Care Quality Commission

Barron Kirk Quality Care Limited

Bryher Court Nursing Home

Inspection report

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East Sussex
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14 December 2016

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Bryher Court Nursing Home is registered to provide nursing care for up to 45 older people. There were 30 people living at Bryher Court at the time of the inspection. People required a range of care and support in relation to living with memory loss, dementia, nursing and personal care needs.

Accommodation is arranged over three floors, and access to each floor can be gained via stairs or the two lifts.

This was an unannounced inspection which took place on 12 and 14 December 2016.

At a comprehensive inspection in March 2016 the overall rating for this service was Inadequate. We placed the service into special measures. Six breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. We found the provider did not have systems in place to continually assess and monitor the quality of service provided. People's safety had not been maintained as maintenance checks including water safety and risk assessments had not been completed. Electrical testing had not taken place and fire risk assessments and personal emergency evacuation plans (PEEPS) were not completed. New staff had not received an adequate induction; staff competencies including Registered Nurses (RN) had not been completed. Training records had not been updated and mandatory training had not taken place for many staff before they worked unsupervised. People's care records were not up to date and accurate and did not reflect changes to care needs. Records were task orientated and did not evidence person centred care. Some records were not written respecting people's privacy and dignity. Medicine procedures needed to be improved to ensure they followed best practice guidelines and people received their medicines in a safe consistent manner.

The provider had not ensured that service users were protected. We issued Warning Notices for Regulation 9, Person-centred care, Regulation 15, Premises and Equipment, Regulation 17, Good Governance and Regulation 18, Staffing. We also identified two further breaches for Regulation 10, Dignity and Respect and Regulation 12, Safe Care and Treatment. The service was rated as inadequate and placed into Special Measures. Special Measures means a service will be kept under review and if needed could be escalated to urgent enforcement action.

The local authority put an embargo in place to prevent the service from admitting people until improvements were made.

The service was required to address the enforcement actions within a designated timescale. This inspection was to check that this had taken place.

The provider sent us an action plan stating they would have addressed the further breaches of regulation by June 2016.

At this inspection we found although improvements had been made in relation to the premises, dignity, respect and person centred care. Areas identified in Warning Notices for Regulation 17 and 18 had not been addressed. This included basic staff training for all staff being kept up to date and staff competency assessments. Some Registered Nurses (RN) did not have any training and competencies completed and had been working unsupervised at night. Training and competency assessments had not been carried out before agency staff worked at Bryher Court, this included RNs who worked unsupervised at night.

Further concerns were identified with regards to Regulation 12 for unsafe medicine procedures. People's medicines were not stored safely and in line with legal requirements. People did not always receive their medicines as prescribed. There had been medicine errors and some medicines were found with no documentation or information in place to show when or why they had been prescribed. Despite some initial action taken by the provider to monitor and update staff regarding safe medication procedures, this had not been robust or effective. Medicine competencies had taken place for some RNs but not all RNS working unsupervised had been assessed. Competency documentation did not include full detail to show what had been checked and discussed. A number of issues relating to medicine procedure and documentation were found during this inspection. As required' (PRN) medication procedures were not being followed. PRN guidance had not been updated in all MAR charts or recorded accurately. Medications were not being stored safely, dated on opening or monitored to ensure they were still within their safe shelf life. We found medications which expired in 2015. We also found unexplained gaps in the recording of topical cream application.

There was 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 and associated regulations about how the service is run. The registered manager had the job title of matron, some people and relatives referred to them as the manager and others referred to them as matron.

Changes to the care plan format and records meant they were more person centred and showed regard for people's privacy and dignity. Information was no longer displayed on walls and in communal areas. Further improvement were still required to ensure that all care documentation corresponded to ensure staff were aware of peoples individual care needs.

People's safety was still being compromised in a number of areas. The provider had not made adequate improvements to address areas identified in the Warning Notice for Regulation 17. Documentation was still not accurate or up to date in people's care files specifically in relation to skin integrity, pressure ulcer monitoring and wound documentation processes. Repositioning guidance that had been updated in care plans had not been updated in room folders or included on people's skin integrity documentation. This meant that documentation for staff was conflicting. Repositioning timescales were not clear and repositioning had not always taken place in the designated timescales. This could impact on appropriate care delivery and put people at further risk of developing pressure damage. We found one incident where a wound was documented on a wound assessment form but no other documentation completed and staff were not aware of the outcome. It was unclear what treatment had taken place, how the wound had been monitored or the initial cause.

We had previously identified concerns regarding quality assurance. Quality assurance systems were in place but had not still identified the shortfalls in training which we identified at the previous inspection. Issues had been identified with regards to the PRN guidance and medicine improvements, however these had not been actioned and addressed in a timely manner. Documentation inconsistencies although mentioned in audits had not been appropriately addressed to ensure all information for staff was accurate and up to date. The

registered provider and manager lacked oversight of all the systems and processes in place to ensure safe standards were maintained. The provider although visiting the home regularly did not carry out any reviews of auditing, assessments of care provision or monitoring to ensure the home was meeting regulatory requirements. Auditing processes needed further work to ensure they were detailed, actioned and reviewed. New processes were yet to become fully embedded into everyday practice and a number of issues identified at the last inspection had not been addressed sufficiently to meet the Warning Notice for Regulation 17.

People and visitors we spoke with were complimentary about the caring nature of some of the staff but many were unaware who the registered manager was. People told us if they had concerns they would raise them with the activity person or nursing and care staff. Care staff were kind and caring however staff needed to be aware that discussions regarding people's health and welfare should not take place in front of others in communal areas.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health.

Recruitment was on going. People had safety checks completed and checks were made to ensure RNs had appropriate registration in place, However recruitment records lacked detail. Interview questions were not clear, so it was difficult to determine what had been discussed. When people had gaps in employment history or references were not detailed there was no information to show how this had been explored.

The overall rating for this provider is 'Inadequate'. At the last comprehensive inspection this provider was placed into special measures by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

At this inspection there was not enough improvement to take the provider out of special measures. We found a number of continued breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Safe medication procedures were not being followed. People were at risk of receiving medication in an unsafe manner.

Mandatory training was not completed for new staff in a timely manner. Not all staff were up to date with fire training.

New systems for the recording of accidents and incidents had been introduced but were not yet fully embedded into everyday practice.

Individual risks to people in relation to pressure care were not consistently recorded and followed to ensure people remained safe at all times.

Staff recruitment files needed to be improved to show a robust recruitment process was followed and documented at all times.

Maintenance and safety checks for services and equipment had been completed.

Is the service effective?

Inadequate

The service was not effective.

Training records did not demonstrate that all staff had appropriate training completed before working unsupervised.

Professional clinical competencies had not been assessed for all Registered Nurses (RN).

Staff had an understanding of MCA and DoLS. Mental capacity assessments had been completed in peoples care files.

There was a programme in place for staff to receive supervision.

People enjoyed the meals provided. Meal choices were available.

People's weights were monitored.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Improvements had been made to ensure personal information was not displayed in people's rooms and communal areas. However staff were heard to discuss peoples care and welfare needs in front of other people in communal areas.

People were spoken to with patience and staff responded promptly when people requested assistance.

Staff knew people well and displayed kindness and compassion When providing care.

Relatives gave positive feedback about the home and felt welcome to visit at all times.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care documentation was more person centred and daily records were less task orientated. However further improvements to the assessment, planning and review of care was needed.

People were less mobile and needed assistance to access activities. Activities provided were not mentally or physically stimulating.

A complaints procedure was in place.

Is the service well-led?

Inadequate

Bryher Court was not well led.

Bryher Court did not have a robust system in place to continually assess and monitor the quality of service provided.

The registered provider and manager lacked oversight of the service provided.

A number of areas of concern identified in the last inspection had not been addressed.

Peoples feedback had been sought. Meetings had taken place and further staff meetings were scheduled.

Care Quality Commission

Bryher Court Nursing Home

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 which took place on 12 and 14 December 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last inspection took place in March 2016 where Enforcement action was taken by CQC and we issued four Warning Notices and two Requirement Notices.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and action plans received. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed information that had been shared with us by the local authority and quality monitoring team.

We spoke with 13 people living at Bryher Court Nursing Home and 12 staff. This included the provider, registered and deputy manager, registered nurses, care and support staff working at the home during the inspection. We also met three visitors and relatives and two visiting professionals. Not everyone was able to tell us about their experiences of living at Bryher Court therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals.

We spent time looking at care records for six people to get a picture of their care needs and how these are met, including monitoring charts and risk assessments. Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read daily records and other information completed by staff.

We reviewed four staff files including staff members who had recently began work at Bryher Court and other records relating to the management of the home, such as maintenance, complaints, accident, incident recording, quality assurance and audit documentation.

Inadequate

Is the service safe?

Our findings

At the last inspection in March 2016 we found that the home was Inadequate under the Safe question and we issued a Warning Notice for Regulation 15- Premises and Equipment. The provider was required to meet this regulation by August 2016. This related to appropriate maintenance and servicing to equipment. At this inspection we found that improvements had been made and maintenance issues had been addressed. We also previously found that the provider was in breach of Regulation 12- Safe Care and treatment and improvements were required in relation to fire safety and training for staff, medicine procedures, accident and incident reporting. The provider sent us an action plan stating how they would meet the requirements of the regulations by June 2016. At this inspection we found improvements had not been made and some new concerns were identified which related to people's safety.

We had previously found that fire safety risks had not been identified and managed safely and not all staff had attended fire safety training. There were individual risk assessments for people and regular fire safety checks had taken place. However, not all staff had completed fire safety training and there was no clear plan in place for how this was being addressed. This included staff working at night. After the inspection we were informed by the registered manager that fire training had been booked, however this was not in place at the time of the inspection. New evacuation equipment had been purchased including evacuation chairs. Staff said that some of them knew how to use these but not everyone had been trained. The lack of training left people at risk as staff were not appropriately trained in the event of a fire.

At the inspection in March 2016 we found medication procedures needed to be improved. At this inspection we found a number of serious concerns relating to safe medication procedures. Medication Administration Charts (MAR) charts were better organised and 'as required' (PRN) medicines were being signed for. However, we found that PRN protocols were not in place for all medicines being given in this way. This included diazepam prescribed to one person for agitation and paracetamol for another for pain relief. When people are prescribed a PRN medication, it is vital that a clear plan is in place to inform staff when this should be given. For example if a person is prescribed a medication for agitation, what actions should staff take before this is done. Clear guidance is essential to ensure that people receive their medication in a consistent manner regardless of who is giving it. Other PRN medicines including paracetamol had set times highlighted on MAR charts for specific people. PRN medicines should only be given 'as required' and if medicines are being given daily then a GP review should be requested. People were not routinely being asked if they required PRN medicines. There was a drug error where the PRN medicine for one person had been signed as 'not required' however due to the nature of the error it became apparent that the MAR chart had been signed without checking medicines were being given to the correct person and the person had not been asked if they needed the PRN medication before a decision had been made not to give it. We found charts used to show when prescribed creams had been applied had not been completed daily in accordance with the prescription. Therefore the provider could not be sure creams had been applied or not. People were at risk of not receiving medications in accordance with GP prescriptions which put them at risk of receiving unsafe care.

When medicines had been checked into the home the quantity of medicines received had not been added

to current stock numbers. This meant that it was impossible to check the correct stock of each medicine. This was evident when a serious medication error occurred and staff were unable to determine whether a medication had been given or not. Medications had not been dated on opening. We found eight medications with a stated shelf life with no date of opening on them. This included an oral antibiotic and eye drops prescribed for people were required to be disposed of after a specific number of days after opening. Other items stored in the medication trolleys were out of date. This included seven tubes of Gluco Gel which expired in 2015. Gluco Gel is used to raise blood sugar levels quickly when people experience hypoglycaemia. We found a medicine for a person who was currently in hospital. Staff told us they were unsure why this had not gone with the person. One oral antibiotic in the medication trolley appeared to be opened, however the RN's on duty, registered and deputy managers were not aware when or why the medication had been prescribed. No documentation could be found to explain if the medication had been a precautionary prescription by the persons GP or when it should be used by. This and the other out of date medications were removed from the trolley during the inspection. Unsafe medication procedures put people at risk of receiving inappropriate and unsafe treatment. The registered manager told us staff had recently had medication competency checks and updated training. However, the high number of issues found did not demonstrate that RNs were following correct and safe medication procedures. Medication procedures needed to be improved to ensure they followed best practice guidelines and people received their medicines in a safe consistent manner.

At the inspection in March 2016 we found that systems in place to document and respond to accidents and incidents needed to be improved. Although new documentation and procedures had been introduced we found further improvements were required to ensure accidents and incidents procedures were safely embedded into everyday practice. Not all wounds had led to the completion of an accident/incident form as the homes procedure dictated. We found one wound assessment form completed by an RN, dated 28 September 2016. This stated broken skin on the person's sacrum. We spoke to staff and the registered manager and no further information could be found regarding this and this had not been handed over to other staff. No information could be found to show how this wound had been treated or whether they required any changes to their daily care in response to this wound. No incident form had been completed so this wound had not been added to monthly analysis. This meant the analysis did not give a clear picture of number of incidents in the home. The above issues put people at risk of receiving unsafe or inappropriate care and are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Bryher Court. One told us, "My medication is given by staff at the right times and regularly." Another said, "Very safe, I am well looked after." We received positive feedback from a relative who told us, "Mum is safe here, they look after her well."

Care staff demonstrated an understanding around how to recognise and report safeguarding concerns and told us they could also contact the manager or RN on duty if they had concerns. RNs were aware they could raise a concern themselves if needed but told us that generally they would pass the concern to the registered or deputy manager. The registered manager was aware of the reporting procedure for safeguarding concerns and a safeguarding policy was available for staff to access if needed. We identified at the previous inspection that not all staff had attended safeguarding training. Some training had taken place since this inspection and further training was scheduled. We did find however that some RNs working unsupervised had not attended safeguarding training and this could put people at risk. After the inspection the registered manager confirmed that further safeguarding training had been booked.

Systems were in place for the recruitment of new staff. We looked at four staff files including those for staff who had recently been employed at Bryher Court Nursing Home. Information was in place to verify that RNs

had the appropriate registration in place. Disclosure and Barring checks (DBS) were recorded before people started work. For people who had not worked in the care sector before or had gaps in their employment history, limited information had been recorded in interview records to show how this had been explored. Reference responses which did not include detail had no further actions included to show whether this had been discussed with the person or an alternative reference sought.

Staff were available to assist people. However, it was clear that staff were very busy throughout the day, specifically in the morning, due to the high number of people who needed assistance with personal care or had poor mobility so required the use of support or equipment. Staff told us they felt staffing levels were appropriate, as there had not been any new admissions due to the embargo currently in place. Staff told us that due to people's low level of mobility there were times of the day that were very busy as everyone needed assistance. Staff said, "It depends who you are working with and their attitude to work, but generally we talk to each other and help each other out." Another told us, "The senior does the allocations so you know who you are providing care to, if you need help you ask." New staff were currently being recruited and one new member of care staff was shadowing a more experienced carer during the inspection.

Inadequate

Is the service effective?

Our findings

Bryher Court Nursing Home was inspected in November 2015, the provider was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection in March 2016 we found further areas of concern for Regulation 18 and the provider was issued with a Warning Notice. This was because they had not ensured that RNs and care staff were suitably qualified, competent, skilled and experienced to make sure they can meet the needs of people living in the service. Appropriate training had not been provided in a timely manner and RNs competencies had not been assessed. The provider was required to become compliant with this Regulation by August 2016. At this inspection improvements had not taken place and the provider continued to be in breach Regulation 18.

A new training plan included all staff training attended or out of date. Although staff training dates were clearer, the records showed that a number of staff had not attended required training or had out of date training. As competencies were not being assessed this lack of appropriate training could put people at risk. When staff did not attend training they were expected to attend there was no clear system in place to respond and address this. We found basic training had not been completed for all new staff within an acceptable timescale, with some staff having worked at Bryher Court for some considerable time. This included RNs who worked unsupervised and care and support staff providing care to people on a day to day basis. RN's working at night who had been employed for over 12 months, did not have records in place to show they had completed any 'in-house' training in this time to ensure they had the appropriate knowledge and skills to meet people's needs, and no competency assessments had been completed. The registered manager told us one person worked at another service and had completed training provided by them. However, no confirmation of this had been sought or competencies assessed to ensure they were appropriately trained to meet the needs of people living in the home. We saw that discussion had taken place with night staff in November 2016 regarding night records not being completed appropriately and issues relating to the repositioning of people not taking place as required. However no further actions were seen regarding this. This showed that the lack of training and competency assessments impacted on the care people received.

Since the last inspection a deputy manager had been employed to give more management support. There were currently seven RNs employed including one as a bank RN. This did not include the deputy and registered manager who were both qualified RNs. Records showed that out of this seven, two had not completed fire or moving and handling training. Four were out of date or had not attended basic food hygiene and two had not completed Mental Capacity Act (MCA) training. The registered manager also had some areas of training including infection control, moving and handling, MCA and basic food hygiene currently showing as out of date or not attended. Care staff training records showed some staff were either out of date or no date was recorded to say if and when training had been completed. This included fire, moving and handling, MCA, basic food hygiene and safeguarding training. Training records also showed that three kitchen support staff did not have infection control or basic food hygiene training. Staff told us they felt generally appropriately trained to meet people's needs but would welcome further training if it was provided to improve care and record keeping. The provider had not ensured that training was in place and attended in a timely manner to make sure staff were appropriately trained and competent to meet people's

needs. When training was out of date or staff failed to attend there was no system in place to show how this was addressed, or that any analysis of training had been completed regularly by the registered manager or provider to address any shortfalls. This meant the provider could not evidence how they ensured staff were appropriately trained to carry out the role. The issues we found with regards to poor medication procedures, pressure area care, reporting of incidents, response to wounds and accurate documentation of peoples care demonstrated that staff were not following guidance. This showed how the lack of appropriate training and skills impacted on the care people received.

Agency staff used to cover shifts at Bryher Court, including RNs, completed an induction before they worked at Bryher Court. However this was an orientation to the building and location of emergency equipment only. No assessment of their competencies, knowledge or understanding of people's needs had been completed by an appropriate person. The registered manager told us they received a profile from the agency staff worked for. However no profile was received for an agency RN who worked at Bryher Court for a night shift during the inspection. When a medication error was identified the provider had no information regarding this agency staff member to show they were appropriately trained and competent to work at the home. Appropriate training had not been completed or competency of clinical skills checked or reviewed. Therefore the provider had not ensured care staff and RNs had a clear understanding of their roles and responsibilities and were safe to provide care to people. This was a continued breach for Regulation 18.

Since the inspection in March 2016 there had been a number of medication errors. This had led to RNs receiving medication competency checks, although not all nurses had records in place to verify this. Competency assessments did not include details of all areas reviewed and discussed for example what questions were asked to ascertain understanding. Competencies had not all been carried out by the registered manager but had been delegated to other RNs and senior staff. We were told that RNs had also received updated medication training. However further medication errors had occurred therefore the effectiveness of the competencies and updated training had not been demonstrated. This left people at further risk.

The Care Quality Commission (CQC) is required to monitor how providers operate in accordance with the MCA. Information was available to support MCA and DoLS for example policies and procedures in place. Mental capacity assessments had been completed to support decisions around peoples care, treatment and support. Deprivation of Liberty Safeguards (DoLS) referrals had been made when people were assessed as at risk. Staff told us they understood the importance of involving people in choices and decisions and we saw this in practice during the inspection. We observed people being asked for their consent before care and assistance was provided. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and if necessary sought advice from the nurse in charge. When people had Next of Kin (NoK) or designated Power of Attorney (PoA) this information was included in their care records to inform staff who was legally entitled to be involved in decisions made about peoples care.

Staff told us that they had supervision and there was an on-going supervision programme. Senior RNs told us they had not received supervision but had been delegated to carry out supervisions with other staff, for example RNs carried out supervisions with senior care staff. Care staff confirmed they had received supervision and told us they felt supported. One told us "I would speak to the RN on duty or one of the seniors if I had an issue." The registered manager told us that supervisions were on going and this was an area they were actively trying to improve.

People were offered a choice of meals, with alternatives available. People were asked what their meal choices were and if they changed their mind or did not want the meal when it arrived alternatives were

offered. We saw that one person did not eat much of their main meal so staff offered a second helping of pudding which they accepted and ate. People we asked said they were generally happy with the meals provided. One said, "I'm not fussy really, and there's always an alternative somewhere along the line." And, "It is fine." Bryher Court had a designated dining area in the conservatory, on the first day only a two people had their meal at the table. Four people chose to eat in the lounge and everyone else ate in their rooms. Staff told us a number of people required assistance with their meals. We saw that staff sat with people and assisted them appropriately; allowing people time to enjoy their meal without feeling rushed. Kitchen staff had information regarding people's specific dietary requirements including allergies and people who had fortified meals, drinks or pureed meals. Peoples weights were taken monthly, and any concerns or changes reported to the RN. The registered manager also had a weight tracker to identify any significant changes. We were told by RNs that any concerns would be reported to the persons GP or referred to other health professionals as required.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in March 2016, we found the provider was not always caring. The provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because personal information was displayed in communal areas and peoples rooms and staff and documentation did not always use appropriate terminology. The provider sent us an action plan stating they would be compliant with this by July 2016. At this inspection we found that improvements had been made. Information regarding peoples nutritional needs was no longer taped above their beds or displayed in communal areas and information was now kept locked in the nurse's office. Staff had been reminded to ensure this was kept locked when not in use to ensure personal information was kept securely. Folders used to document care throughout the day were taken with people to the communal lounge or dining room. People had canvas bags which were used to store the folders to prevent them being accessible to other people in the area.

Although the staff approach was caring and supportive. We saw that conversations took place in front of people in communal areas. For example a staff member came to the lounge to tell the RN giving out medicines that a person's GP was on the telephone. A brief discussion took place regarding what information should be passed to the GP and this could be heard by people sat in the lounge area. This did not show that staff had considered that personal information regarding people's health and welfare should be kept confidential. This was something that needed to be improved.

We saw staff respond to peoples requests with kindness and patience. One person was being assisted to stand and walk using a lifting and support belt. Staff spoke to the person throughout checking they were comfortable and reminding them to move slowly and ensuring they felt safe and supported. Once the person had sat down staff asked if they could remove the belt and checked they were sitting comfortably and if they had everything they needed. When staff assisted people with their meals we saw that there was conversation and staff reminded people what was on their plate and asked if they were enjoying the meal. People told us, "The nurses, sisters, laundry, care, the whole lot brilliant they are." And, "They always knock, always ask." Relatives told us they found staff caring and supportive, telling us, "The care is wonderful, staff are lovely with Mum." "Very dignified when providing personal care, I am very happy."

Staff told us they felt that things had improved at Bryher Court. Telling us, "I love it here, I love the people I care for." One said, "I enjoy working here, I'm the senior on this floor, and enjoy the continuity of working with the same residents, because I'm able to get to know them better and it's good for them to have regular carers."
People were nicely dressed and had personal items with them that were important to them. For example ladies had handbags and people had access to a hairdresser if they wished. One gentleman told us he was very happy with the haircut he had just had. One lady was particularly fond of a soft toy which they had bought with them to the lounge. Staff said this person liked to take it with them when they left their room. People's needs were supported in respect of their religion or belief. We saw in care files that people's religious needs were documented. People told us they could attend church services if they wished. People end of life wishes had been sought and Do Not Attempt Resuscitation (DNAR) decisions discussed and

signed by people or their legal representative as appropriate. This meant that people's preferences had been considered and included in their end of life care plans.

Relatives and visitors told us they felt welcomed at Bryher Court and staff were seen to great people warmly when they arrived to visit loved ones.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in March 2016 we found further areas of concern for Regulation 9 and the provider was served a Warning Notices. This was because they had not ensured that care records were person centred, and documentation was in place to support decisions made regarding peoples care and treatment. The provider was required to meet the regulation by August 2016. At this inspection we found that a change to the care plan format meant that peoples documentation was more person centred and included information to show when the person, NoK or other professionals had been involved with decisions. Daily records were less task orientated and detailed people's mood and behaviour.

Despite new care planning documentation being introduced further improvement was still required to ensure that information about people was updated in all corresponding areas of care documentation. There were two care files, a main care plan file kept in the nurses office and a further file kept in people's rooms. The room file contained essential information for care staff regarding peoples care needs and daily charts. These were taken with people to communal areas so that staff could complete them when any care was provided. Staff told us they used the room files to inform them of peoples care needs. For example repositioning requirements, pressure area monitoring, wound assessments and treatment. We found that information in peoples room files had not been updated when changes had been made to peoples main care plans. Therefore people were at risk of receiving care which did not meet their individual health needs. This was important particularly after reviews took place or changes occurred to people's health, mobility or risk of pressure damage.

The provider was in the process of changing over to computerized care plans but this had not been completed fully as further equipment was required. Staff told us they had spent a great deal of time putting the relevant care information onto the computerised system. However, due to a delay in the system being used fully, information may no longer be up to date as all reviews and changes to care were still being handwritten into care plans and not updated on the system. There were no stated timescales for this new system to be fully up and running. Some staff had access to the new system and others did not. This could leave to confusion if not all staff are using the same system.

There was an activity co-ordinator working at the home who worked Monday to Friday. We saw that an activity schedule was displayed informing people what activities were on offer that week.
We saw photographs of previous events displayed in the hallway. One of the RNs told us they had arranged a tea dance which had been well attended.

We saw that only a couple of people accessed the lounge during the morning. Staff told us this was due to the reduced mobility for many people living at the home. Most people required assistance from staff to wash and dress which meant they were not up and ready to come to the lounge until late morning. This was evident when a choir arranged to visit the home arrived at 10.30am during the inspection. At the start of the singing only two people were in the lounge. Two more arrived by 11am but they had missed the majority of the performance, it was not clear why the choir had been arranged to attend so early in the day. When we asked people if they had wanted to attend not everyone told us they were aware it was taking place. Two

people told us they had chosen not to attend.

The activity co-ordinator took on a variety of roles throughout the day this included assisting people with drinks, delivering post to people in their rooms, organising music being played on the stereo in the lounge, chatting to people in their rooms and assisting people at mealtimes. They were the general 'go to' person throughout the day and people and visitors told us they were the person they would speak to if they had any concerns. In the afternoon some group activities were available but due to the small number of people in the lounge these were not particularly social and consisted more of one to one chats and reading the newspaper to people. A ball game did take place but the logistics of this were difficult in a large room with only two people in it at that time. The co-ordinator had arranged visiting entertainment including choirs, entertainers and there was a regular church service available for people. People who were unable to attend the service told us they received holy communion in their rooms. People told us they attended activities when it was something they liked, but were not always able to make it. They told us that the co-ordinator visited them in their rooms but they would like to be more active. Relatives told us, "The co-ordinator sits and reads to my husband, which he enjoys." One person told us, "There's not much going on, I get bored here, I can't read because of my eyes I need to see the optician." The activity co-ordinator spent a lot of time with people making sure they were comfortable and had drinks and things they needed and was seen to be polite and courteous at all times, however physically and mentally stimulating activities were not taking place and at most times of the day people in the lounge either had visitors or were asleep. Although one to one support was taking place there was a lack of group activity, people told us that often the listed activity did not happen. One told us, "Not much going on, sometimes says outings, but nothing going on." And, "Nothing to do here, I go to the lounge but usually there's only two or three people and they're all sleeping." This was an area that needed to be improved to ensure that people had access to activities that they were interested in and enjoyed and that efforts were made to encourage people to attend to keep them physically and mentally active.

A complaints policy and procedure was in place and displayed in the building. People told us that they would be happy to raise concerns and would speak to the co-ordinator or care staff. Complaints received had been acknowledged and responded to in accordance with accordance with the organisations policy. One complaint was currently in the process of being investigated by the registered manager. Previous complaints seen had been concluded.

Inadequate

Is the service well-led?

Our findings

Bryher Court Nursing Home was inspected in March 2016 the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was issued. This was because the provider had not ensured that a robust system was in place to continually assess and monitor the quality of service provided.

On 25th May 2016, CQC met with the registered provider and now registered manager. We discussed the concerns identified during the previous inspection to ensure the registered provider was aware and understood their responsibilities and the timescales by which these concerns must be addressed. The provider was required to address these concerns by August 2016. At this inspection we found improvements had not been made to address all these previous concerns and effectively assess and monitor the quality of service provided.

An independent consultant had been employed by the provider to assist with improvements required. A number of auditing and quality assurance systems had been introduced. However, it was clear that the registered manager and provider still lacked oversight of the service. Issues identified including inconsistencies and gaps in recording in peoples files had not been identified and addressed. Some auditing had identified areas of improvement, however actions had not been completed or improvements documented to show how the issue would be addressed. For example, medication audits identified improvements needed to PRN documentation however this had not been completed in a timely manner and these issues were still found during the inspection. When medication errors had occurred, medication competencies and updated training had taken place. However competencies were not robust and did not include information to show what questions had been asked to review RNs understanding. We found a high number of medications issues which did not demonstrate that this training had been effective and highlighted that RNs were not following policies and procedures for safe medication practices.

At the last inspection we identified specific concerns with regards to the lack of training and competencies of RNs and staff working at Bryher Court. Management oversight of staff training had not been robust. Although some training had taken place this had not been completed in a timely manner and a number of outstanding training needs were identified. We found evidence that RNs had not completed all required training including bank and agency staff. No attempt had been made to ensure they were appropriately skilled and competent and competency checks had not taken place. RNs had been working at night before the provider had assured themselves they were fully trained and competent. Agency staff were not receiving competency assessments or an induction before working at Bryher Court which assessed their level of understanding and training to meet the needs of people living in the home. The lack of oversight of competency and training was highlighted by a serious drug error which had occurred. Despite being told by the registered manager that they always received a profile for agency staff before they worked at Bryher Court for a shift. This had not happened on this occasion and no profile had been received. The registered manager contacted the agency during the inspection to request this. Inductions for agency staff included orientation to the building and emergency safety information no further checks had been completed to assure the provider that agency staff were appropriately skilled and competent to work at the home.

Issues in relation to care documentation found during the inspection had not been identified and addressed by robust auditing of the care documentation to ensure that all records were accurate, contemporaneous in relation to peoples care and welfare needs. Peoples care had been reviewed regularly, however updates had been handwritten as additions to the already existing care plan. This meant that when a number of changes had occurred peoples current care needs were not easy to locate. When changes occurred this did not always lead to a full update of all corresponding care plans or risk assessments. For example, new documentation had been introduced to improve the reporting and documentation of wounds. However, we found that information in people's care plans was not easy to follow with information on a number of separate wounds being included in one care plan. This meant that when changes to wound size, dressings or treatment had occurred it was not easy to determine. When people care needs changed in relation to pressure damage or repositioning a handwritten addition was seen in the care records; however this information had not been updated in the care records stored in people's rooms which were used by staff on a daily basis. This meant that changes to peoples care needs and level of risk were not being well managed to prevent further pressure area breakdown from occurring.

The registered manager had introduced daily walk around checks, although the information completed on these was limited they did show that this was taking place. Concerns were raised at the last inspection regarding the lack of provider oversight of the service and the care being provided to people. At this inspection we found that this had not improved. Although the provider visited each week, shortfalls found at the previous inspection had not been adequately followed up and actioned. The provider had not carried out any assessment of the quality of service provided or to monitor how the previous concerns were being addressed. The provider was reading and signing the manager's checks but not doing any further checks to ensure this information was accurate or to identify other areas of improvement. The provider did not have sufficient involvement and oversight of all aspects of the service to be able to monitor and assess that effective systems and processes were in place to ensure that the service meet requirements and ensure compliance with regulation.

Staff told us that the manager was more 'office based' and that the new deputy was more 'hands on'. We spoke to people living at the service and we were consistently told that the manager was not someone they saw very often unless they went to the office or asked to speak to them specifically. Telling us, "I've not met (Manager) I think that my husband has." "I didn't know that we had a new one, she didn't introduce herself. " And, "Seen manager only once, stuck her head through the door; I didn't know who she was." Despite this feedback relatives told us they could go and speak to the registered manager if they needed to but would be more likely to raise concerns with the activity co coordinator or other care staff.

Staff and resident meetings had taken place. We saw minutes of the most recent resident/relative meetings which had been in April and September 2016. Senior carer and RN meetings had taken place. Staff told us if they did not attend that minutes were available and head of department meetings had been documented in May 2016. Staff told us that future meetings were scheduled and that they found these a useful way of sharing information. Relative's feedback had also been sought in the form of feedback questionnaires and there had been improvements made to ensure relatives were more involved in the review of care plans when this took place.