

Nexus Trading Services Limited

Bracken House

Inspection report

Bracken House Residential Home
Bracken Close
Burntwood
WS7 9BD

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Date of inspection visit:
18 October 2022

Date of publication:
30 November 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bracken House is a residential care home providing personal to up to 34 people in one adapted building. The service provides support to older people, people living with dementia, younger adults and people with physical disabilities and sensory impairments. At the time of our inspection there were 30 people using the service.

People's experience of using this service and what we found

The providers oversight systems were not consistently effective in identifying areas for improvement. Where peoples care plans lacked information this had not been identified and medicines stock counts were not identifying when accounting balances were incorrect.

Assessments and care plans were in place for people, but improvements were needed as some areas lacked detail. There were improvements needed to staff skills and understanding of working with people with dementia, distressed behaviours and supporting people within the principles of the MCA.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in acted mostly their best interests. The policies and systems in the service did not consistently support this practice and some people had not had their capacity considered in line with the principles.

The environment required improvement to the décor and the provider had a plan in place to address this. We have made a recommendation about adapting the environment for people with dementia.

People were protected from the risk of abuse by staff who understood how to recognise signs and report any concerns. Risks to people's safety were understood by staff and they took action to protect people from harm and minimise risks to their safety. There was enough safely recruited staff to keep people safe and meet their needs.

People had their medicines as prescribed and medicines administration records were in place. There were systems in place to minimise the risk of infection. People were supported when incidents occurred, and learning was applied to prevent reoccurrence.

People were supported to eat a balanced diet and had a choice of meals and drinks. People's health needs were understood, and they were supported to maintain and improve their health and wellbeing, with access to health professionals to support them.

People were supported by kind and caring staff who took time to get to know people's needs and preferences. People were supported to make choices and their privacy and dignity was protected. When people came to the end of their life there were plans in place to support people in the way they wanted.

Staff were responsive to people's needs and these were kept under review. Relatives were encouraged to engage in people's lives and take part in activities with people. Where complaints were made these were responded to and learning applied.

The provider had systems in place to seek the views of people and staff. Staff were supported through induction and supervision. The registered manager ensured there were partnerships in place, and they had sought opportunities to learn from external networks.

People and their relatives felt the service was person-centred and homely and well managed.

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 28 March 2018.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention control, nutrition and hydration concerns, management of risks and about building safety. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns, but some areas of improvement were needed. The provider took immediate action to address areas of improvement.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to governance and oversight systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bracken House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection conducted by two inspectors and an Expert by Experience. 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 Expert by Experience made calls to relatives following the site visit.

Service and service type

Bracken House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bracken house is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with four people and nine relatives. We also spoke with ten staff including the registered manager, the deputy manager, the operations manager, senior care staff, catering and domestic staff. We observed people receiving their care and support. We looked at the care records for 11 people and medicine administration records. We looked at records relating to the management of the service, including audits carried out within the home, meeting notes, safeguarding records and incident analysis.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since registration of the service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments and plans to minimise risks were not consistently documented. We found one person's risk assessment had not been updated to show changes in how risks relating to nutrition were managed.
- Risk assessments had been completed but sometimes, they lacked detail about how people should be supported to minimise risks. For example, when people were experiencing distressed behaviours there was not always guidance for staff on how to support people.
- Some risk assessments and management plan's had conflicting information included. For example, one person's skin integrity risk assessment had conflicting information about the level of risk they experienced.
- Despite this people were supported to manage risks to their safety. Staff understood how to support people safely, but improvements were needed to how this was documented in the care planning system.

Using medicines safely

- The providers medicines systems were not maintaining accurate stock balances of people's medicines. We found there were differences in the stock counts and the stock records.
- Medicines were stored safely. We found there were lockable storage facilities in place and there were regular checks on temperatures of the medicines room and refrigerator.
- Medicines were administered safely. We observed staff administering people's medicines and this was done in line with current guidance. We saw medicines had been administered as prescribed.

Staffing and recruitment

- People told us they were supported by enough staff. Relatives told us, there were enough staff to support people. One relative told us, "There always seems to be plenty of staff around."
- Staff told us there were times when they did not feel there was enough staff available, however they confirmed people's needs were met safely.
- Our observations during the inspection showed people were supported safely, they did not have to wait for their care and support as there were enough staff available.
- The registered manager told us there were vacancies and they were continuing to recruit to these positions, staff were providing cover to ensure there were enough staff.
- The provider had a dependency tool in place which looked at the levels of support people needed. This was used to determine how many staff needed to be on duty to provide this support.
- People were supported by safely recruited staff. The provider had systems in place to ensure staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the service. One relative told us, "[Person's name] couldn't cope at home anymore, this is definitely safe for them, there have been no incidents."
- Staff understood how to recognise abuse. Staff described the things they would look for such as unknown bruising and how this would be reported to the registered manager and the appropriate body for investigation.
- The registered manager tracked all safeguarding investigations and reviewed these for any learning which was shared with staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People could have visitors there were no restrictions in place but to manage this safely visitors were asked to book a time for visiting.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. Where accidents had occurred, people's care plans were reviewed and actions taken to prevent reoccurrence.
- Analysis was completed by the registered manager to look for any patterns and trends relating to incidents and actions could be taken to address any areas of concern.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since registration of the service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had an electronic system in place to undertake assessments of people's needs and complete care plans to guide staff in how to support people effectively. This was not always used effectively, and we found inconsistent information was recorded, for example one person had conflicting information to guide staff in how to maintain their skin integrity.
- Where people had distressed behaviours there was limited guidance for staff on how to support people. For example, one person was known to have a history of mental health concerns, had previously displayed distressed behaviours and the guidance for staff was limited to offering reassurance.

Staff support: induction, training, skills and experience

- Staff did not consistently demonstrate they had the skills to support people with dementia. For example, when people were experiencing distressed behaviours staff were inconsistent in how they described the support people were given.
- Our observations, discussions and reviews of people's care records also suggest some staff did not demonstrate a knowledge of how to support people with dementia and apply the principles of the MCA.
- Relatives also commented on staff training around dementia. One relative told us, "[Person's name] doesn't present as happy, I wonder if the newer staff have enough insight into dementia."
- Staff received an induction and had training to support them in their role, however some staff required additional training and checks on their competency around MCA and dementia.
- The provider had already sought additional training for staff on supporting people with dementia and took steps to address the gaps in knowledge about the MCA following the inspection.

Adapting service, design, decoration to meet people's needs

- The home required refurbishment. There were areas of decoration which required updating and floor covering which required replacing. We saw carpets in the communal areas were stained.
- One person told us, "I think the paint is coming off the walls and we should probably have tiles instead." A relative told us, "The place looks dilapidated but apparently there is a plan to address this. Relatives have been sent leaflets and swatches for ideas about refurbishment. The home as it is, is kept beautifully clean though."
- Staff told us there was little more could be done to improve the environment until the refurbishment had taken place.
- The provider told us there were plans in place to make changes to the environment. We saw there were plans for redecoration, flooring and new furniture. People and relatives had been engaged by the registered

manager in making choices about how this would be done.

- The provider told us they were a specialist dementia unit and there were people with dementia living at the home. However, we found the environment had not been adapted to meet the needs of people living with dementia. For example, the use of colour and contrast can be helpful to people living with dementia. We recommend the provider consider current guidance on adaptations to the environment for people with living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental Capacity Assessments were completed in the system and these were not always taking account of where people may lack capacity. For example, where people may have lacked capacity to understand the risks to their health if they did not go to bed it was not clear this had been fully considered by staff when people refused to go to bed.
- Staff were not consistently aware of when people in the home had a DoLS in place. Some staff told us everyone had a DoLS in place and did not fully understand what this meant. However, staff were ensuring people were supported in the least restrictive way.
- Staff were observed seeking consent and could describe how they asked people for consent and would walk away if people declined. We observed staff did this during the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- This inspection was prompted in part due to concerns raised about nutrition and hydration. We found no concerns with how this was managed for people during the inspection.
- People were supported to manage risks relating to their nutrition and hydration. One relative told us, "They certainly take [person's name] special dietary needs seriously. [Person's name] enjoys their meals there, they still get the same range of choice as everyone else, meals are tweaked to suit their needs."
- Staff understood how to ensure people had a balanced diet. One staff member told us, "Mealtimes are busy, but there we encourage people to eat independently where they can and if people are unsettled we try different things today we took [person's name] into another room for their meal."
- People told us they enjoyed their meals and had plenty of options to choose from. One person told us, "We can choose what we want to eat each day." We saw staff offering different choices of meals to people to encourage them to eat.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a consistent staff team. Staff told us they were kept up to date on any changes

to people's needs and engaged with other agencies.

- Peoples care records showed other agencies were involved in their care and staff had a handover at the start of each shift to tell them about people. One staff member told us, "The handover, is a useful process for us to ensure any deterioration is discussed and any input and instructions from health professionals."

Supporting people to live healthier lives, access healthcare services and support

- People had support to maintain their health and access support from health professionals. One relative told us, "The staff helped [person's name] and us to come to terms with their dementia. They picked up on [person's name] unhappiness and depression when they first moved in. They have involved us in discussions about reducing some medication, which they did, and she is now happier than ever."
- Where health professionals had given advice, we saw this was followed by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since registration of the service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One relative told us, "When I was helping choose which home my relative would go to, it was the way staff presented and responded to people, that made me decide on Bracken House. I now see them as kind, and good at what they do."
- Staff took time to get to know people and what was important to them. One relative told us, "Staff are aware of [person's name] background; one of the staff made sure that important things were where they could be seen and talks about this part of their life with them."
- Care plans considered peoples protected characteristics. The assessment and care planning system considered peoples ethnicity, religion, sexuality, gender and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Relatives were also consulted and kept informed. One relative told us, "I get a monthly updating phone call about any changes and inviting comment."
- Staff could describe how they supported people to express themselves and make choices about how their care was delivered.
- People told us they were involved in deciding things for themselves. One person was asked about being able to make decisions for themselves. The person was sitting in the lounge with their shoes off. The person explained they could make decisions for example, "I don't like to wear anything on my feet, if I could walk around all day without anything on my feet I would."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. One person was encouraged to eat their own meal and given time and support to do this whilst staff offered encouragement and assistance when needed.
- Staff were respectful in how they spoke to people and about people during the inspection. They offered reassurance and were supportive in their approach.
- Peoples choices were respected. Staff told us about one person who preferred to stay in their room and how they observed this preference.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since registration of the service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences were understood by staff. People and relatives told us staff ensured their preferences were met. One relative told us, "[Person's name] has decided they want pancakes for breakfast, and they are being provided."
- Staff were observed spending time talking with people to encourage them for example to join in activities and to eat their meals. One relative told us, "The staff have a lovely way of including people. [Person's name] is a one-to-one or small group person and that is how they involve them."
- Staff understood people's personal histories and could describe how this helped to support them. One staff member told us, "Information about people's background helps us, know how to help them, one person's past history includes working in a caring role and they like to help out with things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and planned for. Staff took time to learn how best to communicate with people.
- The provider was meeting the accessible information standards. Information was provided in a way people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them. One relative told us, "They recognise that some relatives are far away and unable to visit much, so have made things like FaceTime available, but equally they recognise where [my relative] finds that too stressful, their support and understanding with that were exemplary."
- People and their relatives told us there were lots of opportunities to take part in activities. One relative told us, "They organise days of activities that families can join in with. Recently they had animals brought in, that people could meet and pet, and there are visiting singers."
- The registered manager told us they encouraged relatives to participate in the home and could share examples of how they achieved this. For example, a group had been set up to help with raising funds and

arranging activities for people and their relatives to enjoy together. One relative told us, "The group has really taken off, there have been some brilliant days, like when the farm came and having an ice cream van in the heatwave."

Improving care quality in response to complaints or concerns

- There was a policy in place which ensured complaints were considered and any learning applied.
- People and relatives understood how to make a complaint. One relative told us, "I did complain that it was hard getting hold of people at the home. That has changed greatly, I don't have any concerns now, I feel reassured anything can be brought to their attention and things will be done in response."

End of life care and support

- Some people had declined to discuss their wishes for the end of their life. However, where people had expressed wishes these were documented in care plans.
- Staff could describe aspects of peoples care when at the end of their life, for example, staff knew how pain would be managed for people and could describe how they would support people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since registration of the service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers systems had not identified where risks to people's safety were not being documented consistently in their care plans. This meant staff may not have guidance on how to support people and this could place people at risk of harm.
- The providers systems had not identified where people's mental capacity had not effectively been assessed and staff were not following the principles of the MCA. This meant people were at risk of not having decisions made in their best interests.
- The systems in place to monitor staff training and skills had not identified where staff did not have the skills to support people. This meant people were not consistently supported by staff who understood how to assist with distressed behaviours and effectively support people with dementia.
- Medicines audits were failing to ensure the provider was able to maintain accurate stock balances of people's medicines. This meant people were at risk of running out of their medicine.

The provider had failed to ensure the governance of the home was effective in identifying areas for improvement and taking required actions to keep people safe. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a person-centred culture in the home. One relative told us, "[Person's name] was fully involved in the assessment and it was their decision to make the move into a home. The staff asked for a life history, which I was pleased to do in detail." Another relative told us, "Staff are very open that the home is not state of the art, but it feels cosy and is very much a home. [Person's name] has a beautiful room with a lovely view to the garden."
- There is a culture of maximising independence. One relative told us, "[Person's name] is mobile, but needs help getting up and having someone behind as they walk with a frame, so they feel living at the home has given them freedom they didn't have at home."
- The provider understands the duty of candour, relevant people are informed when things go wrong. One relative told us, "[Person's name] has had one fall and they let me know about it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives are involved in the home and have opportunities to discuss how the home is run. One relative told us, "They do try to keep us informed of things by email and notice boards, and they started relatives' meetings earlier this year."
- Staff are supported with regular supervision and have meetings where they can discuss their role. One staff member told us, "Staff meetings are in place and we speak about things like what we need to do as key workers."

Continuous learning and improving care; Working in partnership with others

- The registered manager had adopted a learning culture in the home. The registered manager had systems in place to review and learn from incidents, accidents, safeguarding and complaints to look for areas of improvement.
- Staff told us they could make suggestions in the home and people and relatives also felt their feedback was used to learn and make changes.
- The registered manager also sought learning opportunities outside of the organisation. They had joined a network where they would be able to learn from others and share information.
- The registered manager worked in partnership with others to provide care. There is a relative's group which worked with the registered manager to raise money and put activities on for people at the home.
- The provider worked in partnership with other agencies to support people. Staff told us they had good relationships with local District Nurses, Doctors and Social Workers who were engaged in people's care.

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 17 HSCA RA Regulations 2014 Good governance The providers governance and oversight systems were not consistently identifying concerns and driving improvements.