we carried out in September 2016 and was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

At our last comprehensive inspection of this service on 31 January, 1, 3 and 4 February 2016, we found breaches relating to dignity and respect, meeting nutritional and hydration needs, fit and proper persons employed, safe care and treatment, safeguarding, good governance and staffing. As a result of these, our concerns were sufficiently serious for us to impose a condition on the provider's registration to restrict admissions to the service based on our concerns in relation to staffing issues. We rated the service as overall inadequate and consequently placed into special measures. At this inspection, we found some improvements had been made in these areas and we have informed the provider the condition would remain but they can now admit four people per calendar month to the home.

We also imposed a positive condition in relation to the provider providing us with regular updates on their progress in addressing the breaches we found with Regulations 12 (safe care and treatment) and Regulation 17 (good governance). At this inspection, we found there had been some improvement in relation to the breaches of Regulations 12 and 17 but sustained improvements had not been demonstrated so we therefore decided to continue with the positive condition. If the provider wishes to, they can apply to have this condition removed at a time they feel appropriate.

Some improvements had been made in relation to the number of care workers available, administration of medicines and information about the knowledge and skills of care workers provided by an agency.

The care workers now followed safe and suitable practices when they provided care and supported people.

A range of risk assessments were in place in relation to the care being provided. Processes were in place for the recording and investigation of incidents and accidents.

Some improvements had been made in relation to training and support for care workers to ensure they were providing appropriate and effective care for people using the service.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Some improvements had been made in the support provided to people to eat their meals and to make choices from the menu by providing photographs of each option available.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Improvements had been made to the type and variety of activities offered at the home and people were encouraged to be involved in the decisions about the activities and outings organised. People told us they felt there were limited activities arranged during the weekend. The manager confirmed they were in the process of recruiting an additional activities coordinator to provide support at weekends.

Appropriate equipment including specialist wheelchairs and height adjustable side tables were now available to meet the needs of people using the service. Equipment was clean and well maintained.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided.

People using the service and their relatives had a range of ways to provide feedback on the way care was provided and the quality of the service.

The provider had recently introduced a range of new systems to monitor the quality of the service provided.

Some improvements had been made in the recording of people's care needs and the support provided.

Following our last inspection, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. Some improvements had been made in staffing levels for the current number of people using the service but this would need to be increased if more people were supported by the service.

Some improvements had been made in the administration and recording of medicines. Issues identified during this inspection were discussed with the manager.

Care workers provided care which was safe and suitable.

The provider had information relating to the skills and knowledge of agency care workers.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place for people using the service.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The number of care workers completing mandatory training, supervision and appraisal had improved. Where care workers had not completed training the manager took action.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training in the Act and understood the importance of supporting people to make choices.

Some improvements had been made in the support provided to people to eat their meals and to make choices from the menu.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

Care workers supported people to maintain their independence when providing care.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Improvements had been made in the type of activities provided for people using the service but people felt there were limited activities arranged at the weekend.

Appropriate equipment was now in place for people to use. Wheelchairs, hoists and weighing scales were clean and maintained.

An initial assessment was carried out before the person moved into the home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date. The new care plans now focused on how people wanted their care provided but these had only been developed recently.

The provider had a complaints policy and procedure in place. People could provide feedback on the quality of the care.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. A new range of audits had been introduced by the provider during the weeks prior to the inspection.
The new audit system had only been in place for a few weeks so there was no way of identifying if this method of monitoring quality of the care provided was going to be sustained or how effective it might be.

Some improvements had been made in the recording of people's care needs and the support provided. New forms were in place to record what care was provided but some information had not been completed.

Brackenbridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6, 7 and 8 September 2016. The first day of the inspection was unannounced with the following days being announced. One inspector visited the home over the three days and an expert-by-experience visited on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with seven people using the service, three relatives, three care workers and a housekeeper. We also spoke with the manager, head of care, the care quality officer and head of housekeeping. We reviewed the care plans and daily records for six people using the service, the medicine administration record (MAR) charts for 19 people, the employment folders for five care workers, the training and support records for 34 staff and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that there were insufficient staff to provide appropriate care at the home.

At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in relation to the levels and availability of care workers.

During the inspection we asked people using the service if they felt there were enough care workers at the home to provide appropriate levels of care. Comments included "Not enough and not the same unfortunately a lot the nice staff have left us", "We have to train the Agency Staff every time there is new one so they know what to do. The only regular person we get from the Agency is a lady called [care worker's name] who is pretty good. The other can't speak English and we can't understand them" and "There should be a Night watchman. There are only two people on a night shift. Not enough. The other night the Agency Staff person did not show up, so only one person for the whole night." We asked the manager about the issue of only one care worker being on duty on that night. He showed us records which indicated that during the nights preceding the inspection there were two care workers and one senior care worker on duty. Relatives were also asked if they felt there was enough staff to provide support. They told us "To be fair I come here on a Tuesday. I have noticed in the last three to four months staff quality and the organisation has much improved. Really good to see the garden is being improved too" and "Yes we have had no cause for concern."

We also asked care workers if they felt there was enough staff at the home. Their comments included "No, not really as there are more people with more care needs so people are taken off the floor. We manage but it depends on who is working", "There are enough staff for the residents we have at the moment" and "With agency and new care workers we have enough but we will struggle if the number of residents increased but for the minute it is good."

At the time of the inspection there were 21 people using the service of which two people were in hospital. There were five people that required the support of two care workers and the use of a hoist when being moved. During the previous inspection there were 31 people living at the home with eight people requiring support from two care workers. The manager explained that each week an assessment of each person's level of support needs was carried out. This was used to identify the number of care workers required to provide appropriate levels of support. On the morning shift there were two senior care workers and four care workers and in the afternoon there were two senior care workers and three care workers. On Saturday and Sunday there was only one senior care worker per shift but an additional care worker was on duty.

During the inspection we saw that care workers did not have a prolonged wait for additional support when they needed to hoist someone. The activities coordinator also supported people during the day with care when required. We saw there were times when people were left in lounge without any care worker interaction for a period of time. We sat in the main lounge and saw the television had been left on a shopping channel for the four people who had eaten their breakfast and for one person who had chosen to

eat their breakfast in the lounge. There were no care workers in the lounge for 40 minutes so we located the activities coordinator who came to the lounge and asked the people what they wanted to do and they chose to listen to music. During this period we saw one person had been given their breakfast but the table was located almost out of reach so they had to stretch to get their cereal. We informed a senior carer worker who came to adjust the position of the table but this resulted in the person being unable to reach their hot drink. The head of care was then informed who resolved the issue by moving the table so the person had more room.

We saw care workers had more time to sit with people and interact as well as take part in activities in the lounges. The atmosphere of the home felt calmer than during the previous inspection and staff were busy but not so much that they could not spend time with people.

At the time of the inspection the home still had regular support from a member of the provider's quality improvement team and there had been no new admissions as a restriction on accepting new people into the home had been in place since the previous inspection. The number of staff at the home has not increased since the previous inspection but the number of people needing care had reduced therefore so had the demands on the care workers time. If the number of people living at Brackenbridge House increases the number of care workers needs to reflect the increased numbers and the level of support each person would require to ensure people received care in a timely and appropriate manner.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that some of the practices care workers followed were not safe or suitable.

At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made as care workers now had appropriate equipment and had received guidance on how to support people to eat. The people identified during the previous inspection now had specific adjustable wheelchairs which provided support for their head and they had their meals in the lounge to give care workers enough space around the wheelchair so they could position themselves appropriately. The care workers had also received support and guidance from the provider's quality team on how to support people during meals. We saw care workers providing support for people during meals in a safe and appropriate manner with the person seated upright. Care workers could clearly see the person's face and spoke with them throughout the meal to ensure they were happy to continue. During the inspection we saw one care worker during a meal putting excess pureed food onto a spoon when supporting one person to eat. We identified this with the head of care who immediately spoke to the care worker and provided additional guidance. This meant the person being supported was at a reduced risk of choking as care workers followed safe practice during meals.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that people were at risk because they were not receiving their medicines as prescribed and the care workers did not follow safe practices for administering medicines.

At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in the recording and administration of medicines. The medicines were kept securely in locked trollies which were stored in a temperature controlled storeroom. The senior care workers administered the medicines and they wore red tabards so they were not disturbed. We saw the eye drops, liquids and creams that had been prescribed had the date of opening written on the label. A senior care worker explained that new bottles and packets were opened at the start of the four week recording period to ensure medicines had not been open longer than directed.

During the inspection we reviewed the Medicine Administration Record (MAR) for all the people at the home.

We noted that a care worker at night only used one initial to record on the MAR when a medicine was administered. The single initial could be mistaken for the codes used to indicate why a medicine was not given. This was raised with the head of care during the inspection and it was discussed with the night shift care worker that evening.

We saw the MAR charts for two people showed they had been prescribed pain relief which should be administered four times a day. We saw from the MAR charts that the pain relief was only administered three times a day. The pain relief had not been prescribed to be administered as and when required. We raised this with the head of care who explained that these people felt they did not need the pain relief four times a day so it had not been administered as prescribed. The head of care told us they would contact the General Practitioner (GP) to amend the prescription to meet the person's needs. The remaining MAR charts we looked at were completed clearly and accurately.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that care workers could not ensure they maintained appropriate levels of hand hygiene and there was an issue in relation to management of the litter box used by the cat which lived in the home.

At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in relation to infection control. Care workers were still using the sinks in people's bedrooms and communal bathrooms but the provider had installed alcohol hand gel dispensers. The gel dispensers were located in communal areas, outside bathrooms and could be easily accessed by care workers when providing care. Other personal protective equipment (PPE) was available for the care workers including aprons and gloves.

At the previous inspection a cat lived at the home and there were issues with a strong malodour due to the litter box. The manager informed us that the cat had moved to a new family as the on-going issues in relation to the malodour had been difficult to manage.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that the provider could not demonstrate the care workers provided by an agency had the appropriate knowledge and skills to provide safe and suitable care.

At the inspection on 6, 7 and 8 September 2016 we saw the provider had detailed profiles in relation to the care workers provided by the agency. Each profile included a photograph of the care worker, the training courses they had completed with dates, when a Disclosure and Barring Service (DBS) check in relation to criminal records was received, their eligibility to work and proof of identity. An induction checklist was also completed to record the agency care worker had been shown around the home and understood the procedures in place in relation to providing care. The information enabled the manager to ensure care workers employed through an agency had the appropriate knowledge and skills to provide safe and suitable care.

The provider had safe recruitment practices in place for care workers directly employed by the service. People applying to become care workers were asked to provide the contact details for two referees and underwent an interview process as well as a DBS check before starting as a care worker. During the inspection we looked at the employment records for five care workers and saw this paperwork was in place.

During the previous inspection we noted that information relating to some safeguarding concerns had not been recorded. At the inspection in September 2016 we looked at the records of safeguarding concerns and saw information was noted on an index sheet including who was involved, an overview of the concern, the date it occurred and if it had been closed. We saw that safeguarding records included copies of

investigations, correspondence and the outcome. The provider had safeguarding and whistleblowing policies and procedures in place. Care workers we spoke with knew how to report concerns.

We saw each person had an evacuation plan in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. The plan also identified issues which might impact on the evacuation of the person from the home including mobility and health conditions.

During the previous inspection we saw the provider had a process in place for the recording and investigation of incidents and accidents but this was not always followed by care workers. When an incident or accident occurred the care worker was required to complete a form with all the details of the event, who was involved and the action taken. There were separate forms used for a skin tear or bruising, fall or other type of accident. During this inspection we looked at seven records of falls and 17 skin tear forms. We saw all the forms were completed with details of the issue and had been checked by the manager.

A wide range of risk assessments had been completed for people using the service. During the inspection we looked at the care folders for six people and saw up to date risk assessments were in place. A moving and handling risk assessment had been completed for each person and identified how many care workers were required to provide support and if a hoist was needed. Risk assessments were also in place in relation to falls, development of pressure ulcers, oral health, use of bed rails and using a recliner armchair. The risk assessments we looked at reflected any issues identified in the care plans.

Requires Improvement

Is the service effective?

Our findings

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that care workers and other staff had not received suitable training and support to enable them to provide appropriate and safe care for people using the service.

At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in relation to the levels of training and support in place. The manager provided a list of the supervisions and appraisals carried out during 2016. We saw most of the care workers had completed two supervision sessions during 2016. The manager explained that the aim was for all care workers to have five supervision meetings per year. We also saw most of the care workers had been provided with an annual appraisal.

We looked at the training records for 34 staff including care workers, domestics and the activities coordinator. The provider had identified a range of training as mandatory with some courses which could be completed annually and others due every two years. The records showed that the majority of care workers and other staff had completed the refresher training identified but there were still some care workers who were overdue in completing training in relation to fire safety, moving and handling and safeguarding. The manager confirmed these people would be booked on the next available training. We also saw the records for four care workers employed on a bank staff basis. Three of them were not up to date in relation to moving and handling, fire safety, safeguarding and infection control. We asked the manager and he explained that these care workers had been informed that they would not be able to work any shifts until they had completed all the outstanding mandatory training. We saw the letters that had been sent to the bank care workers informing them of the restriction in shifts until the training was completed.

New care workers also completed the Care Certificate during their induction and probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. The manager told us new care workers currently completed a Care Certificate self-assessment tool. The Care Certificate workbooks were to be issued shortly and the new care workers would complete the sections relevant to the care they provided.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that the processes the provider had in place in relation to Deprivation of Liberty Safeguards (DoLS) applications had not been followed for three people and this increased the risk of their rights not being protected.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the inspection on 6, 7 and 8 September 2016 we saw improvements had been made in relation to the process. We asked the manager to provide the records of the DoLS applications that had been made to the local authority for people living at the home. We saw records which indicated when a DoLS had been authorised, when the manager had to reapply and when the paperwork was received. This meant the manager could track all applications and ensure any paperwork was received. We looked at the care records for people who had DoLS authorised and we saw copies of the application and authorisation paperwork was included in the care record. A care plan in relation to DoLS was also in place for each person where it had been authorised.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw people were not aware of the menu options, menus were not provided in an appropriate format and a person did not receive the meal they wanted. At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in relation to how people were made aware of the menu options and people had more choice of food options.

We asked people for their views on the food provided and their commented included "We have all missed [name] the Kitchen Assistant. He has been on holiday and his attitude to us elderly ladies is very good. He is full of knowledge on everything but also the Chef is pretty good too. They use too much mincemeat and too little use of condiments. The food needs to be more refreshing. We all wish they would get off the brussel sprouts and the beans. There is always plenty of water, juice and lemonade to drink. Either placed in front of us or on the tables around us. They also come around an awful lot to ask if we need anything to drink" and "Yes I do. Had a lovely dinner today. They gave me egg, bacon, mashed potatoes and tomatoes. I don't like the food normally, but the Assistant Chef has come back which is good."

Relatives were also asked for their views on the food provided for their family member and they commented "Used to be an issue in the past, over a year ago with the food being repetitive. Now there are choices. They also do birthdays for the carers too. If someone wants a party they will put it on. They do listen to residents' needs. My family member is a diabetic and they always encourage her to drink" and "Yes when she first arrived the dementia had not been as advanced as it is now. But she generally enjoys her food."

During the inspection we saw the menus used in the dining room now included photographs of each menu option for the day so people could clearly see the choices they had. People could choose to eat their meals in the dining room, one of the lounge areas or in their room. The lounge areas had adjustable height tables which made it easier for people to access their food and drink. During the inspection we saw a number of people had chosen to have their lunch in one of the lounge areas and care workers had asked their choice from the menu. One person had requested a meal that was not on the menu whilst the person sitting next to them had an option from the menu. When the meals were served the person with the menu option saw the meal the other person had received and told the care workers they "wished they had chosen that" instead. The care workers immediately offered to get the alternative meal for the person but they refused and ate the meal they had requested but did say they would like the off menu lunch the following day. We saw at lunch on the following day the care workers had remembered the request made and the person had the meal preference they had made the previous day and we saw they enjoyed the meal. Throughout the inspection we saw people were given the choice of both options from the menu and meals they requested. The inspection was carried out on days when the weather was very hot and we saw care workers were regularly checking with people if they wanted either a hot or cold drink and encouraging people whose fluid intake was low.

The provider had a good working relationship with healthcare professionals and other professionals involved in supporting people using the service. The manager confirmed there were regular visits from a General Practitioner (GP) and the GP visited the home during the inspection. The care plans we looked gave the contact details for the person's GP and other healthcare professionals involved in their care. The records of visits by the GP or other healthcare professionals were kept in each person's care folder.

Good

Is the service caring?

Our findings

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that people were not always treated with dignity and respect when receiving care. At the inspection on 6, 7 and 8 September 2016 we saw improvements had been made in relation to how care workers treated and interacted with people living at Brackenbridge House.

People using the service and relatives were asked if they felt the care workers were kind, caring and treated then with dignity and respect when they provided support. People told us "They always knock on the bedroom door since I maybe using the commode" and "Yes, they are always nice and helpful. They are very kind when they help me. The care workers are lovely." We also asked relatives if they felt their family member was treated with dignity and respect and if the care workers were kind and caring. They commented "Yes the way they check the people. When the prior manager left, staff morale here dropped, but not the care. I think you need to be upfront with them and then they listen positively to me and try and meet your expectation. Yes they absolutely respect privacy and dignity" and "Yes, the times I have been it here it definitely is."

We asked care workers how they maintained people's privacy and dignity when providing care. They told us "You need to respect them, you knock on the door and explain who you are and what you want to do and if they are happy to go ahead. Always make sure the person is decent before someone comes into the room" and "Always talk to the person, each person is different. You go through the personal care with them. By going through the care plan you can understand what they experience."

When care workers used the hoist they checked to make sure the person's clothing was not caught up in the sling and their dignity was maintained. They spoke to the person throughout the process explaining what they were doing so the person understood what was happening. We were told by care workers that people were now weighed in their room or in the bathroom and they did not carry out this activity in communal areas in front of their people.

The care workers supported people in a kind and gentle manner and referred to people using their preferred name. We saw the care workers were now able to spend more time with people to help them promote their independence. There was one occasion where we observed people were in a lounge for up to 40 minutes without any contact with care workers following breakfast but at other times during the inspection we saw that there was usually a care worker or the activities coordinator either in the lounge or working nearby and checking on people regularly.

We saw care workers provided support when required but encouraged the person to do as much as they could. This included encouraging people to visit the bathroom without support but keeping an eye on them in case they needed assistance. We asked staff how they helped people maintain their independence. They told us "It is all about giving people choices", "Give them a choice always. What is in the best interest of the person and not your best interest. Give them what support they want and give them a choice and time to decide if they need help. It's their life and we should not decide for them."

We saw the care folders had information on the person's family and personal history which included their family, employment and people that are important to them. There was also information on the person's cultural and religious needs. The care folder also included information on how the person would like their birthday celebrated, if they wanted a party, the type of birthday cake they preferred and their favourite meal.

Requires Improvement

Is the service responsive?

Our findings

During the comprehensive inspection on 31 January, 1, 2 and 3 February 2016 we saw that the provider did not ensure appropriate and meaningful activities were provided for people using the service.

At the inspection on 6, 7 and 8 September 2016 we saw the type and number of activities had increased. The provider had managed to reemploy the activities coordinator who had previously worked at the home. The activities coordinator already had a good relationship with some of the people who had lived at the home when she had previously worked there. One person told us "We all like [staff member name] who is the activity coordinator." We also asked people their views on the activities provided. Their comments included "Wish there weren't as many quizzes but that is a small point" and "We had a great afternoon the other day here in the library with large dominoes. We also do flower arranging, drawings and painting." Relatives commented "Now they are all brilliant. The activity coordinator is a little walking work of art. In fact I would say she is part of the furniture. The activity coordinator has been back three months. Prior to those three months she was away it was dire here. Her return was greeted with many smiles" and "They seem adequate for what they are. They seem good at getting people to participate."

A schedule of events was displayed on a notice board outside the main lounge and we saw the three separate lounge area had been set up for different types of activities. There was a notice advertising a day trip to Kew Gardens and the activities coordinator told us other trips were planned included a shopping trip, visiting the Christmas lights and going to a pantomime in January.

During the inspection we saw the activities coordinator organised quizzes and exercises in the large lounge and read newspapers and books aloud for people throughout each day. The inspection was carried on during a period of hot weather and on one day the manager and activities coordinator arranged for an ice cream van to visit the home and for everyone, including staff and visitors, to have their choice of ice cream. People sat in the garden to play bingo and eat their ice cream. On another day the activities coordinator organised a 'Garden Olympics' to mark the Paralympics with the care workers competing. Each person who wanted to go into the garden to watch was given the choice of which care worker they wanted to support and everyone received a gold medal made of chocolate.

We saw the activities coordinator also encouraged and support the care workers to take part in activities either with individuals or groups. During the visit we saw care workers playing cards, board games and sitting talking to people about their life experiences.

During the inspection people and relatives did comment there was a lack of activities arranged at the weekend as the activities coordinator only worked during the week. The manager explained they were in the process of recruiting a weekend activities coordinator so things could be organised seven days a week.

Since the last inspection the range of activities had improved and the activity coordinator was involving people in the planning of activities and events.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw care workers were not using suitable equipment to meet people's support needs and the equipment that was used was not kept clean.

At the inspection on 6, 7 and 8 September 2016 we saw the people that had been identified as not having appropriate seating and wheelchairs during the previous inspection now had more suitable equipment. Two people had been assessed and were now using wheelchairs which provided them appropriate levels of support and comfort so they did not need to be hoisted between their wheelchair and armchair. We saw the wheelchairs provided support for the person's whole body including their head which enabled care workers to assist them to eat in a position which was both safe and maintained their dignity. During the inspection we were informed one of the wheelchairs had a fault and the care workers were chasing up the repairs to reduce the amount of time the person was unable to use their chair. Plans for alternative ways to provide support for this person were in place for this period of time.

People using the service had specific wheelchairs that they used and their name was clearly marked on their wheelchair. We saw care workers were aware of who had problems keeping their feet on the footplates of a wheelchair and they ensured this was monitored when being moved. People were also referred to assessment if there was an ongoing issue with them not being able to keep their feet on the foot plates.

During the previous inspection we saw where people had chosen to eat their meal in the lounge there were no appropriate height tables for them to use. We saw adjustable height tables were now available in all the lounge areas to enable people to eat their meals at an appropriate height. These tables were also used when people had a drink as the cup was at the appropriate height and the tables could be moved close to the armchair or wheelchair.

We looked at four wheelchairs, two hoists and two seated weighing scales and found the equipment was clean and ready to use.

During the previous inspection we were told a new format for care plans was to be introduced. During this inspection we looked at the care plans for six people and saw the new format had been introduced during the previous eight weeks. Care plans included personal care, capacity to make decisions, nutrition, medication and continence. The care plans identified how the care workers should provide care to meet the wishes of the person. There were also care plan and guidance from the NHS website in relation to specific issues such as osteoporosis, chronic obstructive pulmonary disease and warfarin. This provided care workers with additional information in relation to specific health issues experienced by people they were supporting. As the new care plans had only been introduced recently they had only been reviewed once or twice. The manager explained care plans would be reviewed monthly and they were involving people using the service and if they agreed, contacting relatives to be involved.

Detailed assessments were completed before a person moved into the home to identify if appropriate care and support could be provided. Following the inspection on 31 January, 1, 2 and 3 February 2016 there was a restriction on new people moving into the home so no new assessments had been carried out. The manager explained the assessment process included discussions with the person and their relatives about their care needs and how they wanted their care provided. Information was also obtained from the person's GP about their medical history. The information obtained during the assessment process included the person's mobility, any social or health issues and was used to develop the care plans.

People we spoke with told us they knew how to raise a concern and make complaints. The provider had a complaints policy and procedure in place and a copy of this was kept in the main complaints folder. During

the inspection we looked at the records for five complaints received during 2016. The records for three of the complaints showed the concerns had been addressed and all the relevant correspondence and information was attached. The records for two complaints were not complete. We discussed this with the manager who located all the relevant information and confirmed what action would be taken.

People using the service and their relatives could provide feedback on the quality of the care provided. The manager explained questionnaires would be sent to people using the service and relatives during September 2016 to obtain their views on the quality of the service provided. The manager also told us that since he had come to work at the home he had been in regular contact with relatives to get their feedback and held relatives meetings. We saw care workers and senior staff asking people using the service their views about the care they received throughout the day.

Requires Improvement

Is the service well-led?

Our findings

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that the provider's quality monitoring systems were not effective in identifying issues.

At the inspection on 6, 7 and 8 September 2016 we saw improvements had been made in the quality monitoring system used at the home.

The manager explained they carried out daily audits which reviewed medicines management, housekeeping, the dining experience and maintenance. In addition six bedrooms were checked each week and communal areas for cleanliness. Checks were also carried out in relation to staff uniforms and conduct.

A weekly audit was carried out which included information from a range of other audits carried out around the home. Each of the individual audits was rated in relation to their risk level and compliance. One of the audits included a care audit where ten people were checked to ensure a range of issues including if their personal care was appropriate, if their call bell was in reach and their 'Global Patient Chart' was completed accurately.

As part of the weekly checks a medicine audit was carried out which included reviewing the MAR charts for eight people, ensuring a photograph of the person was included in the MAR folder and the stock balance for any medicines provided in original packaging.

Another audit included in the weekly check was a care file audit where the records for five people were checked to ensure the care plan identified the person's current needs and care workers could provide the support required and if a DoLS authorisation was in place and was up to date.

Other audits were carried out in relation to health and safety and maintenance which included the safe storage of chemicals, fire alarm tested and checks carried out on bed rails and wheelchairs. There were also audits in relation to pressure ulcers to monitor how many people either had or were at increased risk of pressure ulcers.

At the time of the inspection we saw the weekly audits had been completed in full but had only been in place for a few weeks so there was no way of identifying if this method of monitoring quality of the care provided was going to be sustained or how effective it might be.

During the comprehensive inspection on the 31 January, 1, 2 and 3 February 2016 we saw that records relating to care and people did not provide an accurate, complete and contemporaneous record for each person using the service. At the inspection on 6, 7 and 8 September 2016 we saw some improvements had been made in how information about the care provided was recorded.

The use of 'Global Patient Charts' had now been implemented for everyone living at Brackenbridge House.

These charts were used to record fluid and food intake, personal hygiene and continence including a record of bowel movements. During the inspection we looked at 15 'Global Patient Charts' completed for care provided on 9 September 2016. We saw the records for one person did not record what oral care the person received. We also saw on some of the records the fluid intake was recorded but the optimum fluid intake level per day was not indicated. This meant that the care workers could not check to see if the fluid intake was at an appropriate level and take action if required. We saw the charts had been completed for by the care workers who had provided the care. During the inspection we saw a member of kitchen staff collecting plates after lunch and a care worker asking them who the plates belonged to as they needed to record the amount of food eaten by each person. The member of kitchen staff tried to remember whose plate was whose but this meant that the care workers may not be able to accurately record food intake. This was raised with the manager and they informed us they would implement a record for to be completed by the person clearing the plates to record the type of food and the amount eaten. This information would then be used by the care workers when completing the records. The manager also explained that the new 'Global Patient Charts' had been recently introduced for everyone at the home and the care workers were still getting used to completing them and were receiving support when required.

We looked at the daily records for five people and saw they had been completed with detail relating to what the person did during the day, their mood, food and fluid intake and personal care. The records had been completed by care workers for each shift and were written clearly and provided a picture of the person's day.

The MAR charts we looked at had been completed at the time the medicines were administered. We also saw the care folders had a new information sheet which replaced the care plan summary document. This information sheet included information on the person's next of kin, GP, their medical history and their end of life wishes.

At the time of the inspection the service did not have a registered manager in post. Since the previous inspection the manager in post at that time has left. A new manager started at the home five weeks before the current inspection we carried out in September 2016 and was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The manager told us he had been asked by the local authority to do a presentation on dementia at a forthcoming meeting for managers of services that provide social care within the borough.

We asked people if they knew the name of the manager and what they thought of him. They told us "Yes I do his name is [name]. He is very nice" and "I know his name and he knows mine. He is always very happy and chatty which is good."

We asked care workers is they felt they were supported in their role and if the service was well-led. They told us "I feel really supported. The manager brings a smile to everyone's face. We all try our best to be the best", "The manager is so supportive. I saw how the home was before and I found it hard here, it was really bad here. I can see a real difference now. The problem was people didn't work together but now they do" and "I feel really supported by the manager, the head of care and the senior care workers. The atmosphere is much happier now for both residents and staff."