

Pro Care Homes Limited

Bronswick House

Inspection report

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Blackpool
Lancashire
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Tel: 01253295669

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20 June 2017

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 and 20 June 2017. The first day was unannounced and the second day announced.

At the last comprehensive inspection in 12 April 2016 and 18 April 2016 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and breaches were found for safe care and treatment, management of medicines and governance of the home. It was rated as Requires Improvement.

Our regulatory response to these breaches in relation to the unsafe care and treatment and management of medicines was a warning notice informing the provider of the actions they had to take to meet the regulations. In relation to good governance we asked the provider to send us a report that said what action they were going to take to make improvements.

On the comprehensive inspection in April 2016, in addition to the breaches we made a recommendation about staff providing more frequent person-centred activities in the home and community. We also made a recommendation about staff supporting people who lacked capacity to make decisions in a timely way. People told us some staff restricted them from having drinks or snacks at night. Also several bedrooms, corridors, furniture and furnishings were unclean and unhygienic.

We carried out a focused inspection visit on 31 January 2017 and checked what progress had been made in relation to the breaches. We saw during the focused inspection, the service had made improvements and were no longer in breach of the regulations. People received safe care, medicines were managed safely and governance of the home had improved. However we needed to see these improvements were sustained so the rating was not changed on the focused inspection. Neither did we look at the recommendations from the April 2016 inspection.

There had been a change of manager since the last comprehensive inspection. They were registered with the commission just after this inspection visit. 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.

Bronswick House is registered to provide personal care for fourteen people whose needs are associated with their mental health. The home offers support for life and does not offer rehabilitation services. It is set on two floors with three bedrooms on the ground floor and ten on the first floor. It is situated in a residential area, and is close to the public transport.

Although a small number of people had limited verbal communication and were unable to converse with us, we were able to speak with six people who lived at the home. People told us they felt safe at the home. They

said staff were friendly and supportive and looked after them. Procedures were in place and risk assessments had been modified and improved and reduced the risks of unsafe care or actions. People told us they were treated with kindness and respect. We observed staff provided supportive and sensitive care during the inspection.

People said there were enough staff to give them the support they wanted. We saw there were enough staff to provide safe care and supervision and for people to receive support to go out in the local area.

Staff had acted on the recommendation made at the last comprehensive inspection to provide more activities and introduced various games, gardening and walks. We had also made a recommendation about staff supporting people who lacked capacity to make decisions in a timely way. We saw this had been acted upon and best interest meetings held. At the last comprehensive inspection people told us some staff restricted them from having drinks or snacks at night. The registered manager had provided people with facilities for drinks whenever they wanted them.

At the last comprehensive inspection, several bedrooms, corridors, furniture and furnishings were unclean and unhygienic. On this inspection infection control practice had improved. The home was clean and hygienic. The décor of the home and the environment had started to improve. The registered manager had arranged for several rooms to be painted and maintenance work to be completed. However, a rolling programme of redecoration and maintenance was needed to continue to improve the quality of the environment.

We looked at the recruitment of two recently appointed members of staff. We found appropriate checks had been undertaken before they had commenced their employment. This reduced the risk of appointing unsuitable staff. Staff had been trained and had the skills and knowledge to provide appropriate care to the people they supported. We saw regular support and supervision was provided to staff.

Medicines were managed safely. People said staff supported them with their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us the meals had improved and they enjoyed them. People were offered a choice of nutritious meals. One person said, "The meals have improved so much since [registered manager] came. We get home made rice pudding now, which I love."

We saw staff were knowledgeable about and acted promptly to support people with their health care needs. Care plans had been developed to be more informative and personalised, involved people and where appropriate their relatives and were regularly reviewed.

People said they knew how to complain if they needed to. They said they had opportunities to express any comments or complaints and were listened to and action taken.

People told us the registered manager and staff team were approachable and supportive and listened to them. They said they felt the home had improved and they were more involved in decisions since the registered manager's arrival. Staff said the registered manager was supportive and encouraging.

We found systems and procedures were in place to monitor and assess the quality of the service. These

included seeking views of people they supported through informal discussions, formal meetings and satisfaction surveys.

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 ●

We found that action had been taken to improve safety.

People said they felt safe and care was provided in a safe way using good practice guidance.

Staff were aware of safeguarding procedures and knew the action to take to protect people from the risk of abuse.

Appropriate arrangements for medicines management and practices were in place for storing, giving, recording and monitoring people's medicines.

Staffing levels were sufficient to support, monitor and supervise people safely and staff were appropriately deployed to provide safe care.

Recruitment procedures were safe and robust.

Is the service effective?

Good ●

We found that action had been taken to improve effectiveness.

Procedures were in place to enable staff to assess peoples' mental capacity and best interests meetings were arranged in a timely way.

People had consented to care and were supported to manage their healthcare needs effectively.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were trained in care. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

Caring remains good.

People we spoke with told us that staff were kind and supportive

and provided the care people needed.

People's privacy and dignity was respected by staff and people received a personalised service.

Staff took into account people's individual needs and choices when supporting them.

Is the service responsive?

Good ●

We found that action had been taken to improve responsiveness.

People felt social and leisure activities had been improved in house and in the local area

Staff were welcoming to people's friends and relatives.

Care planning had improved, was personalised, accurate and up to date.

People were aware of how to complain if they needed to. They said they felt any concerns were dealt with.

Is the service well-led?

Good ●

We found that action had been taken to improve the leadership at the home.

People we spoke with felt the management team were approachable and willing to listen to them and act on their requests.

People who lived in the home and staff said they were able to give their opinions on how the home was supporting people.

Quality assurance audits were in place which highlighted issues and the registered manager acted on these.

Bronswick 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 14 and 20 June 2017. Day one was unannounced and day two announced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included six people who lived at the home, the registered manager and three members of staff on duty.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and the medicine records of two people, staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

At the last comprehensive inspection in April 2016, we found breaches of legal requirements in relation to safe care and treatment. This included; one person leaving the home unnoticed for a significant period of time. Risk assessments were not always in place or informative. Medicines were not always stored safely or given as prescribed.

We undertook a focused inspection on 31 January 2017 to check they had taken action to meet legal requirements. During the focused inspection we saw medicines were not left unattended and were given safely. People were supervised more carefully and risk assessments were in place and informative.

On this comprehensive inspection we spoke with people about the management of their medicines. They said they were given medicines as prescribed at the correct times and pain relief when needed. Staff told us people could manage their own medicines with support if able to do so. One person told us, they looked after some of their medicines. Risk assessments were in place in relation to this.

We looked at how medicines were managed. They given as prescribed, stored and disposed of correctly. Staff did not leave them unattended. We saw there were safe amounts of time between giving pain medicines, so pain relief was most effective. Pain tools were in use for 'when necessary' pain medicines, where people had limited communication and staff had been taught how to use these. External and internal medicines audits and competency checks had been completed and prompt action taken where needed. These measures demonstrated staff provided safe management of medication.

People said they felt safe at Bronswick House. One person said, "The staff try to keep us all safe and well. They talk to us about us reducing risks to us."

Procedures were in place and followed to protect people from abuse and unsafe care. Staff knew how to raise a safeguarding concern and deal with a safeguarding issue to reduce risks for people.

We looked the care records for three people. We saw care plans had been developed and improved. They were informative and and personalised. Risk assessments had been developed provided guidance to staff. These included nutrition, falls, smoking, and behaviour that challenged or could be harmful to the individual or others. We talked to the registered manager and staff about the strategies in place for managing behaviour that challenged or behaviour harmful to an individual. We looked at care records and saw the guidance to help staff manage challenging situations was instructive. This helped them to provide a consistent response to people and keep them safe. The registered manager discussed how they reviewed accidents or incidents. We saw accidents and incidents had been reviewed for lessons learnt and changes made to reduce risks where possible.

We looked at the home's recruitment procedure. We checked two staff files for an employment history, references and disclosure and barring service (DBS). We saw these checks had been made before they began working at Bronswick House and so reduced the risks of appointing unsuitable staff.

We checked there were enough staff to support people. We talked with people who lived at the home and staff, checked staff rotas and observed if there were enough staff during the inspection to provide safe care. People told us there were enough staff about when they needed them. We saw people who needed support to go out were given opportunities to do so.

We looked around the home and found it was clean and tidy and improved from previous inspections. The registered manager had introduced cleaning schedules. These were frequently audited by the management team to ensure hygiene standards at the home were maintained. The registered manager had arranged for redecoration of several bedrooms and the dining room, kitchen and lounge. New bedding and furnishings had been purchased. These measures improved people's surroundings. One person told us the home was a more pleasant place to live in now it was 'nicer'. Another person said the new décor 'cheered them up'.

The registered manager was focused on ensuring the building was maintained appropriately. Bronswick House is an older building with high level of maintenance needed. This had not been prioritised in the past. Despite the recent improvement it still needed additional maintenance and a rolling programme of refurbishment to make the home environment pleasant to live in. The registered manager showed us their plans to continue refurbishing the home.

We saw staff used safe infection control practices and personal protective clothing, such as disposable gloves and aprons, when carrying out personal care. This reduced the risk of cross infection.

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. Legionella checks had been carried out. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines.

Personal evacuation plans for each person in case of fire were in place. There was a fire safety policy and procedure, which outlined action to be taken in the event of a fire and a fire risk assessment. The fire alarm and equipment had been regularly checked to confirm they were working, so the risk of fire was reduced as far as possible.

Is the service effective?

Our findings

At the last comprehensive inspection three people told us some staff locked the doors to the kitchen and the adjoining doors at night. They said this restricted them having drinks or snacks. When the registered manager began working in the home she saw this in our report. In response to this the registered manager provided people able to safely make a drink, a kettle, tea, coffee, milk and sugar in their bedrooms. This enabled them make drinks whenever they wanted. People were pleased with this. One person said, "I make my own drinks in my room now. The staff will still make me one but I can make my own." People said snacks were also available. Where people were unable to make their own drinks staff provided frequent hot and cold drinks.

People told us they enjoyed the meals and they were very good. One person said, "The meals have improved so much since [registered manager] came. We get home made rice pudding now which I love." People said they were involved in planning the week's menu and were offered alternatives if they didn't like a particular meal. People told us, "We decide on the week's menu with staff. They ask what we would like."

We saw people ate breakfast whenever they chose to get up. Other meals could be delayed for people if they wanted. Staff did not rush people at mealtimes. People were given assistance where they needed it so they had sufficient to eat and drink. On the inspection, one person wanted some additional food mid-afternoon that they had bought. Staff cooked this for them. They said staff were willing to do this and they enjoyed something extra sometimes. Drinks and snacks were offered to people at regular intervals, throughout the inspection.

Staff were aware of who required special diets and those with allergies, They knew who were at risk of obesity or malnutrition and there was information about people's likes and dislikes. We checked the kitchen and found it was clean and tidy, organised and stocked with a variety of provisions. Staff made checks to ensure the effective management of food safety.

People told us their specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us staff knew what they were doing and were supportive. One person said, "They know how to help when I am not feeling good." They told us staff supported them with their healthcare needs and arranged or helped people arrange health care appointments. Care records seen confirmed people had visits from or visited GP's district nurses, dentists, chiropodists, opticians and hospital appointments.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

We saw from the staff training record staff had received training on a regular basis and this was up to date. Staff spoken with told us they were encouraged to develop their skills and knowledge and training was regularly offered. Most staff had completed or were working towards national qualifications in care. Other training included first aid, safeguarding vulnerable adults, medication management, Mental Capacity Act and Deprivation of Liberty Safeguards, mental health, dementia, fire safety and infection control.

Staff told us they received supervision and appraisal and felt supported by the registered manager and staff team. Supervision records confirmed this. Supervision is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. One member of staff said, "I get really good support and I have supervision so I can talk about anything I am not sure about."

Is the service caring?

Our findings

People we spoke with told us staff were patient, kind and polite. We saw people were relaxed and comfortable with staff. We observed staff engaged people in conversation and activities. They responded promptly to any requests for assistance. One person said, "The staff are great here, they really are. I don't want to be in a care home but everyone is kind and welcoming." Another person told us, "The staff are friendly. They always have time for me."

Staff were knowledgeable about people's needs. They took people's preferences, preferred form of address, lifestyles, life history, likes, dislikes, care and support needs and wishes into account when supporting them.

Staff understood people's requirements in relation to their human rights. This included respect for people's family, personal and sexual relationships and their diverse cultural, gender and spiritual needs. They were aware that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. We saw people's individual preferences were respected in the way they were supported. Several people did not want staff checking them during the night as it disturbed them. This was recorded in their care plans and staff reminded of this so they were not disturbed.

People told us staff were polite and patient when conversing with or helping them. We saw staff knocked and waited before entering people's rooms. People told us staff respected their privacy and dignity. One person said, "The staff don't just barge in. They wait for you to say they can come in." People dressed in the way they wanted. However, staff supported and encouraged people to be reasonably tidy.

The registered manager had made people aware of local independent advocacy services. This was particularly important so people had a 'voice' where they had no family involved. This enabled them to be represented by someone independent of the home who could act on their behalf if needed.

The registered manager and staff told us people were able to be cared for in the home where possible as they neared the end of life. People's end of life wishes were recorded so staff were aware of and where possible met these. One person had recently remained in the home supported by staff they knew until they died. This allowed them to remain in familiar surroundings and for people to say their goodbyes.

Links with and support from health and social care services were in place. We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Comments received from other professionals suggested that the service was improving. These responses helped us to gain a balanced overview of what people experienced at the home.

Is the service responsive?

Our findings

At the last comprehensive inspection we spoke with people about leisure activities. Three people said they were content to 'do their own thing' and would not want to join in any activities. However, several people told us there was little to do in the home and social and leisure activities were limited. We recommended the registered provider provided person-centred activities within the service or in the community.

On this inspection we saw social and leisure activities had improved. Staff involved people in conversations, social and daily living activities. People told us there was more 'going on'. Although half the people who lived at Bronswick House were able to go out alone, others needed support. We saw people were supported to go to local shops and for walks regularly. There was an activities programme and activities were offered daily. The registered manager had equipped one of the lounges with a football table, pool table and other games, which were regularly used. Staff engaged in computer games with people and people were involved in growing flowers and vegetables in the garden. Activity records were kept so staff knew the interests people had.

People said they were able to choose when to get up and go to bed, what to do and daily living, social and leisure activities they wanted to be involved in. People said staff responded quickly to any requests for help or support.

We looked at three people's care records. Everyone's care records had been revised and improved. They were more extensive, informative and personalised than previously. They provided a clear picture of people's needs and wishes and showed staff the way people wanted to be supported. Care had been agreed and reviewed with individuals, and their relatives where appropriate, if people refused to be involved, this was noted on the care plan.

There was a complaints procedure which was made available to people and was clear in explaining how a complaint could be made. We asked six people if they knew how to raise a concern or to make a complaint. They told us they knew how to complain. They said if they had any concerns staff would listen to them and take action to improve things. The registered manager told us there had been no complaints since the last comprehensive inspection.

Is the service well-led?

Our findings

At the comprehensive inspection in April 2016, leadership in the home was not as effective as needed. There were breaches of legal requirements in care and safety and in the governance of the home. Although systems to audit and monitor the management of the home were in place they were not carried out effectively.

There had been a change of registered manager since the last inspection. The manager had worked in the home for several months and had applied to be registered with CQC. Shortly after the inspection visit the manager was approved as the registered manager with CQC. 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. They had improved the care, safety and governance of the home and effectively monitored and managed the home.

On this inspection we saw regular quality audits were carried out in a way that identified issues. These included care records, medicines, environment, training and infection control. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly and lessons learnt. The registered manager also carried out frequent unannounced monitoring checks to confirm the home was running appropriately in her absence.

The atmosphere was relaxed during the inspection and staff approached people in an untroubled and comfortable manner. We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. There were regular residents' meetings so people could give their views and opinions. We saw minutes of meetings in which menus activities and smoking were covered. People were positive about the changes in the home. They felt able to give their opinions on how the home was run and felt listened to and valued. One person said, "If we don't agree with something we can talk about it and [the registered manager] will listen and we usually reach some agreement. She is no pushover though." People were also asked to complete surveys giving their opinions on their care. These were used to clarify what was working for people and what wasn't and to assist with decisions regarding any changes.

There was a clear management structure in place. The registered manager and staff team had clear lines of responsibility and accountability. Staff were familiar with the needs of the people they supported. There were satisfactory relationships with other services involved in people's care and support. Legal obligations, including conditions of registration from CQC, were understood and met.

The registered manager demonstrated she understood her role and responsibilities and encouraged the staff team. Staff said the registered manager was enthusiastic, well informed and experienced, and wanted the best for people who lived at the home. Staff said she was supportive and caring and had made improvements in the home. One member of staff told us, "[The registered manager] is firm but fair and she listens." Another member of staff said, "I think this is the best it has ever been run." Staff told us they received regular one to one supervision and staff meetings. This gave them the opportunity to discuss

people's support needs any issues or ask for guidance or training.