Bryony House Limited

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

Summary of findings

Overall summary

The inspection visit took place on 03 December 2018 and was unannounced. At our last inspection we rated the service Good. At this inspection we found that the rating had changed and was now Requires Improvement overall.

Bryony House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Bryony House is a care home without nursing, which can accommodate up to 35 people. At the time of our inspection 30 people were using the service and included older people.

The acting manager had been in place for the last six months and was looking to make an application to become registered manager. 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.

People were not assisted to mobilise safely through the consistent use of safe moving and handling practices by staff.

Staff were not always available to support people and there were concerns around the number of staff on each shift. Hazards were found around the home which could impact on people's wellbeing. Risk assessments were in place and safeguarding processes were followed.
Safe recruitment of staff was carried out and people received medicines as required.
People felt that staff treated them with kindness and compassion. People were supported to be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible.

People told us that they did not always have the opportunity to be stimulated by activities and we did not see any take place, with many people spending the day sleeping. The audit trail for complaints was completed retrospectively. Care plans contained information about the person, their needs and choices. People were able to speak openly with staff and understood how to make a complaint. End of life wishes were considered.

Audits did not provide enough information to be effective in identifying ongoing patterns and trends. Inappropriate practice had not been identified through any audits or checks. Staff did not always acknowledge confidentiality in the way in which they spoke of people and their needs within the home. People and staff were positive about the leadership skills of the registered manager. We were provided with information we expected to receive.

Staff were knowledgeable on people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

We found a breach of regulation 17. You can see what action we told the provider to take at the back of the report.

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.

Staff were not always available to people.

Moving and handling techniques were not always appropriate and hazards were found within the home.

Medicines were given, stored and recorded appropriately.

Is the service effective?

Good

The service was effective.

People's health was maintained.

Food and drink was enjoyed.

Staff knew to gain people's consent before assisting or supporting them.

Is the service caring?

Good

The service was not always caring.

People felt staff were caring towards them.

People were involved in making decisions about their care and were given choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always provided with a stimulating environment.

Complaints had not always been recorded.

Staff considered people's preferences when carrying out care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of oversight to ensure the quality of the care provided.

Audits were not detailed enough to provide an effective analysis.

People knew the acting manager.

We had been notified of incidents.

Bryony 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 checked 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 unannounced comprehensive inspection was completed by two inspectors and an expert by experience on 03 December 2018. An expert by experience is a person with experience of using a similar type service.

We asked the provider to complete a Provider Information Return [PIR]. We used information the provider sent us in the Provider Information Return to plan this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with six people who used the service, two relatives, four members of care staff, the cook, a cleaner and the acting manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at three people's care records, three medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in November 2015 the key question of Safe was rated Good. At this inspection the rating had changed to Requires Improvement.

There were concerns around numbers of staff available to people. One person said, "You sometimes have to wait for staff". A second person said, "The permanent carers are lovely, kind, helpful and caring. I struggle with the agency carers though, I don't know them and they don't know me". A relative told us, "The carers are occasionally a bit thin on the ground". A visiting professional told us, "It is a good place, but staffing is an issue". A staff member said, "It is hard to juggle things when all of the call bells go off, the demands on us [staff] make it feel more like a nursing home". The acting manager told us, "When it is busy myself and the seniors are hands on helping staff out". We saw a delay in staff answering call bells, sometimes this was up to an eleven-minute wait. The most recent staff meeting minutes discussed delays in staff answering when people called for them, so we could see that this was an ongoing concern. There was not a dependency tool in place, so the acting manager was unable to share with us how they had worked out what number of staff on duty was acceptable. The acting manager told us they would look at using one to review how staffing levels were monitored.

We saw that a safeguarding file recorded concerns and how they had been dealt with, including actions taken. Staff were clear on procedures to take in the event of an emergency or incident, one staff member told us, "I would always call 999 and make the person safe". We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that risk assessments were in place. These included personal care, health, nutrition, medicines and mobility. Risk assessments were updated as required. Where records were required to be kept, such as fluid intake records or weight recordings these had been completed. There was a personal evacuation plan in place which was tailored to the person's needs and included information on how able the person was and the support they required to leave the building safely.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "I do take tablets, it's important for me to take them at the same time throughout the day. The nurses bring them to me pretty much the same time, within about 10 minutes either way". We found that people received their medicines as required and that records tallied with medicines available. Medicines were stored and disposed of safely. Where medicines were taken 'as required', there was not a protocol available to assist staff in how the medication should be administered. The acting manager told us that this would be put in place that day and showed us the changes made.

We found the environment was clear from hazards and people were protected by the systems in place for

prevention and control of infection. Checks to evidence the environment was safe were completed. We saw only approved cleaning products were used. The kitchen was kept in a hygienic condition and there were no odours within the home.

Good

Is the service effective?

Our findings

At the last inspection in November 2015 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-admission assessment information was in place, and this provided information on the person's needs such as personal care, mobility and eating and drinking. It gave a past medical history and information about the person's mental health.

Staff members told us that they received training that helped maintain their knowledge and that the provider was supportive of them developing further. One staff member told us, "I am doing my NVQ and have done numerous other training courses". The acting manager told us how the training budget had been increased and they were looking to arrange face to face training as well as online learning for all staff in the near future.

Our observations were that apart from our concerns around moving and handling staff knew how to support people and had the skills and knowledge required to meet their needs. One person told us, "I think the staff know me by now". A staff member told us, "I know what people need". They were able to give examples including people's likes and dislikes.

We found that staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift.

A staff member told us, "I had a group supervision around six months ago, but nothing since". The acting manager confirmed to us that there had been no regular program for 1-1 supervisions during the change in management, but that a plan was in place for them and that some senior staff members had been tasked with carrying supervisions out [these staff members confirmed this]. Staff told us they felt able to approach the acting manager at any time in the absence of a structured supervision and they didn't feel that the lack of supervision had caused any issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found they were. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities.

Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. We saw that care plans stated that '[Person] should not be treated as being unable to make a decision unless all practical steps to help are without success'. Staff were able to tell us who the DoLS applications were for and why. Staff told us that they gained people's consent prior to any action being implemented and we saw this being carried out.

People told us that they were happy with the meals that they received and they enjoyed the food on offer. One person told us, "Food is very good, a good variety. I certainly can't complain. We are given plenty of drinks throughout the day". A second person said, "There is always have lovely food, it's arranged well. If you want anything special they [staff] will do it for you". A relative told us, "Staff know [person] is a vegetarian and they always have an option that caters for that". We saw that snacks and drinks were available to people at all times and an alternative meal was available. Where people specific dietary needs these were catered for, for example one person was given a food supplement as directed by a health professional.

People were supported to access the health care they needed. A person said, "My GP comes to see me if I need anything, the nurses just ring and the GP will come. I do have paracetamol and they ask me regularly if I would like any". A relative told us, "They [staff] will take [person] to any appointments and let us know the outcome". We saw that referrals had been made where people required support from professionals, such as district nurses.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. People could use their own decorations within their room and had their belongings with them. A board in the dining area showed the day, date and year and season.

Good

Is the service caring?

Our findings

At the last inspection in November 2015 the key question of Caring was rated Good. At this inspection the rating was unchanged.

One person said, "I need help getting washed and dressed. I chose to have a bath this morning, can't get in the bath at home so it made a nice change, the carers are so good, they made the experience fun, we laughed, they covered me with a towel, looked away if needed and were on hand if I needed them". A relative told us, "The carers help [person] get dressed and showered, they show them their clothes so they can pick what to wear and they seem respectful of their dignity. A staff member told us, "I close the doors and put no entry signs up when I am dressing people to keep their dignity".

People told us they thought the staff were friendly and caring towards them. One person said, "I always have a good laugh with the carers, sometimes they have time to sit and have a chat too. I have no complaints, I joke with the carers and they joke back". A relative told us, "Some staff have been here for the last three years at least, they are caring and attentive, they know [person] and us well and are always friendly, as are the kitchen staff and the maintenance person". A staff member told us, "I try and engage with people as much as possible, but I can sometimes be too busy".

People shared with us that they could make their own choices and decisions and one person told us, "I go to bed between 9 and 10pm, get up about 8.30am, the carers bring me a cup of tea around 8am, they ask me what time I want to be woken up". A second person said, "I don't eat meat and they [staff] don't give it to me, they respect my choice completely". A relative told us, "[Person] chooses what clothes they want to wear that day, chooses when to go to bed and what time to get up. Can choose something else for lunch if there is nothing they like on the menu too". A staff member told us, "We give people choices, we offer a menu for that day in the morning, but people can change their mind if they wish".

We saw that visitors were made welcome and one person said, "I have family come to visit me, my son and my daughter visit they are made welcome". A relative told us, "We as a family pop in whenever we want to, we are always made welcome by the staff".

Advocates for people were currently accessed through the local mental health team. The acting manager had plans to contact external agencies where people did not have mental health needs, but required an advocate. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in November 2015 the key question of Responsive was rated Good. At this inspection the rating was changed to Requires Improvement.

We did not see any activities taking place and saw that most people spent the day sleeping in chairs. Staff were pleasant with people, but did not spend any time with them beyond completing caring tasks. One person told us, "I do go out into the garden when it's a nice day, there is not much else to do, I do read the paper and the other day we did some flower arranging. I take myself for a walk along the corridors regularly, stretch my legs, most people just sit around and sleep". A second person told us, "I have made some friends since I have been here, we all sit together and have a natter, not much else going on here though, and no activities really". One person told us that a 'few activities' went on but that they were not physically able to participate and that there was no alternative. A relative told us, "There are some activities, we get a newsletter telling us what is going on". A visiting professional told us, "People's social and recreational needs are not being met". A staff member said, "The activity co-ordinator left last week and this will make a difference. We do have some external people come in they do things like keep fit or yoga, not everybody wants to do it though". The acting manager told us, "The activity co-ordinator did arts and crafts and games with people, we are thinking about how we can make sure this continues". We found that although some external providers of activities visited to carry out activities such as bell-ringing, on a day to day basis people were unstimulated.

No complaints were recorded, but the acting manager told us of a complaint that had not been recorded, but it had been concluded. The acting manager told us of how they had replaced items which had been accidently damaged and that the complainant was satisfied. The acting manager said this would be recorded retrospectively. People told us they knew the procedure to take to make a complaint.

We found that people's care plans were recorded on an intranet system. They were detailed and gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, personal care, health, nutrition and hydration, medicines and mobility. A medical diagnosis and medicines taken were listed. People's preferences for language spoken were also taken. A life history and background was provided, including interests and hobbies. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans and one relative told us, "I have been to annual reviews, I didn't need to raise any concerns".

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. For one person they wished to observe their own religion by attending their chosen place of worship and this was supported by staff.

Care plans included an end of life plan. This looked at; last wishes, about me, religion, who to contact and funeral arrangements. It also considered where the person wished to be cared for in their last days and if they wished to remain at home. Where a do not resuscitate order [DNAR] was in place this was documented.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in November 2015 the key question of Well Led was rated Good. At this inspection the rating has changed to Requires Improvement.

The provider failed to have systems in place to ensure staff supported people in a safe way. Most people we spoke with told us that they felt safe using the service, however one person shared, "They [staff] don't hoist me, they [different staff members] usually hook their arms under my arms and lift me and get me into a wheelchair, it has hurt me recently too". We saw staff did not consistently follow their training and the management team had failed to identify this. We saw that there were no regular checks on staff members competency in moving and handling, which meant that any bad practice was not being identified and acted upon by the acting manager.

The provider did not have systems in place to identify environmental concerns. For example, we found some hazards around the home including two 'ant bait stations' which were left out on window sills in the lounge area and wardrobes which had not been securely fastened to walls. The acting manager had the ant bait stations removed immediately and told us that the wardrobes would be secured by the home's maintenance workers. However, these had not been identified as a potential risk to people living at the home.

The provider had not ensured staff understood confidentiality and respected people's dignity. We saw that people's privacy and dignity was not always respected in the way that staff discussed them in front of others. We heard staff on numerous occasions discussing people's needs openly, using their names in front of other people. Examples included, 'Have you turned [person's name]', and '[Staff members name] is showering [person's name]'. There was no evidence that staff had been observed by the acting manager to assess the culture within the home and how staff addressed people. We told the acting manager of this who said they would discuss our concerns with all staff.

Audits completed to assure the quality of the care provided failed to identify concerns found during this inspection. Audits did not always provide enough information to enable a detailed analysis into patterns and trends. An example being; where a person experienced multiple falls there was no explanation why this may have happened in order to mitigate any future risk. The acting manager told us that improving auditing processes would be a priority.

The provider had not consistently acted on concerns. For example, staff had raised through their staff meetings concern about insufficient staff. There was no staffing tool to support the management team at ensuring there was consistently staff available to meet people's needs.

This is a breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an acting manager in place who had worked at the service for a number of years. Following the

departure of the registered manager the acting manager had taken on the role and was about to start the process to become registered. 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.'

People spoke to us about the acting manager. One person said, "I know [Acting manager's name] they are around". A staff member told us, "The acting manager is approachable, we can go to them if not happy about something". The acting manager told us, "I am acting up as manager with senior staff supporting and they have been great. It has been a challenging time without a plan for management, but now it is getting better".

People spoke to us about their experience of the service with mixed views. One person said, "I can't grumble about the place at all". Another person told us, "I have no choice but to live here, I would say I was indifferent about the home". A relative told us, "It feels like the closest thing to home that I can see". A staff member told us, "It has been really unsettled here with changes in management, this is the longest stability we have had in a while, lots of work to be done, but it's getting there".

We were told of how people had links to the local community. Some people used local amenities and the home has neighbours, some of whom have cats who visit the home on a regular basis to people's delight. There are also 'The friends of Bryony House' a group of supporters of the home who visit regularly to chat or carry out music sessions with people.

There had been written feedback taken from people using the service and their families and professionals involved in people's care. Questionnaires sent out asked questions in relation to CQC's key questions of safe, effective, caring, responsive and well led. People were asked to score how they rated their care. The acting manager told us that outcomes were given to people verbally and opinions provided impacted on how the service developed. Resident committee meetings were held regularly and discussed the quality of care, staffing and meals. The minutes noted that 'all residents agreed that staff were good'.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed unsafe within an organisation.

A visiting professional told us that there were open lines of communication between professionals and staff. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. The acting manager told us that the provider took an interest in the service and that they were well supported.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.

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 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 There was a lack of adequate checks and audits and issues around moving and handling had not been identified.