

Bracken Ridge Manor (1992) Limited

# Bracken Ridge Manor

## Inspection report

16-18 High Street  
Loftus  
Saltburn By The Sea  
Cleveland  
TS13 4HW

Tel: 01287640776

Date of inspection visit:  
19 November 2018  
26 November 2018

Date of publication:  
18 December 2018

### 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 ●

# Summary of findings

## Overall summary

Bracken Ridge Manor is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bracken Ridge Manor is an adapted building in Loftus. It is an established nursing home for up to 17 people who live with a mental health condition. Each person had their own bedroom on the first and second floor with access to several communal areas on the ground floor. At the time of inspection, there were 13 people using the service.

This inspection took place on 19 and 26 November 2018.

A registered manager had not been in post since 17 August 2018, however the new manager did have their interview with the CQC registration team to become registered manager on 26 November 2018. They became a registered manager on 27 November 2018. 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.'

At the last inspection on 23 March 2016 we rated the service to be Good.

At this inspection, we found the service had deteriorated to be rated requires improvement.

This is the first time the service has been rated to be Requires Improvement.

We found three breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to requirements relating to safe care and treatment, good governance and staffing.

Staff understood and managed the risks to people, however records did not reflect this. Accidents and incidents had taken place and action taken to reduce the risk of reoccurrence. The health and safety of the building was managed; however, one certificate was out of date. There were enough staff on duty at all times. One staff member with regular contact with people did not have a disclosure and barring services certificate needed to work with vulnerable people. Fire training and some fire records were not up to date. Although the building was clean, improvements were needed to effectively manage infection prevention and control. Not all water temperatures were within safe levels. Medicines were safely managed, though some records needed to be reviewed. There were no systems in place to ensure lessons were learned.

All staff were experienced in supporting people who lived with a mental health condition. Staff followed nationally recognised guidance for supporting people. Staff worked closely with mental health teams to ensure people lived fulfilled lives. Staff were not supported with regular review or training during their

induction. Established staff had not received regular supervision or training and policies for these were not effective. People were supported with their nutritional needs and were involved in menu planning. Everyone using the service had capacity to consent and staff involved them in all aspects of their care, yet Mental Capacity Act assessments had been carried out. Some areas of the building needed to be updated.

An experienced and knowledgeable team was in place who supported people with their mental health. This support varied depending on the needs of people each day and support was dignified at all times. Staff actively encouraged people to be fully involved in their care. Staff used therapeutic interventions to support people when needed. Staff worked hard to make the service a home and people told us there were a family. All had regard for one another.

People received the care and support which they needed. Staff had extensive knowledge of each person, the history of their mental health condition and the strategies which were effective in providing the most appropriate support for people. However, records did not reflect this. People were independent with their social activities, and staff supported people with providing activities at the service. Information about how to make a complaint was available to people, however no complaints had been made since the last inspection.

Quality assurance systems were ineffective and had led to deterioration at the service. The registered manager required support from the provider to make the necessary improvements to the service. People and staff spoke highly of the registered manager. Feedback was sought during meetings for people and staff. Some of this feedback was addressed, but not all. Surveys had not been effective because people did not want to complete them, however other methods of feedback had not been considered. People were an active part of their local community and were involved in local events. The service worked closely with health and social care professionals. Notifications had been submitted when required.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff understood and managed the risks to people. However, the records did not reflect this. Fire records and training were not up to date.

Aspects of the service needed updating to meet infection control and prevention.

There were enough staff on duty at all times. People's medicines were safely managed, though some records needed review.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not supported with review during induction, supervision or training.

Staff sought people's consent, however Mental Capacity Assessments had been completed when not needed.

People were supported with their nutrition and hydration. Aspects of the building required updating.

**Requires Improvement** ●

### Is the service caring?

This service was good.

The care people received allowed them to live independently in a community setting and live with people who they thought of as family.

Staff were proactive in supporting people each day with their mental health. This support was carried out in a dignified and caring manner.

People were involved in all aspects of their care. Support was available for people to make decisions.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People received person-centred care, however records did not reflect people's current needs.

People were independent with their social activities in the community, however came together as group to spend time with each other at the service.

No complaints had been received, however everyone knew how to make one.

**Is the service well-led?**

The service was not always well-led.

Ineffective quality assurance systems were in place, which had led to a deterioration at the service.

Policies and operational records needed review because they were out of date.

People and staff spoke highly of the registered manager. Notifications had been submitted when required.

**Requires Improvement** 

# Bracken Ridge Manor

## **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 checked 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.

We carried out an unannounced inspection on 19 and 26 November 2018. One adult social care inspector carried out this inspection.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We also contacted Redcar and Cleveland local authority commissioning teams. We used the information shared with us as part of our inspection planning.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people using the service. We also spoke with the provider, registered manager, one nurse, two carers and a domestic member of staff.

We reviewed two care records, three medicine administration records, two staff recruitment and induction records, seven supervision, appraisal and training records as well as recording relating to the day to day running of the service.

We carried out observations of practice during inspection in communal areas. We also visited people in their room with their permission. We did not carry out a short observational framework for inspection (SOFI) because people were able to communicate with us. This method of observation is used to capture people's experiences who are not able to voice them.

# Is the service safe?

## Our findings

Records required for use during an emergency were not available at emergency exits. On review of these records, we found information relating the people living at the service was not up to date. There were 16 people on the nominal role, 15 personal emergency evacuation plans (PEEPs), however there were only 13 people using the service. We asked the registered manager to review one person's PEEP to ensure it accurately reflected their current risks. A six-monthly check of emergency lighting by qualified professionals was overdue. Fire policies required review and staff training in fire safety was not up to date. This meant there were staff on duty and at times in charge of the service who were not trained in fire safety. The service was not meeting its own fire policy and although checks of the fire alarm and planned fire drills were carried out, they were not in line with this policy. After the inspection, we contacted the fire service to share these concerns.

There were lots of steps at the service leading from one room to another. The lounge was on two levels with steps leading to the lower level. Steps within or to rooms were not always obvious and were not clearly marked. During the inspection, we observed a visitor stumble down a step because they had not known it was there. We asked the registered manager to take immediate action to make the step more visible which they did. The flooring in one bathroom was very springy and we asked the registered manager to take immediate action to check this.

One (unused) entrance of the service was used as a cloakroom for staff. Gas and electrical units and wiring were located on the wall of this cloakroom. This room was left open and unlocked and was accessible to people. Staff had not recognised that this room needed to be locked for safety because it could cause a potential risk of harm. A gas boiler was located in one of the bathrooms but did not have any housing around it so that it was inaccessible to people.

Records of water temperature checks stated that they were either 41 or 42 degrees Celsius on all checks carried out in 2018. During our own checks of water temperatures, we identified that they were not all within safe temperature limits. For example, the water temperature for one sink and a bath were recorded at 35 degrees Celsius which is too cold for managing the risks of infection prevention and control. The water temperature for two other sinks were above 50 degrees Celsius which increased the risk of burns and scolding. The registered manager told us they would arrange for a plumber to attend the service to address this.

The service was clean and tidy, however infection prevention control procedures needed to be improved. On both days of inspection, mops were not stored correctly. This did not allow the mops to dry effectively. Legs on shower chairs had started to rust. A toilet role holder had also started to rust and toilet paper was stored on top of the rust rather than in the dispenser.

A fridge in the kitchenette needed to be cleaned following a spillage and milk was out of date. Furniture in bathrooms was worn exposing bare wood; there were gaps in flooring or flooring was torn. This meant they could not be cleaned effectively. Some bathrooms had communal toiletries, sponges and jugs. One toilet

did not have any hand washing facilities and the mechanism on another sink did not work and therefore did not allow the water to be drained after washing your hands. Infection control training was out of date for many staff. We shared this information with the local infection prevention and control team.

Two people had been recruited since the last inspection. One staff member did not work within a caring role but was actively involved with people at the service, yet no disclosure and barring services (DBS) certificate was in place. The DBS carry out a check of a person to make sure they are safe to work with vulnerable people.

There were no systems in place to ensure lessons were learned to keep the service safe for people and staff.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood and managed the risks to people and this enabled people to remain as independent as they could be, however records did not reflect people's current risks or the action which staff took to reduce those risks to people. For example, records stated one person was unable to walk at times because of their mental health condition. The records stated that the person needed assistance on the stairs and needed to use a hoist for the bath. We were concerned about how the person would be evacuated in the event of a fire and found the bathroom was too small for a hoist. The registered manager told us this person could use the stairs and would be able to evacuate in the event of a fire, however no planned fire drill including this person had been carried out. The care records were incorrect and the person did not use a hoist.

People received their medicines when they needed them, however, improvements were needed to the quality of medicine records. Where people needed 'as and when' required' medication, staff understood when people needed to take these medicines. These are medicines which people do not need to take all of the time. However, records for 'as and when' required medicines had not been reviewed for over one year. Daily room temperatures where medicines were stored had not been completed everyday as needed.

We found one topical cream in the medicines room which had a prescription date of 2016. This cream was no longer in use and we asked the registered manager to dispose of it. Another topical cream which had been in use did not contain a date of opening however it had been given as prescribed. We saw this person used this pain relieving cream three to four times per day and they had used 'as and when' required pain relieving medicine on 27 occasions over a two-week period. No review of this medicine had taken place since the medicine had started to be used more frequently. We asked the nurse on duty to speak to the person and support them to have a medication review with their GP.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine records had a photograph of each person and information about their allergies. Records showed where people had refused their medication and contact had been made with health professionals.

One person took their own medicine when they went out with family. Staff had assessed the risk of this and monitoring was in place to show this risk remained low.

Three people were supported to receive their depot medication by the nurses at the service. A depot injection is a slow-release, slow-acting form of your medication. This medicine was received on time and records were in place to support this.



Some people took medication which needed to be regularly monitored because of the risks to their health. Nurses were responsible for monitoring for any side effects and seeking medical attention if people became unwell. People also attended clinics in the community as part of this monitoring.

There were enough staff on duty at all times to provide care and support to people. The staff team were flexible and worked to cover sickness and annual leave. People and staff told us there were always enough staff on duty.

# Is the service effective?

## Our findings

Staff were not supported with regular review and training during their induction. Staff supervision had not been regularly carried out and training for all staff was not up to date. The registered manager had not received any review or supervision since taking over as manager in August 2018.

Staff had participated in very little training. Of the seven training records reviewed, two staff had completed safeguarding and Mental Capacity Act training, four staff had completed moving and handling, one staff member had completed equality and diversity and two staff had completed infection prevention and control. Where records showed training had taken place, copies of certificates were not always available. Although staff were experienced in caring for people with mental health, they had not completed any refresher training sessions. No training in dignity and respect had been completed.

Policies for induction, supervision and training were ineffective and did not support the registered manager or staff to provide and receive the support needed.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No-one living at the service at the time of inspection was subject to DoLS.

Staff had carried out a mental capacity assessment for each area of people's care plans, despite people having capacity to make their own decisions. Staff told us they knew this was not the correct practice but had been told to do this by professionals involved in the service. Staff training in MCA and DoLS was not up to date and the policies in place did not support staff to follow the correct procedure for determining capacity.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified improvements were needed throughout the environment. For example, décor was worn in place, paintwork and wallpaper had started to flake and carpets were threadbare. Broken furniture needed to be removed and replaced.

The dining room was tired and placemats and table cloths were worn. The conservatory was extremely cold during inspection and did not have its own heating supply. This led to the room not being used.

We recommend the provider takes action to make improve the environment to make sure it meets people's individual needs.

The service had been effective in delivering support which allowed people to live fulfilled lives and had prevented people from needing an admission into hospital.

People and staff had been at the service for many years. As a result, nursing and care staff knew people well and understood how their mental health affected people, the most effective strategies to use and when to give people space. To do this, staff drew on their knowledge and national guidance to support people with their mental health which people struggled with on a daily basis. This support varied depending on the needs of people but was vital to people having stability with their mental health and general well-being. The support provided had led to meaningful relationships between people and staff. Staff used elements of cognitive behavioural therapies, problem solving and solution focused approaches with people.

One person was detained under the Mental Health Act. Records were in place to show the reason for this detainment and the treatment this person was receiving in relation to their mental health. The support this person had received had allowed them to remain settled at the service.

People were involved with health professionals to oversee their physical and mental health needs. One person told us, "If I was unwell, I would tell the staff. They would support me to see my GP." Medication was regularly reviewed and monitoring had taken place alongside medication reviews in terms of their physical health. Referrals to health professionals had taken place when needed. For example, one person had been involved with physiotherapy and occupational therapy teams for mobility concerns.

People were supported to eat a nutritious diet which included their choices and preferences. One person told us, "The food is good. I like the fish pie and pasta bake." Menus were adapted for people and choices were always available. One staff member told us, "Monthly menus are in place, which are discussed at resident's meetings. There is always a choice available and meals are freshly cooked each day. Today it's chicken curry. We also make cake and rice pudding for people."

Record of menus needed to be updated to include the choices available to people, for example, vegetarian options for people. The evening meal had moved to lunchtime after requests from people using the service. Malnutrition universal screening tools (MUST) were in people's records, however were not needed because people were not at risk of malnutrition.

# Is the service caring?

## Our findings

People were supported with their mental health conditions on a daily basis by an experienced staff team who knew them well. We observed positive interactions between people and staff. Staff were responsive to people's needs, listened to people, gave them the time they needed and provided reassurance when needed. The approach to people was carried out in a dignified manner. Staff demonstrated warmth and understanding when supporting people. The support people received enabled them to live fulfilled lives and remain independent.

People we spoke with described the service as a 'home' and referred to each other as 'family.' One person told us, "I try to get on with everyone. The staff are good." Another person told us, "I like it here. I like meeting people." A third person told us, "I like living here. The pub and shops are up the road. We get well looked after and staff help us when we need to go shopping for clothes and presents."

We observed people being kind to one another and showing interest in each other. People spent time together, but also recognised when people needed to spend time on their own and each respected this.

People were complementary to staff during inspection. For example, we heard people thanking the chef for their meal and telling them how much they enjoyed it. When people asked staff for assistance, staff were very responsive. One person told us, "The staff look after me very well."

People were involved in their care as much as they wanted to be. Some people had signed their care plans and consent forms to show that they agreed to the identified support. Where people had refused to sign, staff had recorded this. We observed staff asking people what they would like, for example, one person asked staff to take them out and the staff member asked them what time they would like to go and where they would like to go. People had lived at the service for a long time and they told us they had confidence that staff understood their needs. This was mirrored in the interactions and support given from staff. Staff had extensive knowledge of people and knew the right time to offer support to people.

People were supported with their communication. For example, when some people became unwell, they would not always communicate how they felt. In these circumstances staff supported people to express themselves. Sometimes people needed to go over the same information a couple of times to understand what was being said and staff provided this support. Where appropriate, staff could source advocacy service for people. This is a means of accessing independent support for people.

Staff supported people to maintain contact with those important to them. Visitors were allowed at any time. We saw people planning to see relatives. People were given the privacy they needed to allow visits to take place.

## Is the service responsive?

### Our findings

People received person-centred care and support from a staff team who knew them very well. However, the care records did not provide an accurate and up to date overview of people's individual needs, what they needed support with, what they could do for themselves and how their needs were affected when they experienced a decline in their mental health. From speaking with staff, we could see that they were experienced in delivering the support needed But record keeping needed to be improved.

Some people neglected their personal hygiene when they experienced a deterioration in their mental health. The records were not clear about how to deal with this in a safe manner. Staff told us they prompted people and sometimes it was about having the right staff member to approach people otherwise the situation could escalate. Other times, it was about using strategies they knew could be effective. This information was not reflected in the records.

Some aspects of the care records did not have the information needed to provide a holistic overview of people's needs. For example, in relation to oral health needs, the records stated that the dates of last dental contact and treatment were unknown. The record had not been reviewed. It was not clear if the person required any support with their oral health.

In one person's care plan for 'medicines, pain and breathing,' said the record stated that they were suffering from a health condition. The nurse on duty told us this was no longer the case. However, the care plan had not been updated.

Care plans were structured in way that the focus was on the 'problem' rather than an identified need. For example, 'Problem number 1' rather than a care plan for assistance with personal care. This is an outdated way of recording care plans.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were independent with their social activities. We saw some people enjoyed exploring the local areas which included coastal and inland rural areas. Other people spent time with people important to them and accessed community facilities such as shops and libraries. People participated in community events. We observed people participating in solo activities at the service around their own interests. This included knitting, puzzles and colouring in. One person told us, "I'm going to look at my library book and watch a Christmas television [programme]. There is a library in Loftus which staff take me to." We saw people received positive feedback in relation to activities. For example, one member of staff checked one person's knitting and told them it was "Good" and "It was getting neater."

No complaints had been raised since the last inspection. We saw people actively approached the registered manager to discuss any concerns and all told us they knew how to make a formal complaint.

## Is the service well-led?

### Our findings

Governance procedures in place to ensure the quality and continual improvement of the service were ineffective and had led to a deterioration in the service since the last inspection. There were no systems in place to make sure the service continually learned and improved to ensure the sustainability of the service. The provider needed to invest resources into the service to support the overall improvement to enable the service to become at least good.

At the last inspection, we asked the provider to record all visits carried out to monitor the quality of the service. At this inspection, we found this had not been carried out. We could see the provider did regularly visit the service but they could not demonstrate how they monitored the quality of the service. They did not carry out any audits or unannounced visits to the service. The audits reviewed during this inspection had not been carried out regularly and the tools were ineffective. They had not identified any of the concerns identified during this inspection. The breaches to regulation identified had been in place for over a year, but had not been recognised by the provider or previous registered manager.

Records still referred to the previous registered manager. Extensive archiving was required and administrative support was needed to put a filing system in place to make sure all records were easily to access and navigate. Policies required review because they were out of date and they did not direct the registered manager or staff to carry out the actions needed. For example, the supervision policy did not state the frequency of which sessions needed be carried out. The training policy did not tell staff what training they needed to carry out to remain competent in their roles and policies generally referred to out of date guidance and standards of regulations.

At the last inspection, we identified that regular meetings had not taken place. At this inspection we found meetings for people and staff had still not taken place regularly. One staff meeting and one meeting for people had taken place during 2018. We also noted that actions raised during meetings had not always been addressed. For example, in the staff meeting, staff raised the difficulties they were experiencing with MCA assessments because people had capacity. However, no further support had been given to staff and at inspection we noted that MCA assessments were in place for each area of support need. In the meeting for people using the service, people asked for new table cloths, yet the ones in use during inspection were worn and had not been replaced. People had agreed to holding meetings every three months, yet none had taken place since February 2018. People also asked if staff could restart the coffee shop on a morning and afternoon but this was not in place at inspection.

People had raised their dislike of completing surveys and this was reflected in the response rate for the surveys carried out in 2018. The provider acknowledged that improvements needed to be made to the way views were obtained at the last inspection. However, the provider had still not considered alternative ways of seeking feedback from people which could be used to drive improvement.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was an experienced mental health nurse. They had worked as a nurse at this service for four years prior to becoming manager in August 2018. This meant the registered manager was familiar with the service, the staff and the needs of people. From speaking to the registered manager, people and staff and from our observations we could see that people were put at the heart of the service. People told us they valued the experience of the staff team which had led to them receiving the care and support needed and thus being able to live within the local community.

People and staff all spoke positively about the registered manager and were supportive of them in this role. Staff told us they were able to approach the registered manager at any time and had confidence that any matters raised would be addressed. In the absence of the registered manager, staff continued to work together as team to deliver safe and effective care and support to people.

During inspection the registered manager and staff were all open and honest with us. During feedback with the registered manager, they told us they were aware of the concerns which we raised with them.

The service had good links within the local community and health and social care professionals. Information was shared when requested and notifications were submitted to CQC when needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	(1) The service was not safe. Infection control and prevention procedures were not followed. Fire safety procedures were not up to date. One staff member did not have a DBS. Some areas of the service were unsafe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	(1) Quality assurance procedures were ineffective. Record keeping needed to be improved in all areas and care records needed to accurately reflect people's needs. Feedback was not acted upon and used to drive the quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	(2) Staff were not supported during their induction or with supervision and training.