

Little Brocklesby House Limited

Little Brocklesby House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection on 9 June 2015. Two breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the last inspection on 9 June 2015 we found that the provider was not meeting the standards of care we expect in relation to record keeping for administration and receipt of medicines. Also there was no system in place to test the quality of the service being provided.

We undertook this focused inspection on 7 January 2015 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection on the 7 January 2015 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Little Brockelsby House on our website at www.cqc.org.uk.

Little Brockelsby House provides care for older people who require personal care. It provides accommodation for up to 36 people. At the time of the inspection there were 25 people living at the home.

At the time of the inspection there was not a registered manager in post. 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.

Summary of findings

On the day of our inspection we found record keeping for the administration and receipt of medicines had improved. A new medicines auditing system was in place to ensure staff were administering medicines safely.

Systems were now in place to test the quality of services being offered. Results were fed back to people who used the service, visitors and staff. Any actions to be taken forward were recorded and signed when completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Record keeping for the administration and receipt of medicines were in place.

A new auditing system checked that staff were administering medicines safely.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the safety of the service.

Systems were now in place to test the quality of the services being given.

Results of audits were fed back to people who used the service, visitors and staff.

People, visitors and staff had opportunity to voice their opinions which they told us they felt were valued.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Little Brocklesby House

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 7 January 2015. This inspection was completed to check that improvements to meet legal requirements with regard to record keeping for the administration and receipt of medicines. Also to see if quality systems were in place to test the quality of the services offered.

The provider gave us details of how they planned to complete their action plan after our comprehensive inspection on 9 June 2015. We inspected the service

against two of the five key questions we ask about services; is the service safe and is the service well-led. This is because the service was not meeting legal requirements in relation to those sections.

A single inspector completed the site visit.

During our inspection we observed care. We spoke with four people who use the service, two relatives, the deputy manager, three care workers and the manager. We looked at medicines records, reports from an external infection control team, a refurbishment plan, audit reports and minutes of meetings.

Is the service safe?

Our findings

At our previous inspection on 9 June 2015 we identified that people were not adequately protected because there was poor record keeping for the administration and receipt of medicines. The auditing system to ensure safe practices were in use were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 7 January 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 12 described above.

People told us they received their medicines at the same time each day. They told us the staff explained what the medicines were for and gave them opportunity to discuss their medicines with other health care professionals. One person told us how diligent staff were in chasing for a review of their medicines. Relatives who were acting on behalf of their family members told us staff kept them informed of any changes to medicines. A relative told us staff kept them in touch with all changes to their family member's care, including changes to medicines.

Since our last inspection the medicines storage area had been moved to a bigger room. This gave staff the opportunity to have room to check in and dispose of medicines in a larger, quieter area. Temperature recording of the room ensured medicines were kept at a suitable temperature and would be safe to use.

A monthly stock control of medicines was undertaken by staff. We saw storage shelves were not overcrowded. A more robust system was in place for the disposal of medicines and staff understood the importance of safely destroying or returning unused medicines.

The medicines administration record sheets (MARS) now contained photographs of each person for ease of

identification. Staff had signed the five MARS we looked at to state whether people had taken their medicines, they were refused or destroyed. Suitable comments also included whether medical practitioners had amended the medicines prescriptions and whether courses of treatment; for example anti-biotics had been completed.

Each person now had a medicine review record in their care notes. We looked at five records. This gave details of how people liked to take their medicines, any problems they had taking them and if they had any allergies. Any review changes were noted. If anyone could self-medicate their own medicines assessments were in place to ensure they were capable of doing so. Staff told us they conferred with each other to see if people could self-medicate so people could be observed through a 24 hour period. Staff said this gave a better overall view of a person's capabilities. We saw they recorded their findings in the care records.

An audit system was in place to check whether staff were keeping MARS correctly, the storage area and medicines trolley were clean and staff understood the medicines they were administering. Staff told us this had helped them understand their role in the safety of administering medicines.

The manager had recorded each staff member's signature before they commenced administering medicines. This was to ensure the management team could identify which staff member had administered medicines to people in the case of an emergency. Staff administering medicines had all completed initial distance learning training and had attended a training session by an external pharmacy training department. We saw refresher training had been booked for February 2016. The supervision sessions of staff also included observational supervision by the manager or deputy manager.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

At our previous inspection on 9 June 2015 we identified that people were not adequately protected because there was no robust system in place to test the quality of the service being provided. Systems for reviewing of care plans, actions from meetings and recording how people felt about the service were not robust and action not followed through. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 7 January 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 17 described above.

People told us the manager always asked them how they were and if they were happy. One person said, "We do get asked how we are, daily." A relative said, "I'm involved in the care planning as my relative can't cope with that side of things. Staff keep me in touch with what is going on."

People and relatives told us they had completed questionnaires, but could not remember the date. Annual questionnaires had been sent out in September 2015, but the manager told us these were now going to be monthly and capture a topics such as meals. Of the 20 sent out, 15 were returned from people who use the service, with positive comments being made. Other questionnaires had also been sent to visitors, health professionals and staff at the same time. The manager told us she was disappointed with the responses from those sectors, but was pleased with the comments received. We saw they were again positive and on display.

Weekly checks were now completed by the newly appointed care co-ordinator to ensure people were happy with the level of care being provided. This was an appointment the provider told us they would make as part of their action plan to monitor the quality of the service. This included ensuring people were happy with treatments such as that for pressure ulcers, the way they were assisted to bathe and if their diet was suitable to their needs. All checks were recorded in the care notes. This ensured people were happy with the level of service.

A "Friends of Little Brocklesby" had been reformed and people and relatives told us this involved funding raising for their activities resources and outside charities. We saw the minutes of the meetings for November 2015 and December 2015 where other topics such as safeguarding and menus had been discussed.

With the help of an external agency the provider had completed two audits in June 2015 and November 2015 to ensure infection control policies had been adhered to. Most of the action points had been completed, but to ensure the environment was safe to live in the manager told us these would continue. Details also included an up to date refurbishment programme for 2015/2016. This had dates and items to be attended to during that period. This will ensure the building and furniture is kept in a safe and acceptable standard of cleanliness.

Staff told us they felt their opinions were valued and could attend staff meetings and had completed questionnaires where they could voice their opinions. Staff said there was an open and transparent form of management in place and knew if they used the whistle blowing process this would be adhered to by the management team. We saw minutes of staff meetings from October 2015 and December 2015 where a variety of topics had been discussed and staff given opportunity to voice any concerns.