Maria Mallaband 11 Limited

Brunel 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?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Brunel House provides a service for up to 65 people. The staff provide care and treatment to people with nursing needs and to people living with dementia.

The inspection of Brunel House was unannounced and took place on the 30 June and 1 July 2015.

A registered manager was in post and was registered by the Care Quality Commission (CQC) in 2014. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were not aware they had a care plan. Care plans did not give detailed guidance to staff on how they were to meet people's needs. People's preferences were not included in their care plan which meant care plans were not personalised.

Summary of findings

Some risks were assessed and action was taken to mitigate risk. Incidents and accidents were analysed to identify trends and patterns. However, some injuries had not formed part of this analysis. Risk assessments were not developed following a number of injuries sustained by the same object until we drew this to the attention of the registered manager and area manager.

People and some staff said the staffing levels did not meet people's needs. They said staff had left and more staff were not recruited to the vacant hours. Some people said the deployment of staff when staffing levels were poor in other units had caused them anxiety. The area manager told us from their assessment they were satisfied suitable staffing levels in place were suitable.

New staff received an induction when they started work at the home. Staff attended training which helped them to develop the skills needed to meet people's needs. Staff made suggestions about the delivery of training. They said to allow for more scenario discussion face to face or in-house training would be more beneficial.

People's capacity to make decisions was assessed. However, staff had not fully completed the forms used to record assessments of capacity. Staff were not always using the provisions of the MCA to make best interest decisions such as consent for bed rails, photographs.

People said the meals served were good and the menu was varied but the quality of the food needed improving.

We saw there was a good range of fresh, frozen and dried produce. However, we saw a large quantity of basic/value produce. This may mean food products were of low nutritional value.

Management systems in place ensured there was a supporting culture. Staff said the registered manager was approachable but the staff in head office did not take their concerns seriously and this negatively impacted on staff morale. Quality assurance arrangements were effective and ensured people's safety and wellbeing.

People said the staff were caring, their rights were respected and their views about the service were sought. Staff had a good understanding of developing positive relationships with people which created an environment where people felt respected.

People knew who to approach with their complaints and they felt confident their concerns would be taken seriously.

People were protected from physical, psychological and emotional harm. Staff attended safeguarding adults training which ensured they knew the types of abuse and the procedure for reporting allegations of abuse.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 . You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

People and some staff told us there were not enough staff to meet people's needs.

People felt safe living in the home and staff knew the procedures they must follow for alleged abuse. They said the staffing levels were not appropriate.

Staff showed a good understanding on the actions needed to lower the level of risk to people.

People were protected from unsafe medicine systems.

Is the service effective?

Requires improvement

The service was not effective.

People were able to make day to day decisions and where people were living with dementia the staff enabled these individuals to make choices.

Mental Capacity Act (MCA) assessments were not clear on people's ability to make decisions. Action plans were not developed on the support needed by people with fluctuating capacity. Staff had not used the provisions of the MCA to make best interest decisions.

Members of staff benefited from one to one meetings with their line manager. At the one to one meetings staff discussed their performance, concerns and training needs.

Is the service caring?

Good

The service was caring.

People said there was a caring environment. (Suggestion) - Staff used a calm approach to support situations where people could become demanding when feeling frustrated

Staff used a calm approach to manage situation where people used aggression and violence to show their frustrations. We observed staff approach people discreetly to offer personal care.

Is the service responsive?

Requires improvement

The service was not responsive.

Care plan in place did not direct staff on how people liked their care to be provided. People were placed at risk because staff were not delivering care according to people's dependency needs.

People said the staff knew how they liked their care to be provided. People had an opportunity to experience group and one to one activities.

Summary of findings

Staff knew it was important for them to know people's routines and preferences which ensured care and treatment was delivered in a person centred manner.

Is the service well-led?

The service was well led by the registered manager. However, staff did not feel well supported by the registered provider.

People said they had contact with the registered manager. Staff said they had good working relationships with colleagues. We were told there was a caring culture and staff morale was improving.

Requires improvement 

Brunel 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 was planned to check 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 inspection took place on 30 June and 1 July 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with five people who used the service, the registered manager, area manager, deputy manager and six members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for six people. We also looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

People told us there was not enough staff to meet their needs. One person said they had the attention they needed from staff "except when I call I sometimes wait a long time." Another person said "three staff on this floor have left. Staff are moved from one floor to another. It is difficult for me to cope with the changes." One relative told us "during the day staffing is good. At night they maybe short because XX has had a number of falls at night."

Some staff said the staffing levels were not adequate. One member of staff said staffing levels were adequate for the number of people accommodated. They said there was a heavy reliance on agency staff. Another member of staff told us staff had left but more staff were not recruited to fill vacant hours. The third member of staff on the first floor said "we could do with an extra staff [on the first floor] a lot of people need two staff. Three staff and one nurse is not enough. The nurse helps when you ask but they are busy themselves."

We discussed the staffing concerns with the registered manager and area manager. The registered manager said to maintain consistency of care to people the same agency staff were used to cover vacant hours. The area manager said from their assessments they were satisfied that the staffing levels on the nursing unit were adequate to meet people's needs.

People said they felt safe. One relative said their family member was safe living at the home.

Members of staff said it was their duty to report any forms of abuse they witnessed by other staff. They told us they attended safeguarding adults training. They showed a good understanding of their duties and responsibilities to safeguarding adults from abuse. Staff knew the types of abuse and how to report alleged abuse to the lead statutory bodies. A member of staff gave us examples on when they used the procedure to report alleged abuse.

The registered manager told us the policy was for people to take risks safely. Members of staff told us risks were assessed and action was taken to reduce the level of risk. One member of staff said by assessing people's dependency needs they were able to take preventative measures to lower the level of risk. Staff gave us examples on the measures taken to reduce the level of risk to people. One member of staff told us equipment such as sensor mats and pressure relieving aids were used to lower the level of risk for people who fell or were at risk of pressure damage. Another member of staff said for people at risk of malnutrition they offered snacks between meals and fortified drinks.

Intervention charts such as repositions, fluid and food intake were not consistently completed. We saw the repositioning charts for one person was not completed according to their care plan. Members of staff told us on the day of the inspection they did not have time to reposition people according to their care plan. For example, the repositioning charts for one person was not completed according to their care plan. This member of staff confirmed this person had not been repositioned two hourly and said "we are trying to catch up with doing the toileting."

A number of people had sustained injuries from their bed headboards. We saw a staff notice on display which instructed staff to ensure there was a gap between the headboard and the bed to reduce the risk of injury to people. Staff explained the bedside cabinets and headboards were one unit and some people had sustained injuries because the beds were too close to the headboards. One member of staff said people were hitting their heads against the bedside cabinets. They said bedheads had fallen on three people. A risk assessment was not devised to ensure all appropriate action was taken to reduce the risk of injury to people. When we drew attention to the manager they took immediate action and developed risk assessments to reduce the risk to people.

The registered manager said incidents and accidents were analysed to identify patterns and trends. They told us in June 2015 there was an audit of accidents for people who experienced repeated falls. The pattern of falls were assessed, for example the times of day when the fall occurred and the staff on duty. However, trends and patterns for injuries sustained from the headboards did not form part of the analysis.

Staff said there were people who expressed their frustrations and emotions using aggression and violence. Staff said they used diffusion and diversion techniques to help people settle. For example, they used a calm approach and gave people time.

Plans were in place for evacuation of the building in the event of an emergency, these included people's individual

Requires improvement

Is the service safe?

needs". These plans were kept n the reception area of the home which ensures emergency services have easy access to information needed to help people leave the home safely.

Safe systems of medicine management were in place. Medicines were administered from a monitored dosage system and staff signed the medication administration record (MAR) charts to show the medicines administered.

Protocols were in place for prescribed medicines to be administered when required. For example, the maximum daily dose staff were able to administer when required pain relief medicines.

Requires improvement

Is the service effective?

Our findings

People's capacity to make decisions was not fully assessed. Records of assessments of people's capacity were partially completed by staff and for some people a decision on their capacity to make decisions was not reached. For example, one person was assessed as having fluctuating capacity but the records did not include details on when this person was best able to make decisions. Members of staff showed a good understanding of enabling people to make decisions. Two members of staff said the capacity assessment forms were difficult to complete and the forms did not have a conclusion. Staff said their knowledge of Mental Capacity Act (MCA) needed updating.

Consent to take photographs and to use bed sides were sought from relatives. They were asked to give their consent to use bedsides for people assessed as lacking capacity to make decisions. These relatives did not have lasting power of attorney for people's care and welfare. There was no evidence that the service had made a best interests decision in line with the legislation under MCA 2005.

These issues were a breach of Regulation 11 the Health and Social Care Act 2008 (Regulated Activities) 2010.

Deprivation of Liberty Safeguards (DoLS) applications were made for people who lacked capacity to make decisions about where to live.

One person said they made their own informed decisions which they based on choices given to them by the staff. Another person said they made decisions on the times they went to bed. They said they were the last to go to bed and they had a snack before going to bed.

Staff told us they enabled people to make decisions and most people made choices from the options given. A member of staff said they listened to people and choices were offered. For example, people were given a choice of meals.

Staff said all new staff received an induction when they started work at the home. One member of staff said the induction programme was a combination of online training and shadowing of more experienced staff. They said they were registered onto National Vocational Qualification (NVQ) dementia training.

Staff said training was mainly online. They said the moving and handling trainer worked in the home and they received annual refresher training from them. We were told the training where they were able to discuss scenarios was found to be more useful by staff. The registered manager and area manager told us from the feedback received from staff that in future, "face to face" training was to be provided as well as online training. For example, dementia awareness and Huntington disease training was to be delivered in house by an external specialist. The area manager said the registered manager was to receive training for trainers to provide specific in-house training. This would ensure staff could discuss scenarios specific to issues they experienced at the home.

The training record showed most staff had attended the training identified by the provider as necessary to meet the needs of people living at the home. For example, staff attended moving and handling, first aid and dementia awareness training.

Staff had one to one meetings with their line manager which gave staff an opportunity to discuss their concerns, their performance and their training needs. One member of staff confirmed supervision was regular and they said "we talk about everything, grievances, progression and training."

People told us the meals served were good and there was a choice but the quality of the food needed improving. We looked at the range of food and saw fresh vegetables but dried and tinned foods and some meat were "value/basic" products.

A relative told us their family member had a pureed diet which looked a "mess" on the plate. Members of staff said moulds were not available to make pureed meals more appetizing. The area manager ordered moulds when we drew their attention to the comments made by relatives and staff.

The chef told us they catered for special diets and for people at risk of malnutrition, fortified meals were served. They said menus were devised from information gathered from people on their likes and dislikes.

One person said they saw their GP regularly. Staff said routine GP visits were arranged weekly and urgent visits

Requires improvement

Is the service effective?

were arranged as required. A record of the visits from social and healthcare professionals was maintained and recorded in people's care files including the nature of the visit and the outcome.

Good

Is the service caring?

Our findings

People said the staff were caring. One person said “the care is excellent and the staff get on well together. There is no fault with the care” Another person said “it’s all good.” One relative said “the staff are caring to the person and their family.”

Staff said building relationships helped them gain people’s trust and created a comfortable environment. One member of staff said they got to know people when there was time for one to one activities such as pampering sessions. Another member of staff said “we [staff] are guests in their [people’s] home. It’s nice to talk to people about their life and families rather than being a stranger.”

We observed staff using a calm approach to divert people’s attention when they were distressed or anxious. Staff used a friendly manner and addressed people by their preferred name. We saw staff approached people discreetly when they offered assistance with personal care.

Staff gave us examples to explain the way people’s rights were respected. For example they ensured curtains were closed when personal care was provided. A member of staff said they always asked the person before they delivered care and treatment to people.

Requires improvement

Is the service responsive?

Our findings

Care plans did not give clear guidance to staff on how to meet people's assessed needs. For example, the communication care plan for one person with poor verbal communications directed staff to observe body language and facial expression to determine pain levels. The care plan did not tell staff how to interpret body language or facial expression. Staff said care plans were developed by the nurse or senior.

Intervention charts such as repositions, fluid and food intake were not consistently completed. Body maps were used by staff to record injuries but the healing progress of the injury was not record. This meant people may not be receiving the care and treatment that was appropriate to their current need.

Care plans did not include people's preferences on how their care was to be delivered. People's background histories were not consistently sought. "Me and My life" booklets which gave staff important information about the person's interest and routines were not always completed for people on the nursing unit. The staff on this unit said the person and families were asked to complete the forms but background information was not always provided by them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said they were kept informed on people's changing needs. They said at handovers they were told about people's day and the care delivered. One member of staff said the care plans gave them guidance on delivering basic care. They said care plans were most useful for new admissions.

A senior carer on the ground floor told us improvements were to take place in the way staff were to involve people living with dementia. We were told by enabling people to pursue their interests and hobbies a fulfilling environment was to be created. For example, participating in running of the unit. The registered manager and area manager said an action plan to develop the care planning system was in place.

People's level of dependency was assessed which included the risk of them developing pressure damage and malnutrition and for people with a history of falls. People's potential of developing malnutrition was assessed and the actions to be taken depended on the identified level of risk. For example, referrals were to be made to a dietician for people at high risk of malnutrition and staff were advised to monitor food and fluid intake. Falls risk assessments included the steps taken to prevent further falls. For example, preventative steps such as sensor mats and lowering the bed.

One person said the staff knew how to care for them and how they liked their care to be delivered. They were not aware of a care plan or that staff kept a record of the care provided.

Staff said that where information was available about people's life histories this told them about people's background which helped them to develop activities based on people's interest. A member of staff gave us examples of when relatives had given them background information which helped them understand specific behaviour and habit.

One person said they preferred to stay in their bedroom and it was their choice not to join in group activities. They said during the day they stayed in their bedroom and watched television and they had visits from the activities coordinator, family and from their priest. Another person said "the staff are trying hard to get us involved. Today we wrote poetry and it was funny."

People had opportunities to experience a range of activities both individually on with other people in a group setting. A programme of group activities was in place. The activities coordinator said group activities happened in the morning and in the afternoons there was one to one time with people. They said some activities were held on the same day each week to help people recognise the days of the week. For example, coffee morning and baking were held on the same day each week . Staff said they helped with group activities. They said there was an activities programme which included bingo and external entertainers.

One person said if they had concerns they would speak with the nurse in charge. They said their concerns and suggestions were sought at residents meetings. Staff said relatives approached them with complaints and where possible they took steps to resolve complaints. Where

Requires improvement

Is the service responsive?

complaints were complex or beyond the staff's remit the registered manager took control of the complaint investigation. The complaints procedure was on display which explained to people how to raise concerns.

Requires improvement

Is the service well-led?

Our findings

A relative said they knew who the registered manager was and felt confident to approach them if necessary. The registered manager has been in post since 2014. Staff told us the manager was approachable. One member of staff on the lower ground floor said the manager was friendly and had an “open door” policy. They said the team on this floor worked well together. Another member of staff said there was a relaxed culture. The third member of staff we spoke with said “there is a supportive culture. The support from the [registered] manager is fantastic. Things are happening and communication is good. The [registered] manager has confidence in my abilities.” We were also told a team building day was organised by the registered manager to improve staff morale.

The staff we spoke with voiced strong opinions about the response they received from head office when they raised concerns about staffing levels. Staff told us the staff in head office did not take their concerns seriously which had affected staff morale. One member of staff said “we are passionate about our work, we come back when we are off duty to help with activities and we are told by head office ‘if you don’t like it there is plenty of fish in the sea and yet we still come. We don’t walk out the door and forget about people” Another member of staff said they lacked confidence in head office staff. A third member of staff said its head office versus staffing levels. They forget about people’s needs.”

People said their views about the service they received wasere sought. They said residents meetings happened but they were not regular. A relative told us their feedback was sought though surveys about the service.

The registered manager used sQuality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were effective systems of auditing which ensured people received appropriate care and treatment. The system of audits included complaints, a sample of care plans, medicine management and levels of dependency. For example, people at risk of pressure damage and malnutrition.

The area manager told us they visited monthly to assess the quality of care and treatment people received. Where the expected standards were not reached an action plan with timescales were developed and reviewed on subsequent visits. For example, improving the quality of care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Mental Capacity Act (MCA) assessments did not provide an outcome on people's capacity to make decisions or the support needed where there was fluctuating capacity. Members of staff were not using the provision of the MCA to make best interest decisions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care was not delivered according to their dependency needs. Care plans did not give clear guidance to staff on how people's care was to be delivered.