Windmill Hills Care Home Limited

Briardene Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 22 September 2015. Three breaches of legal requirements were found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. These related to the breaches of regulation regarding good governance, safe care and treatment and the arrangements for ensuring staff were suitably supported by means of training, supervision and appraisal.

We undertook a focused inspection on 17 May 2016 to check they had followed their plan and to confirm that they now meet the legal requirements. During the course of the inspection we also followed up on some concerns that had been raised with us. This report only covers our findings in relation to those requirements and the concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briardene Care Home on our website at www.cqc.org.uk.

Briardene is a care home for older people, some of whom have a dementia-related condition. Nursing care is provided there. At the time of the inspection 49 people were living at the home.

The registered manager had left in the period since our last inspection. A new manager was in post at the time of this inspection and was in the process of registering. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

The provider had completed assessments of general risks to people, staff and visitors and there was evidence action was being taken to minimise these risks.

The provider was in the process of refurbishing the home. Newly appointed medicine storage rooms had been created on both the ground floor and first floor. Temperature checks were completed on a daily basis and showed temperatures in both of these rooms was appropriate for the safe storage of medicines.

The support given to workers in the service had improved. The provider had reviewed the provision of staff training and staff had been provided with the opportunity to undertake the necessary training required to support them. The provider had taken action to ensure all staff were scheduled to receive three supervision sessions and an annual appraisal in line with their policy and procedure for supporting staff.

The provider had made improvements to the process for acting on areas for improvement identified during

audits. An overall home action plan had been introduced to capture all areas for improvement identified and track progress. Although at the time of the inspection this had not been updated, the manager did this following the inspection and sent us a copy which confirmed action was being taken to address areas for improvement.

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

We found action had been taken to improve safety.

Assessments had been completed of general risks to people, staff and visitors and actions were being taken to minimise these risks.

Improvements had been made to the facilities for the safe storage of medicines.

We could not improve the rating for 'Safe' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement

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

Improvements had been made to the support given to workers. Supervision and appraisal meetings had been scheduled for all staff and there was evidence these had started to take place.

Training requirements for staff had been reviewed and staff provided with the necessary training to support them.

We could not improve the rating for 'Effective' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

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

Improvements had been made to the process for acting on issues identified during audits. The manager was using an overall home action plan to capture areas for improvement from all audits undertaken and there was evidence these were being acted upon.

We could not improve the rating for 'Well-led' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Briardene Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Briardene Care Home on 17 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 15 and 22 September 2015. During the course of this inspection we also followed up on concerns we had received about staffing levels, failure to report safeguarding incidents and pressure care and behaviour management plans.

We inspected the service against three of the five questions we ask about services: is the service safe?; is the service effective?; and is the service well-led? This is because the service was not meeting some legal requirements at the time of our initial inspection.

This inspection was undertaken by two adult social care inspectors. During the inspection we toured the building and talked with five people living in the home. We spoke with the manager, two volunteers and four care and ancillary staff.

We looked at three people's care records, staff training and supervision records and records relating to the management of the service. These included staff personnel files, medicines records, the homes overall action plan and the health and safety file.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2015 a breach of legal requirements was found. Suitable arrangements were not in place for ensuring the premises were safe to use.

We reviewed the action plan the provider sent to us following our comprehensive inspection in September 2015. This gave assurances that action was being taken to ensure the premises were safe to use. The provider told us they would be compliant with the regulations by February 2016.

Assessments had been completed of general risks to people, staff and visitors. These included both general environmental risks as well as job specific risks including specific risks for staff involved in housekeeping, laundry and maintenance duties. These assessments had all been completed within the last six months and there was evidence action was being taken to minimise identified risks. For example we found the key for the sluice room door had previously been kept on a hook on the door frame and this had been identified as a risk. The installation of a key pad for entry to the sluice room had mitigated this risk.

We found risks around the environment were generally well controlled. Work areas or those containing potentially hazardous substances were secured. Stair wells and the main entrance had controlled access. Refurbishment work was on-going at the time of the inspection but appeared to be minimally disruptive. People told us they were aware work was going on but that this had not impacted on the care they were receiving.

During the inspection we found a stand aid stored in one of the lounges on the ground floor was placed in front of a fire exit and required a minor repair. We brought this to the attention of the manager who arranged for it be removed and taken out of use immediately.

At our last inspection we recommended that the service considered current guidance on the safe storage, administration and disposal of medicines and took action to update their practice accordingly. We found up-to-date photographs were not in place for some people, concerns had been raised about the temperature of the treatment rooms where medicines were stored and there were gaps in the records for "as required" medicines.

During this inspection we found newly appointed medicine storage facilities had been created on both the ground floor and the first floor. These storage facilities were air-conditioned and daily checks were completed to ensure the temperature of these rooms remained within appropriate levels. Medicines requiring cold storage were stored in fridges which were temperature controlled. Daily checks were completed of the minimum and maximum temperatures of the fridges and records confirmed the temperature was within an appropriate safe range.

During this inspection we observed part of a medicines round. Where people were prescribed pain relief on an 'as required' basis we observed the staff member asked people whether they required this medicine prior to administering. The staff member explained to people what the medicines were prior to administering

them and asked people for their consent. People were offered a drink to assist them in taking their medicines and where people required thickened fluids, thickener was added to their water to aid them in taking their medicines safely. The staff member stayed with people to ensure they had taken their medicines before returning to complete the Medicine Administration Records (MAR). The staff member observed good hand hygiene practices throughout. Where topical medicines were administered the staff member wore gloves. We found topical medicines were dated on opening to ensure they weren't used beyond their expiry dates. We found some photographs were missing from some of the MARs which increased the chances of someone being given the incorrect medication. We highlighted this to the manager and this was addressed at the time of the inspection.

We found staff competency to administer medicines was assessed regularly following initial training. The provider's policy stated following receipt of their initial training, staff would be subject to three observed medicines rounds and a competency based questionnaire. Annually thereafter, staff were required to complete refresher training, a competency test and three observed medicines rounds, all without error. We reviewed records for two staff members who administered medicines and found checks had been completed in line with the provider's policy.

As a result of concerns we received we spoke to the manager about staffing levels to determine whether these were appropriate to meet people's needs. The manager told us staffing levels in the service had been calculated based on occupancy within the home. Following a recent drop in occupancy the manager had reviewed the staffing levels and a slight reduction had been made to the number of care staff required.

The majority of staff members we spoke to felt the staffing levels were appropriate, however one staff member did say they felt additional staff would be beneficial during peak times. Our observations were that staff responded to call bells within an acceptable period of time and that staff were not rushed in their interactions with people. People we spoke with felt there were sufficient staff to meet their needs and that they did not have to wait too long for assistance.

The service used agency staff on a regular basis. The manager advised the service had a relationship with an external agency and that where possible continuity of care was achieved through the use of the same agency staff. The service received a portfolio for each agency staff member, which provided details of their qualifications and training. All agency staff were required to complete an induction prior to commencing their first shift in the home. This was also refreshed when they had not been in the home for a significant period of time.

The service had recently completed a recruitment exercise to fill some of its outstanding vacancies. The manager advised new staff members were currently in the process of undergoing pre-employment checks. Once complete, the appointment of these additional staff members would reduce the amount of agency staff used by the service, particularly on a night.

As a result of concerns we received we looked at how the service protected people from abuse. People we spoke with said they felt safe and that if they had any concerns they would be happy to raise these with the manager or another member of staff. People told us staff members were prompt to respond if they required assistance; "staff come quickly," and "I don't have any trouble." During our observations throughout the day we found people had access to call bells so that they could call for assistance if they required it. One person told us; "I've got my alarm; I don't need it," and another said; "They come quick. I'm happy here."

The safeguarding file contained relevant policies and procedures and these were on display throughout the home. Safeguarding records contained full details of allegations, any investigations carried out and

outcomes. There was evidence the service was taking appropriate action in terms of reporting incidents to other agencies.

We reviewed the training records and found staff members had recently received safeguarding adults training. Staff we spoke to were aware of their responsibilities for recognising and reporting any suspicion of abuse. We found staff had recently completed a care summary questionnaire to check their understanding of their role. As part of this questionnaire, staff were reminded of the importance of reporting and recording concerns including near misses.

As a result of concerns we received we looked at pressure care for two people using the service. We found specific care plans were in place in relation to pressure areas for both of these people. However, the positional change charts did not evidence that care was delivered as planned in a consistent manner due to gaps in recording. There were care interventions which would have involved moving the individual, but position at these times was sometimes not recorded. There were occasions where the person was recorded as being in the same position at each entry. The people concerned had no recorded pressure ulcers currently. We brought this to the attention of the manager to address with staff. We were also advised following the inspection that a new document was being developed to improve the recording of positional changes.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in September 2015 a breach of legal requirements was found. Staff had not been given the necessary support, in terms of training, supervision and appraisal required to enable them to carry out their duties.

We reviewed the action plan the provider sent to us following our comprehensive inspection in September 2015. This gave assurances that action was being taken to ensure all staff members received the support required to carry out their duties. The provider told us they would be compliant with the regulations by February 2016.

We found improvements had been made with regard to the supervision and appraisal of workers. The provider's policy for supporting staff included a commitment to providing a minimum of three supervisions and an annual appraisal each year. The service's supervision and appraisal planner showed this frequency was planned in advance across the year. The planner was on display in the administration office on the ground floor so all staff could see when they were due for a supervision or appraisal. The planner had been updated to reflect supervisions or appraisals that had already taken place.

The manager told us senior staff members were appointed as mentors for other staff and had responsibility for conducting inductions, observations and supervisions. The notes from the senior staff meeting in March 2016 recorded staff had been reminded of the importance of performing this role and for dealing with any issues identified immediately through supervisions; "any issues with the staff need to be addressed appropriately and recorded on supervision."

Staff we spoke with said they received regular supervision sessions. We looked at supervision and appraisal records for three staff members and found they had all received regular supervision session. Topics covered during supervisions included training needs, policies and procedures and expected standards regarding night time care.

We noted a small number of staff had not received their supervision or appraisal sessions on the dates specified on the planner. The manager said they were aware of this and that these omissions were due to staff sickness or leave. Where this had occurred, other supervision or appraisal sessions had been brought forward and arrangements made for the missed sessions to be rescheduled and carried out on the return to work of the staff members.

At our last inspection we found staff training records were not up to date and staff had not been provided with the necessary training to support them in performing their role. We asked to see the records of staff training. A summary of overall staff compliance was on display in the administration office and advised staff training was at 92% as of 7 May 2016. We confirmed this with the manager.

The minutes from the March 2016 senior staff meeting recorded that the manager had discussed staff training and encouraged senior staff to "ensure they remind the care staff to complete the training too." This

was reinforced in the March 2016 all staff meeting when all staff members were reminded of the importance of completing training. Training was also discussed with staff as part of the care summary questionnaire they had completed. Staff we spoke with told us they received training on a regular basis.

We asked the manager about the training provided to new staff members. The manager advised all new staff members were required to complete an initial induction during which they were provided with the opportunity to shadow other members of staff and familiarise themselves with the provider's policies and procedures. Staff were also required to complete a number of mandatory training courses including safeguarding adults before being allowed to provide care to people. Staff we spoke with confirmed they had received an induction and had been required to complete mandatory training before caring for people.

We reviewed the staff files for two new members of staff. We found both had received a three month probation review and were scheduled to receive a six month probation review. We also found they had both received supervision sessions.

As a result of concerns we received about how the service managed behaviour that can challenge we looked at one person's care plan for behaviour management. We found input had been requested from the Challenging Behaviour team and ABC (Antecedence, Behaviour, Consequences) charts had been completed at their request. ABC charts are used to record and help understand the causes and effects of people's behaviour. The care plan outlined suitable steps and strategies for staff to take when dealing with episodes of challenging behaviour. However, we found specific triggers for this behaviour were not explicitly outlined. We brought this to the attention of the manager during the inspection as we felt adding details about specific triggers for this behaviour would help staff to develop approaches to take to avoid such episodes occurring.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in September 2015 a breach of legal requirements was found. The registered person had not fully mitigated assessed risks relating to the health, safety and welfare of people using the service. We reviewed the action plan the provider sent to us following our comprehensive inspection in September 2015. This gave assurances that action was being taken to ensure all assessed risks were mitigated. The provider told us they would be compliant with the regulations by February 2016.

During the previous inspection we found areas for improvement identified during audits were not being acted upon in a timely manner. For example we found areas for improvement had been identified in recruitment practice, premises safety, environmental risk assessments, policy updates, management of medicines and analysis of accidents and incidents, but these had not been acted upon.

The service had introduced an overall home action plan to capture areas for improvement identified in all audits undertaken. We asked to view the most recent copy of the action plan and were advised by the manager that it had not been updated since 17 March 2016. We asked for an updated copy of the action plan to be sent to us following the inspection. This showed areas for improvement identified, during both internal and external audits were being captured and actions were being taken in a timely manner to resolve these. We found action had been taken to address the areas for improvement which had not been acted upon at the time of our previous inspection.

During the previous inspection we found areas for improvement had been identified in the service's recruitment process which had not then been acted upon for a period in excess of four months. We reviewed the recruitment records for two members of staff who had recently joined the service to see whether action had now been taken to improve the recruitment process. We found systems were in place for checking people's work and health histories, identity, and any criminal record they might have. People were interviewed by two staff members and both a work and character reference were sought. We found the recruitment systems to be generally sound, but found that one of these staff members had a gap in their employment history which had not been discussed during their interview. The manager accepted this had been an omission and this was addressed following the inspection. At the time of the inspection work was being undertaken to refurbish the service. We found this refurbishment work was addressing a number of areas for improvement identified on the homes overall action plan following the completion of a fire risk assessment in November 2015.

Recent copies of the provider's policies and procedures had been printed off and were available for staff to view in the newly appointed administration office on the ground floor. Sheets were in place so staff could sign to confirm when they had reviewed the policies and procedures. Staff had been reminded of the importance of reading these policies and procedures during the March 2016 staff meeting. We did note that not all staff members had signed to say they had read the policies and procedures. We spoke with the manager about this and they assured us that they would ensure all staff read the new policies and procedures following the inspection.