Mr and Mrs R Odedra

Bournbrook Manor Home Ltd

Inspection report

134a Bournbrook Road
Selly Park
Birmingham
West Midlands
B29 7DD

Tel: 01214723581

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bournbrook Manor Home is a residential care home that provides accommodation and personal care and support to a maximum of 23 older people and for some older people living with dementia. At the time of our inspection 18 people were living at the service.

People's experience of using this service and what we found
People told us they felt safe. Some care plans did not describe measures for staff to reduce risks as much as possible or contain relevant information to keep people safe.

Personal Emergency Evacuation Plans (PEEPs) did not give staff members detailed instructions to follow for each resident in the event of a fire or emergency.

Staff had regular safeguarding training and knew about the different types of abuse. Where lessons could be learned to improve the service and make the care people received safer; these were not always identified and addressed.

People were not consistently supported to be involved in the planning or reviewing of the care they received.
The provider's quality audit system for the environment was not effective. Systems in place to demonstrate how the service monitored accidents, incidents or safeguarding concerns were inconsistent.

The provider was not consistently notifying us about incidents that occurred within the home.

The provider's systems had not been effective at improving the quality of the service and the service had failed to achieve and sustain a minimum overall rating of 'Good' at three consecutive inspections.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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

Rating at last inspection
The last rating for this service was requires improvement (published 04 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the

provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well Led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bournbrook Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to statutory notifications and governance at this inspection.

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

Follow up
We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bournbrook Manor Home Ltd

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 Care Act 2014.

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 was carried out by two inspectors.

Service and service type
Bournbrook Manor Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager with the Care Quality Commission means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to establish the current status of people and staff members in relation to COVID 19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, manager, senior care workers and care workers.

We looked at six people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff competency data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

● At our last inspection we observed that staff were using unsafe practices to support people to move that increased their risks of falls. We found staff were not following people's risk assessments, for example staff members transferred a person to a wheelchair that did not have any footplates. We found that they provider was not consistently putting into action recommendations from health professionals. At this inspection we found they provider had addressed these concerns, however improvement in relation to care records was still required.
● Care plans did not always describe measures for staff to reduce risks as much as possible or contain relevant information to keep people safe. For example, one person was a source of risk to staff members and people did not have a risk assessment in place or mention of risk in their care plan. The registered provider had increased the level of support this person received and staff members we spoke with were able to tell us how they kept people safe.
● Personal Emergency Evacuation Plans (PEEPs) did not give staff members detailed instructions to follow for each person in the event of a fire or emergency. For example, they did not mention mobility issues or equipment to safely evacuate people.
● The risks identified were responded to promptly on the day of the inspection and the manager advised us of the new plans to address the main safety issues.

Learning lessons when things go wrong
● Although accidents and incidents were recorded, there was inconsistent evidence of lessons learned. For example, one person had an unwitnessed fall. Whilst immediate action taken had been recorded, there was no outcome or renewed guidance to staff from this incident.

Systems and processes to safeguard people from the risk of abuse
● People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can be different such as physical, emotional, neglect and financial".

● The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or become aware of abuse, I would take action to protect the resident and report to my manager, the police and local safeguarding team".
● People and their relatives explained how the staff maintained people's safety. One person told us, "I feel safe the people here look after me". A relative told us, "Yes [Name] is safe at the home, the staff know what they are doing".

Staffing and recruitment
● There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "When we could visit, I always witnessed enough staff being on".
● Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
● Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely
● At our last inspection, we found medicines were not always managed safely. For example, on one occasion medicines had been signed for before the person had taken them and on another occasion a person's medicine records indicated they had been administered but we found the medicine in the medicine trolley. At this inspection we found the provider had addressed these issues.
● Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
● Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
● Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
● There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
● People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● At our last inspection the provider had failed to ensure that always received person centred care that was appropriate to their needs and reflect their personal preferences. This constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● At our last inspection, we found care plans did not sufficiently guide staff on people's current care and support needs. Staff were not consistently provided with detailed information about people to enable them to deliver personalised care. At this inspection we found they provider had addressed these concerns however improvement in relation to care records was still required.

● The manager told us people and relatives were involved in reviews of care however could not provide any evidence that reviews were taking place. People told us they had an active role in how their care is delivered. One person told us, "If I want something changed or just tell the manager and it is done." One relative told us, "They keep me updated about [Name of person need's], I can't remember the last review I attended or was involved in".

● Care plans contained people's life histories, however, the information recorded was limited. Staff we spoke with did not have a good knowledge of people's histories. Life history is important as it provides staff with a picture of the person's job history and interests and provides useful lines of conversation and activity.

● Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care, are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● At our last inspection we found the registered manager was not aware of the accessible information standard and information was not available in different formats that met people's individual communication needs. At this inspection we found the provider had addressed this concern.

● Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
● Documentation could be produced in accessible formats, such as large print for people who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported by staff to take part in activities that they chose, both within the home and in the community.
● Activities included supporting people with their individual hobbies and interests, as well as doing everyday tasks. Some people took part in activities or attended events together, other people preferred activities they did alone.

Improving care quality in response to complaints or concerns
● People and their relatives knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this such as surveys and meetings with the management. We reviewed a recently completed people's survey, responses were positive.
● Relatives knew how to make complaints; and felt confident these would be listened to and acted upon in an open way
● The service had not received any complaints since our last inspection.

Requires Improvement

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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.

At our last inspection, the provider failed to deliver good governance systems and oversight this meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, we found systems to demonstrate how the service monitored accidents, incidents or safeguarding concerns were inconsistent. At this inspection we found the same issues, there were no effective oversight systems in place to evaluate and use lessons learnt to reduce the likelihood of re-occurrence. For example, we reviewed five safeguarding incidents where there had not been any analysis. We found the lessons learned section on the safeguarding log sheet was not completed.
- The provider's quality audit system for the environment was not effective. For example, we reviewed records from the provider's most recent Fire Evaluation drill dated 11 November 2020. The document confirmed that four fire doors were identified as not closing. The manager told us the issue with the fire doors had not been resolved and had raised the issue with the owner of the service. The manager could not provide any evidence on day of the inspection, that this had taken place. The fire doors were still an issue and the provider is required to address this concern.
- Systems to monitor the service had not identified issues we found during the inspection. For example, we found some people had gaps in their recorded entries for weight monitoring and actions taken such as dietician visits and advice received. Audits undertaken had not identified there was a lack of background information such as personal life histories in people's care plans.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance systems and oversight this meant people were at risk of receiving poor quality care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The latest CQC inspection report rating was on display in the reception area of the service and on their website.

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

● Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I would have no issue raising any concerns."

● The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

● We found that the manager was not consistently notifying us, as incidents that should have been legally notified to us had not been, so we were unaware of significant events that had occurred within the home.

This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. Notification of other incidents. This is being followed up and we will report on any action once it is complete.

Continuous learning and improving care

● The action the provider had undertaken following our last inspection had not been effective at identifying issues and had failed to drive the improvements required. The audits undertaken had not identified issues found by the inspection team.

● We found inconsistent analysis and lessons learned in relation to accident and incidents. For example, a person had a fall and the recorded analysis was explain to the resident about manual handling. There was no mention of how this was communicated to the resident so that they could understand what was being expected of them and what was the outcome of this recommendation.

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

● People and relatives told us they knew who the manager was and felt they were approachable. One person told us, "[Name of manager] is kind". One relative told us, "[Name of manager] is very approachable and always willing to listen."

● People told us, and records supported they were not involved with the planning and reviewing of care plans.

● People and relatives told us there was a positive and open atmosphere. A relative told us, "When we could visit, the atmosphere was always friendly, the carers are approachable."

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

● Staff reported positively about working for the service and did not identify any areas for improvement.

● People were positive about resident meetings they had attended.

● The manager consulted with staff at meetings, to get their views and ideas on how the service could be improved.

● There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. One staff member told us that they had made suggestions to management about providing additional types of activities. They told us, "We now have a capture the moment display in the lounge area. We work with the residents and engage in different types of activities and they then choose pictures to be put on the wall."

Working in partnership with others

●The registered manager and provider had engaged on a regular basis with the local authority during the COVID-19 pandemic. This evidenced partnership working between the home and external professionals to enable positive outcomes for people.

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 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate good governance systems and oversight this meant people were at risk of receiving poor quality care.

The enforcement action we took:

We have issued the provider with a notice of proposal.