

Bracken Ridge Manor (1992) Limited

# Bracken Ridge Manor

## Inspection report

16-18 High Street  
Loftus  
Saltburn By The Sea  
Cleveland  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Bracken Ridge Manor on 23 March 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

Bracken Ridge Manor is registered to provide care and accommodation to a maximum number of 17 people with mental health conditions. The service is also registered to provide nursing care. The home is a converted property on three floors with the majority of bedrooms being on the first floor and second floor and the usual living accommodation on the ground floor. The home is situated on the High Street at Loftus with easy access to local amenities and directly on a bus route.

The home had 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 provider had some systems in place to monitor and improve the quality of the service provided, however at the time of the inspection formal auditing of care plans and medicines had not taken place. After our inspection the registered manager sourced and completed both audits and sent them on to us. The registered provider visited the service on a regular basis to speak with people, staff and monitor the quality of the service provided; however they did not keep a record of these visits. We could not determine what actual check had been made.

Records showed that meetings with staff and people who used the service were infrequent. The registered manager told us they spoke with people and the staff team at other times but didn't keep a record of this.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and the action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were completed to ensure health and safety. However, we did note that some fire doors identified by the fire authority in December 2015 as needing repair had not been repaired at the time of the inspection. The registered manager told us this repair was scheduled for the day after the inspection.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, behaviour that challenged, smoking, self-neglect and vulnerability when out in the community. Staff supported and encouraged people to take responsible risks. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs.

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

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well. People told us they were happy and well supported.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed and nutritionally screened.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by the registered manager to hospital appointments.

We saw people's care plans were person centred and written in a way to describe their care and support needs. These were regularly evaluated, reviewed and updated.

People were encouraged to pursue their hobbies and interests. People were supported to access and engage in the local community and outings of their choice.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views in the way of an annual survey. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns. There had not been any complaints in the last 12 months

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The fire authority visited in December 2015 and identified work needed on the fire doors to ensure safety. Some fire doors were still in need of repair. This work was scheduled for the day after the inspection.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The service did not have a high turnover of staff. Appropriate systems were in place for the recruitment of staff. Measures were in place to make sure people received their medicines safely.

### Is the service effective?

Good ●

The service was effective

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005.

Staff were trained to care and support people who used the service both safely and to a good standard. Staff received supervisions and an annual appraisal.

People had access to healthcare professionals and services. People were provided with good nutrition and weighed on a regular basis.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us that staff were caring and treated them well and respected their privacy.

Staff took time to speak with people and to engage positively with them.

Staff were able to describe the likes, dislikes and preferences of people who used the service and support was individualised to meet people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. People were encouraged and supported to take part in activities and access the local community.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Senior management visited the service on a regular basis, however did not keep a record of this visit or the checks they had made. At the time of the visit formal auditing of care plans and medicines wasn't taking place. Staff meetings and meetings with people who used the service were infrequent.

The service had a registered manager who understood the responsibilities of their role. Staff told us the registered manager was approachable and they felt supported in their role.

People were asked for their views in the annual survey and their suggestions were acted upon

# Bracken Ridge Manor

## **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 registered 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.

We inspected Bracken Ridge Manor on 23 March 2016. The inspection was unannounced which meant staff and the registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 14 people who used the service. We spent time in the communal areas and observed how staff interacted with people. We spoke with seven people who used the service.

During the visit we spoke with five staff, this included the registered manager, the nurse, the cook, housekeeper and a care assistant.

We reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment, supervision, appraisal and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "This is the one place I do feel safe. All the residents get on and the staff are great." Another person said, "I do feel safe and the staff are very kind."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff told us that they had received safeguarding training within the last three years and felt confident in whistleblowing (telling someone) if they had any worries.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a regular basis. Risk assessments had been personalised to each individual and covered areas such as nutrition, behaviour that challenged, smoking, self neglect and vulnerability when out in the community. Staff supported and encouraged people to take responsible risks. The registered manager told us how a person who used the service liked to go out independently. The person who used the service had discussed with the registered manager about going to Newcastle. They talked about this and how much busier and noisier this would be than the places they usually visited. In order for this day trip to be successful the person with guidance and support from staff made the decision to go to Stockton on market day. This meant the person could build up confidence and experience of busier places prior to going to Newcastle.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. Accidents were infrequent; however the registered manager had appropriate documentation on which to document an accident should one occur.

The registered manager told us the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly and within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, gas safety, emergency lighting and fire extinguishers.

The registered manager told us they were in the process of obtaining quotes for a new fire alarm system. A fault had been identified in December 2015 which had been repaired and although the alarm was working they were doing additional fire checks of high risk areas in the home such as the laundry and kitchen until the fire alarm was replaced.

A representative from Cleveland Fire Brigade visited the service in December 2015 to complete a fire safety audit. During the audit it was identified that some fire doors were not flush to the frame. We asked the registered manager if action had been taken to repair the fire doors. They told us the handyman had repaired most of the doors; however they were to return the day after our inspection to repair the remaining few.

We saw records to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

We asked the registered manager if they had an emergency evacuation plan for each person who used the service that provided information about how to ensure an individual's safe evacuation from the premises in the event of an emergency. At the time of the inspection emergency evacuations plans were not in place, however the registered manager completed these after the inspection and sent these to us. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

The service did not have a high turnover of staff. Most of the staff have worked at the service for many years. We looked at the file of the last staff member who had been recruited in November 2014. We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

We looked at the arrangements in place to ensure safe staffing. At the time of the inspection there were 14 people who used the service. The registered manager told us that many people were independent with their personal care and needed limited support. They told us that during the day and night there was one nurse and a care staff member on duty. People told us there were enough staff on duty to meet their needs. One person said, "I go out whenever I want which is most days and there's always someone to talk to." Another person said, "There is always one or another of them around if you need anything." Staff told us there was enough staff on duty to meet people's needs and that they covered each other's holidays and any sickness. One staff member said, "We all work as one big team. This is a really great place to work." The registered manager told us that staffing levels were flexible, and could be altered according to need. They told us about times when people had been unwell and staffing levels had been increased to support people.

The registered manager of the service worked five days a week and was supernumerary. There were other staff employed to cook, clean and take care of the laundry.

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked people's Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed. However, we did note that some MARs were hand written and had not been checked and



countersigned by staff second staff member. This was pointed out to the registered manager who told us they would take action to address this.

We checked records of medicines against the stocks held and found these balanced. Staff we spoke with were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. Staff told us they checked these against the medicines received from the pharmacist. They said the medicine administration records were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines.

The registered manager told us staff responsible for the administration of medicines had their competency to handle medicines checked regularly; however, they did not keep a formal record of this. The registered manager told us that in future they would keep a record of the check. After the inspection the registered manager sourced a medication competency assessment, completed this with staff and sent us a copy.

## Is the service effective?

### Our findings

People who used the service who told us they were satisfied and that staff provided a good quality of care. They thought staff had the knowledge and skills to provide them with the care and support they needed. One person said, "The staff are lovely. If you have any problems at all you can speak to [staff]. They are always helpful and you always feel better when you have had a chat." Another person said, "They know me and the help I need."

Staff told us that there was a plentiful supply of training. They told us they had received training in mental capacity, fire safety, infection control, deprivation of liberty safeguards, health and safety, first aid amongst others. Staff files we looked at during the inspection did not contain all of the certificates to confirm training had taken place. The registered manager told us staff had a copy of all their certificates and they would ensure all staff files were up to date with certificates to confirm the training had taken place. One staff member said, "I think the training is good. I have just done my NVQ level 2 in care and I have got plans to do my level 3." This staff member told us how the registered manager had provided additional support to enable them to achieve this qualification, they said, "[The registered manager] went above and beyond and it was with their help that I got through my NVQ 2. [The registered manager] kept telling me you can do this just trust in yourself. [The registered manager] has increased my confidence no end."

The registered manager told us that any new staff would now complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "We are supported by [the registered manager] and we support each other."

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 registered manager told us that staff had attended training on the MCA. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

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 time of the inspection the registered manager told us all people who used the service had capacity, however, they were aware that this could fluctuate when people were unwell. They told us they monitored people closely and when needed completed assessments of capacity. As all people who used the service had capacity, people were not subject to Deprivation of Liberty Safeguards (DoLS).

We looked at the four week menu plan and spoke with the cook. The menus provided a varied selection of meals. The cook told us how they always made sure there was a plentiful supply of fruit and vegetables. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. Every Saturday people had food from the local fish and chip shop. One person told us how they really enjoyed the fish and chips and another person told us how they preferred to have sausage and chips.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. People were independent with eating. One person said, "Mixed grill, this is my favourite meal." Another person told us "The food is always very nice." Some people who used the service made soup on a Thursday for everyone and we were told Thursday and Friday was a day in which some people who used the service liked to make cakes for the weekend. Staff and people told us that being in the kitchen together provided them with the opportunity to chat. One person who used the service said, "I like to go into the kitchen and bake. We all sit and have a chin wag."

Some people who used the service told us they visited local cafes for food and drink.

The registered manager told us that people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, community psychiatric nurse and their doctor. The registered manager said they had good links with the doctors and community nursing team. People were supported and encouraged to have regular health checks. The registered manager accompanied people to all appointments to ensure consistency and people who used the service showed their appreciation of this as they chatted with us. Some people who used the service had been for recent health checks and screening and the results of these had arrived on the day of the inspection. The registered manager respected people's privacy and confidentiality and gave them the sealed envelope with their results. People then went into a private room in which they opened the results and the registered manager helped explain these.

## Is the service caring?

### Our findings

People told us they were very happy and that the staff were caring. One person said, "I love it here." We asked them why and they said, "The atmosphere is gorgeous. I've visited some other residential homes but in here it is warm and loving." Another person said, "The staff are always very helpful."

During the inspection we spent time observing staff and people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about everyday life. Staff were interested in what people had to say and listened. Staff encouraged conversation and spoke with people about their family and interests.

We saw that staff were polite, friendly and caring in their approach to people. One person who used the service approached staff to hold their hand and the staff member responded affectionately. We heard staff compliment people on the way they dressed or looked and staff actively praised people in a respectful way for their achievements. It wasn't only staff that were caring and polite in their approach, we saw that people who used the service had developed friendships and supported each other. We heard one person who used the service providing encouragement and support to another person in an attempt to boost confidence.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Whilst we were in the office one person who used the service came into the office to speak to the registered manager on numerous occasions. Each time the registered manager was respectful and unhurried in their approach to the person and provided them with the answers and reassurance that they required.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships and friendships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives could visit at any time and were always made to feel welcome.

We saw that staff were respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and were respectful of people's choices and decision making. We saw that people were encouraged to make their own choices and decisions during the inspection. People had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. One person said, "I like to go to my room and have time to think. I can do what I want. I usually wake up about 8am and like to go to bed about 9pm." People told us they could make choices about how they wanted to spend their day.

There were occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff

were discreet when speaking to people about private matters. This demonstrated that people were treated with dignity and respect

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of who to contact should an advocate be needed.

## Is the service responsive?

### Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I like to go out for regular walks." Another person said, "I just take myself off and go all over Loftus." Another person said, "I like to read my books, but often go to the café for a coffee." One person told us they liked to do jigsaws and knit and another liked to go shopping and complete puzzle books. We saw that people did take part in the activities they like to do during the inspection.

One person who used the service liked to do voluntary work on the moors and another had recently completed a course on maths and English. Some people who used the service had a bus pass and regularly accessed public transport.

People who used the service told us they regularly went to the Co-op building in Loftus. This building acted as a hub and social meeting place for all members of the community. People told us they would often go in for a cup of tea or coffee and that at Christmas nine people who used the service had enjoyed a Christmas meal.

One person told us they had been on holiday to Manchester and had really enjoyed staying in a hotel and visiting the Coronation Street studio. They told us how staff were encouraging and supporting them to pursue new interests and hobbies and how their "Life was now starting."

During our visit we reviewed the care records of two people who used the service. People had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. Care plans clearly detailed the impact that some mental health conditions had on life and daily living. For example one care plan detailed how the person lacked motivation and could self-neglect, particularly in relation to their personal hygiene. Staff told us how they encouraged and supported this person with their personal hygiene. We looked at the care plan for one person who had behaviour that challenged. This clearly stated the triggers and action to be taken to support the person when this occurred. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

We saw that care plans had been reviewed, updated and evaluated on a regular basis.

People who used the service told us they knew how and who to raise a concern or complaint with. We were

shown copy of the complaints procedure. The procedure gave people timescales for action and who to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints raised in the last 12 months.

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager completed monthly audits on health and safety, housekeeping and infection control. They told us they did regular checks on care records and medicines, however didn't have a formal auditing tool which detailed the checks they had made or their findings. After the inspection the registered manager sourced a care plan audit and medicine audit, completed these and forwarded the completed documents to us. The registered manager told us they would make sure all audits were undertaken on a monthly basis.

The registered provider visited the service on a regular basis to talk to staff and people who used the service and check on the quality of service provided, however a record of this visit was not kept. The registered manager told us they would ensure that all future checks, visits and actions were recorded.

We saw records to confirm that staff meetings had taken place in January 2015 and June 2015, however, nothing since. The registered manager told us that as they were such a small team they discussed any concerns or issues on a daily basis, however, realised that a formal record of such discussions was needed. One staff member said, "[The Registered manager] always listens and is open to suggestions."

We asked the registered manager how they sought the views of people who used the service. They told us they spoke with people on a day to day basis and had meetings with people. We looked at the notes of the last meeting which was May 2015. The registered manager acknowledged that formal meetings were infrequent and that improvements needed to be made in the way views were obtained and recorded. We saw records to confirm a satisfaction survey had been undertaken with people who used the service in July 2015. The results of the survey showed that people were happy with the care, support and service received.

People who used the service spoke very highly of the registered manager and it was clear from the inspection visit through observation and interaction with people that the registered manager supported people in their day to day lives. One person said, "[The registered manager] is lovely. [They] have time for each and every one of us. [They] are such a lovely person. I go clothes shopping with them and [they] always support me at my doctors and hospital appointments." Another person said, "[The registered manager] is lovely and very supportive of me."

Staff told us they felt valued and supported by the registered manager. One staff member said, "[The registered manager] makes this service, she can't do enough to help people. [They] will keep us straight but we know who the boss is." Another staff member said, "[The registered manager] doesn't only care about residents she cares about the staff."

The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was confirmed by the people we spoke with.



The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.