Pro Care Homes Limited

Bronswick House

Inspection report

16-20 Chesterfield Road
Blackpool
Lancashire
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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

This inspection took place on 12 & 18 April 2016 and was an unannounced inspection.

On the day of inspection there were twelve people who lived at the home.

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

A scheduled inspection of the service was last carried out in August 2013. The service was not meeting the requirements of the regulations inspected at that time. There were breaches in nutrition, staffing, safety and suitability of premises and assessing and monitoring the service. A follow up inspection was carried out in November 2013 to check if the home had become compliant with those regulations. On that inspection they were meeting the assessed regulations.

At this inspection in April 2016 we noted a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were found for safe care and treatment, management of medicines, accurate records and quality assurance.

You can see what actions we have asked the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for Bronswick house and another care home in the town.

People told us they felt safe living at Bronswick House. There were risk assessments for some risks but other risks were not assessed. This reduced people's safety and people were not always kept safe. A serious incident showed staff had not kept a person safe or ensured the safety of other people. Staff did not carry out checks over a long period to make sure the person was safe and in the home. The person had left the home unnoticed. During this time the person had been agitated, distressed and unsafe.

Risk assessments were not always in place or informative. They highlighted risks but did not give staff guidance on how to reduce any risks. Where people had behaviour that challenged the service, there was no guidance for staff or strategies to reduce behaviours or diffuse situations

Staff were aware of how to raise a safeguarding concern and told us the steps they would take if they became aware of abuse. The registered manager reported safeguarding concerns, accidents and incidents to CQC and where appropriate to the local authority.

Care records were not always dated and signed so it was not clear whether they were current or older.

There were procedures in place to monitor the quality of the service and audits were being completed regularly. However these were not effective as the issues we raised on the inspection had not been identified by the home's audits

Medicines procedures were not always followed or medicines given as prescribed.

We looked at the environment on the first day of the inspection. Several rooms, corridors, furniture and furnishings were unclean and unhygienic. Bedding was worn and stained. On the second day there was some improvement. Painting had started in some rooms, the home was cleaner and new bedding was in place.

There were some social and leisure activities available and staff engaged with people.

We have made a recommendation about staff providing more frequent person-centred activities in the home and community.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). By the end of the inspection they were working within the law to support people who may lack capacity to make their own decisions.

We have made a recommendation about staff working in a timely way to support people who may lack capacity to make decisions.

People told us staff were respectful and caring and respected their privacy. Staff were available when people needed them to assist with people's personal care needs.

People told us the meals were good and varied and they had plenty to eat.

People we spoke with told us they had no complaints, and knew how to make a complaint if they needed to.

Staff had been trained to provide support to people they cared for. Most staff had completed or were working towards national qualifications in care.

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

The service was not always safe.

Risk assessments and strategies for managing behaviour that challenged were not informative. Assessments were not always dated and signed.

Safe practices to reduce risks to people's safety had not always been followed and had resulted in actual harm.

Medicines procedures were not always followed or medicines given as prescribed.

There was poor infection control. Areas of the home were dirty, heavily nicotine stained and in a poor state of decoration.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). However where a person did not have capacity but wanted a particular outcome, a best interests meeting had not been arranged until the inspection.

The registered manager was in the process of completing DoLS where appropriate and working within the law to support people who may lack capacity to make their own decisions.

People told us they had a variety of nutritious meals which they enjoyed.

Staff told us they had access to training and support and were encouraged to develop their skills and knowledge.

Is the service caring?

Good

The service was caring

People told us staff were supportive and caring and respected their privacy.

Staff knew and understood people's history, likes, dislikes, needs and wishes.

We observed staff assisting people in a respectful and patient way.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were in place but not dated or signed so it was not clear when they had been written.

There were some social and leisure activities available and staff engaged with people.

People spoken with had no complaints, and were aware of how to complain if they were unhappy.

Is the service well-led?

Requires Improvement

The service was not always well led

There were quality assurance audits in place. However issues found on the inspection had not been noticed by the management team.

Appropriate actions were not always taken in response to unsafe care.

People said staff were approachable and they were able to give their opinions on how the home was supporting them.

Staff said they were well supported by the registered manager and senior staff.

Bronswick House

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 18 April 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. Information from a variety of sources was gathered and analysed. This included notifications submitted by the registered persons relating to incidents, accidents, health and safety and safeguarding concerns which affected the health and wellbeing of people who lived at the home.

Information was collected from a variety of sources throughout the inspection process. We spoke with a range of people about the service. They included the registered manager, the deputy manager four staff responsible for delivering care and the cook.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We also observed interactions by staff to try and understand the experiences of the people who lived at the home.

We looked at the care records and the medicine records of three people, the previous four weeks of staff rotas, staff training records and records relating to the management of the home. We looked around the home to assess the environment to ensure it met the needs of the people who lived there.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Bronswick House and staff looked after them well. However this did not always reflect our findings. We saw staff had not kept a person who lived at Bronswick House safe. We had been informed by the registered manager staff had not checked the person for up to 22 hours to make sure the person was safe and in the home. She told us the person was vulnerable, had behaviour that challenged and had a DoLS in place.

We looked at the person's care records and investigation information and saw staff were unaware the person was not in the home until informed by another agency. We spoke with the management team in the home about this. They told us they had requested support with the person prior to the incident but had not received this. They acknowledged it was not acceptable that staff had not checked whether the person was safe and in the home for almost a day. This was despite the person having missed meals and been missing overnight. This lack of care resulted in distress and harm to the person and to others.

There were risk assessments in place for some risks but not others. These were not always dated and signed. One person had threatened to physically harm staff and had caused significant damage on several occasions. Strategies were not in place to support and protect people and to distract or diffuse aggressive episodes. Where there were risk assessments and strategies for managing behaviour that challenged, these were not informative. They did not provide guidance to staff, dated to show whether they were current or signed to show who had completed them.

These are breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to keep people safe, assess the risks to people of receiving poor care and to ensure processes were in place to manage and minimise those risks.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, and disposed of correctly. However we saw staff had left around 10 pre-packed medicine containers on the top of the medicines trolley, leaving them unattended for over 10 minutes. Staff later said they had left the medicines on the top of the medicines trolley to answer the door.

We looked at the medicines records and saw irregularities on at least four occasions in the previous two months. Records showed the spacing between doses of the pain-relieving medicines containing paracetamol did not leave a gap of minimum 4-6 hours. Not leaving an adequate gap between doses of this medicine could place people at risk of unnecessary side effects. We spoke with senior staff who told us they were unaware of this poor spacing. We saw medicines audits had not identified these errors.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not managed medications safely.

Staff were aware people had the right to refuse medicines. No one had medicines given covertly when we

inspected. Staff told us they could have to give covert medicines in the near future. They said they were to have a best interests meeting about one person who lacked capacity, refusing medication.

We observed staff giving medicines. We saw a member of staff go to one person with their medicines. They immediately explained their new supply of tablets were a different colour. They showed the person they were a different brand but the same kind of tablets. They had a short discussion about this and the person was relaxed and reassured about their medicines. The member of staff signed the medicines record immediately on giving each person their medicines. Staff had received training in medicines and there were audits in place to monitor medicine procedures and to check people had received their medicines.

We looked around the home on the first day of inspection to see if it was safe and had good infection control practices. We found several bedrooms were poorly decorated and unclean; the walls in one room were stained. Washbasins and surrounds were dirty, as were armchairs in bedrooms and lounges. A headboard in one person's bedroom was dirty and stained, other bedrooms and communal areas were heavily stained with nicotine, and smelled unpleasant. Bedding, particularly pillows and duvets was stained and worn.

On the second day of inspection improvements had been made to the environment. Decorating had started in several bedrooms. Staff had started thorough cleaning throughout the home. Each person had new pillows and duvet covers. These measures had started to make a difference to the home. The registered manager assured us this improvement to the environment would continue.

We checked a sample of water temperatures. Those in use were delivering water at a safe temperature in line with health and safety guidelines. However the tap in one bedroom was broken.

A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. This helped staff understand what to do to keep people who lived in the home and themselves safe in case of fire. Records were available confirming gas appliances, electrical facilities and equipment complied with statutory requirements and were safe to use. Legionella checks had been carried out.

We looked at how the home was staffed to make sure there were enough staff on duty at all times to support people. We talked with people who lived in the home and staff, checked staff rotas and observed if there were enough staff to provide safe care. The rota's showed only two staff on at weekends but senior staff told us they each worked part of the weekend, but had not put this on the rota. Staff and people who lived at Bronswick House confirmed this and said there were enough staff to support them. The registered manager said they would add themselves to the rota in future.

We saw staffing for the current service users was sufficient to meet people's needs when in house. There were mixed views on whether level of staffing allowed staff to support people to go out. We saw people who requested help with care were responded to in a timely manner and some activities were available. People said there were enough staff to care for them but they did not often get out. Four people were unable to safely leave the home alone and needed staff support to go out. The diary entries showed few activities outside the home, although records showed one person wanted to go for walks. The registered manager said this was possible.

Safeguarding concerns, accidents and incidents were recorded accurately and the registered manager informed the local authority and CQC where necessary. Staff took action to reduce the risk in response to the incident where the person left the home unnoticed. They informed the Care Quality Commission (CQC), the safeguarding team and co-operated with the subsequent investigation. However they did not report the situation to other relevant bodies that needed to know about the incident.

We spoke with staff about their understanding of abuse. They were able to explain the actions to take if they became aware of abuse. This helped reduce the risk for people from abuse and discrimination. Staff told us they knew the steps they would take if they became aware of abuse.

We looked at the recruitment and selection procedures for the home for three staff. The registered manager explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff. The staff files we looked at showed gaps in employment histories were explored. References had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to reduce the risk of appointment a person unsuitable to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

Requires Improvement

Is the service effective?

Our findings

People told us they were able to make their own decisions and where safe to go out alone were able to do so. One person said, "I go out as I want, no problem." Another person said, "I go to town or to see my family. I don't need anyone with me." Where people were unable to leave the home alone we saw there were restrictions in place. This included the front door being locked to reduce the risk of people living with dementia going out alone. Risk assessments were in place in relation to these. However we saw people who had capacity, were able to leave the home as they wanted. The registered manager had started the process of applying for DoLS for people who lacked mental capacity.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager.

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). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so.

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. We spoke with staff to check their understanding of the MCA and DoLS. Staff considered people's capacity to make particular decisions on a day to day basis. Where a person did not have capacity but wanted a particular outcome to a significant choice, limited checks had been carried out. However a best interests meeting had not been arranged to make a decision about this. On the second day of the inspection this process had been started and a best interests meeting arranged.

We recommend that the service makes appropriate and timely arrangements to consider options where a person lacks capacity to make a particular decision.

Although people told us they were consulted and involved in discussing their care there was no evidence of this. Almost all the care plans and risk assessments records we saw had not been signed by either staff or resident or dated.

People told us they were confident staff were well trained and knew what they were doing. They said staff supported them well. One person said of the staff team, "They are willing to help and to sit and talk when we need to."

Through talking with staff and looking at staff records we saw they had national qualifications in care. The staff we spoke with told us they were supported to access training. Staff told us they had received training including safeguarding, mental health, food hygiene first aid, mental capacity and DoLS.

Staff told us and we saw from supervision records they had received formal supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role.

People told us they enjoyed the food. They told us there was usually a good variety of food and drinks. One person said, "The food is good and we can make our own drinks when we want." Another person told us, "Yes, the food is OK. We get plenty."

Three people told us some staff locked the doors to the kitchen and the adjoining doors at night. They said this restricted them having drinks or snacks. We spoke with the management team in the home who said this was not the case and people always had access to snacks and drinks. However the registered manager said they would look into this and talk with people who lived in the home and staff.

We saw breakfast time was flexible with people choosing to eat at different times throughout the morning. This gave people the choice of when to get up and to eat breakfast. We saw the tables were set by staff for lunch and tea shortly after the previous meal. This made it less likely people who were living with dementia were cued into mealtimes.

We observed the main meal at lunchtime. Staff were available to give any help needed. People told us the meal was very good and enjoyable. The meals we saw were well presented and looked nutritious. Alternative choices were available if the planned meal was not wanted. Staff were aware of each person's dietary needs or allergies and the foods they liked or disliked.

People told us staff supported them with health care visits. We saw from care records people attended health appointments. Staff made referrals to health and social care professionals and persisted in requests where needed.

Good

Is the service caring?

Our findings

People we spoke with told us staff were patient and kind. They told us they were satisfied with the care at the home. One person said. "I am fine here, comfortable and settled. The staff are all OK." Another person told us, "Staff are supportive and helpful when I need anything. They are always about for us." Staff knew and understood people's history, likes, dislikes, needs and wishes. This helped them to support people as the person wanted.

We saw people were comfortable and relaxed in communal areas or their bedrooms. They said staff supported them in the way they preferred. Staff were aware of people's individual needs around privacy and dignity and made sure they respected these. We observed staff interactions with people. We saw they were sensitive to people's needs and dispositions. They gave people space when they needed time alone.

Staff assisted people in a way that ensured their privacy and dignity. They were polite and respectful with people and responded quickly to queries or requests for help. They knocked on people's bedroom doors to check if they could enter and made sure they provided privacy for people when providing personal care.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available about how to get support from independent advocates so people had a 'voice' where there was no family involved. One person had advocates involved with them previously to assist with making decisions. This allowed them to have someone to act on their behalf, independent of the home if needed.

We had responses from external agencies including the social services contracts and commissioning team, Healthwatch and local district nursing teams. Links with health and social care services were satisfactory. They told us there were no current issues with the care provided. These responses helped us to gain a balanced overview of what people experienced.

Requires Improvement

Is the service responsive?

Our findings

There were mixed views about activities. Several people told us they were satisfied arranging their own activities. One person said, "I keep myself occupied. I do lots of things. I don't need activities provided." Three people told us they would like more activities. One person said, "There isn't a lot going on. There used to be bingo and scrabble but that stopped."

There were few outside activities for people unable to go out without support. One person told us they didn't get out enough. They wanted to be supported to go out for walks but there were not usually staff to take them out. We looked at the person's care records which stated staff should encourage the person to go out with them. We also looked at daily records for the person. These showed evidence of less than five walks in the previous two months. We spoke with staff who acknowledged people who had higher care needs were not supported to go out very often.

We saw people interacted frequently with each other and with staff. Although activities were limited we saw staff trying to involve people in adult colouring books and cards. Some people joined in but others refused. Staff spent time chatting with people while engaging them in colouring. They said they also played board games. However more activities in the home and in the local community would be beneficial to people who were less able to occupy themselves.

We recommend the registered provider provides suitable person-centred activities within the service and in the community.

We looked at three people's care records. Each person had a care plan in place. These varied in how informative they were but all three were difficult to follow with older and newer records together in the file. Few records were dated or signed by the author and it was not possible to see which held current information. Daily records were sparse giving few details on the person's care and support and state of mind. On some days there was no information recorded. Where there were behavioural challenges the lack of information made it harder for anyone to identify any triggers. There were risk assessments for some risks such as fire and smoking, but not for risks of one person leaving the home without staff support or for physical aggression.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people's requirements were continuously met through care records that reflected their assessed, monitored and updated needs.

We asked five people if they knew how to raise a concern or to make a complaint. They told us they knew how to complain. They said if they had any concerns staff would listen to them and take action to improve things. The registered manager told us there had been no complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager and staff team were available and listened to them. One person told us, "I can discuss things with the staff if I need to." People said the registered manager and staff team talked with them about their care and support. People felt able to give them their opinions on how the home supported them.

There were regular residents meetings which gave staff the opportunity to seek people's views and helped people to give their opinions. We saw four surveys completed by people who lived at Bronswick House or their families. These were not dated so it was unclear whether these were current. This reduced their value.

There were procedures in place to monitor the quality of the service. We saw audits were being completed regularly. However the issues we raised on the inspection had not been noted on checks carried out by senior staff. This led us to question their effectiveness. The audits were given to the nominated individual or their representative, to alert them of any issues or concerns found.

Audits included monitoring the home's environment and equipment, care plan records, medication procedures and maintenance of the building. The nominated individual visited the home several times each week. They informally checked how the home was running by speaking with people who lived in the home and staff but did not carry out formal audits. They also had not noticed the issues we found on the inspection.

These are breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure systems or processes were operated effectively to ensure compliance with the regulations.

Legal obligations, including conditions of registration from CQC, were understood and met. However where expectations were placed on them to contact other external organisations for people's safety, these were not always met.

Staff told us they received regular one to one supervision where they could discuss any issues or ask for guidance or training. They said they were supported by the management team and they were able to suggest ideas or opinions. One member of staff said of the management team, "We get good support we can always call on [the management team] and they will help straight away." Another member of staff said, "I enjoy working here and I can ask for help with anything. We are a good team."

There was a clear management structure in place. The registered manager and staff team had clear lines of responsibility and accountability. Staff were familiar with the needs of the people they supported. There were satisfactory relationships with other services involved in people's care and support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish and effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided, to assess, monitor and mitigate the risks to people who lived at the home. Regulation 17 (1)(2)(a)(b)(f) The registered provider had failed to maintain accurate and complete record relating to each person who lived at the home. Regulation 17 (1)(2)(c)(f)

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider has failed to provide care and treatment in a safe way. They have not assessed, planned for and mitigated risks relating to the health, safety and welfare of service users or reported incidents that affected service users to all relevant external authorities/bodies. Regulation 12 (1)(2)(a)(b) The registered provider has not ensured staff follow policies and procedures when managing medicines Regulation 12 (1)(2)(g)

The enforcement action we took:

Warning notice