

Barron Kirk Quality Care Limited

Bryher Court Nursing Home

Inspection report

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East Sussex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bryher Court Nursing Home is registered to provide nursing care for up to 45 older people. There were 27 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 3 and 4 July 2017.

At the previous comprehensive inspection in March 2016 the overall rating for this service was Inadequate. Six breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified and we took enforcement action against the provider and we placed the service 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.

A further inspection was carried out in December 2016 where we found there was not enough improvement to take the provider out of special measures. We found a number of continued breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating remained as inadequate and the service stayed in special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found. This inspection on the 3 and 4 July 2017 was to see what improvements had taken place. 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 registered manager had recently left employment at the home but was currently still registered with CQC. The deputy manager was acting as manager supported by a consultant employed by the provider and the provider. 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.

There were a number of planned improvements and action plans which had not yet been introduced. Therefore we were unable to make a judgment on how effective these were. This is why the rating is Requires Improvement and there is a continued breach on Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. A further timescale has been agreed for these improvements to be made. All areas will be reviewed at the next inspection to ensure they are fully implemented and embedded into practice.

People's care documentation was not accurate, complete and contemporaneous. Care plans for specific health needs were not detailed and some care plans and records had not been written in a timely manner. Documentation needed to be more robust. Systems to assess and monitor the quality of service needed further improvement. Changes to the way the service was audited were being introduced but were still in

their infancy. Some audits had been completed but improvements needed to continue with management and provider oversight to ensure that robust measures are introduced and maintained. We have asked the provider to make improvements in these areas within a set timescale.

There were on-going improvements to ensure the service was safe. Medicines processes had been audited and reviewed. Registered Nurses (RN's) had competencies assessed to ensure that appropriate standards were maintained. A training programme was now overseen by the administrator who ensured that training was booked and attended by staff when required.

Fire safety training and checks were in place to ensure peoples safety. This included fire drills and equipment available around the building for staff to use in the event of an emergency evacuation being required.

Recruitment processes were being followed to make sure required checks took place before staff began work at the home. Information had been sought from agencies regarding staff training and experience before they worked at Bryher Court Nursing Home. An agency profile folder was available so staff booking agency cover had access to information about the staff member. Improvements were being implemented to ensure staff received a thorough induction period when they began work at the home. There was an on-going programme for staff to receive regular one to one and group supervision.

Staff had a good understanding of adult safeguarding and were able to tell us how they would report a safeguarding concern. People told us they felt safe and well cared for. The maintenance employee had robust records to demonstrate maintenance and safety checks for services and equipment had been completed.

Management and staff had an understanding of the mental capacity act (MCA) 2005 and deprivation of liberty safeguards (DoLS) and understood this was decision specific. Information was recorded to inform staff who was legally entitled to be involved in decisions made about people's care. Staff understood the importance of involving people in all day to day choices. People were able to spend their time how they chose and told us they felt involved in decisions. An activity programme was available, this included arts, crafts, music and entertainment. People had been asked for their feedback and involved in choosing what activities were planned in the future.

People were supported by staff who were patient, kind and caring. We saw staff had a good rapport with people and clearly knew them well. Staff respected people's dignity and right to privacy.

People's nutritional needs were met. Staff were aware of people's specific dietary needs, including those who required pureed or fortified meals. Meal choices were provided and people's weights were monitored to identify any issues or concerns. Referrals were made to other health professionals if needed.

People's feedback had been sought. Meetings had taken place and further staff meetings were scheduled. People, relatives and staff spoke positively about the values and culture at Bryher Court Nursing Home and the on-going improvements. Relatives gave positive feedback about the home and felt welcome to visit at all times. A complaints procedure was displayed in the main entrance area. People told us they would speak to the staff or management if they had any concerns. Relatives who had complained in the past felt that this had been responded to and the issue addressed.

Improvements were required to ensure Bryher Court Nursing Home met all areas of Regulation. Further improvements are needed and those already introduced need to be maintained to ensure the changes

continued long term and systems and processes became fully embedded into practice. We found a breach of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions 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?

Bryher Court Nursing Home demonstrated on-going improvements to safety.

Medicine procedures had greatly improved. These needed to be continued to ensure the changes continued long term.

There was a newly implemented system in place in the event of accidents and incidents. Risk assessments were completed for identified risks. These areas needed time to become fully embedded into practice.

Fire safety training and checks were in place and to ensure peoples safety could be maintained at all times.

Recruitment processes were being followed to make sure required checks took place before people began work at the home.

Staff had a good understanding of safeguarding and were able to tell us how they would report a safeguarding concern.

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

Requires Improvement ●

Is the service effective?

Bryher Court Nursing Home demonstrated improvements in being effective; however these needed to continue and become embedded into every day practice.

Training schedules were being assessed and steps taken to ensure staff training had been completed in a timely manner.

Competencies had been completed for some staff with plans in place to continue and develop training and competencies in further areas. There was an on-going programme for staff to receive supervision.

Management and staff had an understanding of MCA and DoLS. Staff understood the importance of involving people in

Requires Improvement ●

decisions.

People enjoyed the meals provided. Meal choices were available and people's weights were monitored.

Referrals were made to other health professionals.

Is the service caring?

Good ●

Bryher Court Nursing Home was caring.

People were supported by staff who were patient, kind and caring.

Staff respected people's dignity and right to privacy. People were supported to spend time how they chose.

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

Is the service responsive?

Requires Improvement ●

Further improvements were required to ensure Bryher Court Nursing Home was consistently responsive.

Further training and improvements were planned to ensure a consistent standard of record keeping was introduced and maintained.

Care folders in people's rooms had been audited and updated. This meant they gave accurate information for staff regarding people's care needs.

An activity programme was displayed. People were involved in choosing what activities were planned in the future.

A complaints procedure was in place and displayed in the main entrance area.

Is the service well-led?

Requires Improvement ●

Further improvements were required to ensure Bryher Court Nursing Home was well-led.

The registered manager had recently left employment. The deputy manager was covering this role until a new manager could be recruited.

Action plans had been written to address documentation and

good governance issues identified at the last inspection. However, at the time of inspection not all of these had been introduced. Therefore, we were unable to make a judgment based on these as improvements could not be evidenced at this time.

Documentation was not accurate, complete and contemporaneous.

People's feedback had been sought. Meetings had taken place and further staff meetings were scheduled.

People, relatives and staff spoke positively about the values and culture at Bryher Court Nursing Home and the on-going improvements.

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 took place on 3 and 4 July 2017 and was unannounced. The inspection team consisted of one inspector 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 December 2016 where enforcement action was taken by CQC. The overall rating for this service was Inadequate.

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 10 people living at Bryher Court Nursing Home and met 12 staff members. This included the provider, deputy manager, registered nurses, care and support staff, maintenance, administration and activity employees working at the home during the inspection. We spoke with an independent consultant who had recently been employed by the provider to support them in making improvements to the service. We also met and spoke with three relatives. Not everyone was able to tell us about their experiences of living at Bryher Court Nursing Home, 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 people to get a picture of their care needs and how these are met, including monitoring charts and risk assessments. This included looking at three care files in full and a further two to look at specific areas in relation to their nursing and care needs. 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 two staff files, this included one nursing and one care staff member. Both of whom had recently started work at Bryher Court Nursing Home. We reviewed documentation and other records relating to the management of the home, such as maintenance, complaints, supervision, meetings, accident/incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

At the previous inspection in December 2016 we found that safe medication procedures were not being followed and people were at risk of receiving medication in an unsafe manner. Mandatory training including fire safety was not completed for new staff in a timely manner and systems to record accidents and incidents were not embedded into practice. This was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe was rated as inadequate and CQC took enforcement action to ensure people's safety was maintained.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by June 2017. At this inspection we found improvements had been made and the provider was now meeting the requirements of this regulation. However, whilst the service had greatly improved, these systems now needed to be sustained and reviewed to ensure they became fully embedded into every day practice.

People who lived at Bryher Court Nursing Home told us they felt safe. Comments included, "Very safe, I am alright, they look after me." "Lovely care that makes me feel safe, no worries at all." And "Put myself in here for my own safety, don't know what I would have done if I had not come in here." Relatives told us they had no concerns. One said, "All the care she gets and she is well looked after, clean and tidy. Staff are very aware of safety here." "Always somebody about, regular fire testing, I am quite happy with him here." And, "Mum would soon say if she was worried and not happy."

At this inspection found that appropriate steps had been taken to ensure that there were measures in place to ensure people received their medicines safely. We looked at Medicine Administration Records (MAR) and saw that this included relevant information regarding allergies, photos of people for identification and a signature list for staff including agency. Medicines were ordered, stored and disposed of safely. The acting manager was in the process of assigning one Registered Nurse (RN) main responsibility for medicine systems in the home. The independent consultant working at Bryher Court Nursing Home had recently completed a full audit of medicines to ensure that all areas identified at the previous inspection had been addressed and check that newly implemented procedures were being maintained. 'As required' or 'PRN' medicines prescribed by a GP to be taken when needed were clearly documented on MAR charts. PRN protocols had been completed and staff had documented when and why these had been given. It had been identified previously and within the recent audit that PRN medicines had highlighted times on the MAR charts and did not show that PRN medicines should be given when required and not at set times. This was an area that the deputy manager and independent consultant were aware of and in the process of changing. MAR charts had hand written additions that had been crossed out, this made information difficult to follow. The acting manager told us they were working with the pharmacy to change some of the information on the MAR charts to make them clearer. People's medicines were securely stored in locked medicine trolleys kept on each floor. There was also a clinical room. Medicines were given by registered nurses. Care staff were responsible for helping people to apply topical creams. These were recorded on daily cream charts which included a body map to show where each cream was to be applied. These charts had recently been introduced alongside training for staff in how to record information effectively. We saw that these were being used by staff to record when and where creams had been applied.

People said staff looked after their medication and they felt medicine processes were good. We were told, "I understand my medication, I talk to the nurse," "Medication on time and I ask what they are for," And, "My medication comes on time and I understand it and they are happy to tell me what they are for if I ask them." We observed medicines being given in communal areas and saw that medicines were given safely and staff signed the medicine administration records once it had been given. Medicines were dated on opening and stored at the correct temperature. Medicine policies needed to be reviewed to ensure that staff were provided with up to date and appropriate guidance in line with best practice guidance. The acting manager informed us this had already been identified as part of the on-going plans to improve medicine procedures, this is an area we will follow up on at future inspections.

At our last inspection in December 2016 improvements were required to staff fire safety training. At this inspection we found fire safety training had taken place and was part of the on-going training schedule. We spoke to the maintenance employee and staff who were clear regarding their responsibilities and actions to take in the event of an emergency. A fire risk assessment had been completed. Fire safety checks had taken place, including weekly fire alarm checks and fire drills. This included drills and checks at night and in the day time. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPs). PEEPs included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. Evacuation equipment was located in the building in the event an emergency evacuation was required. People told us, "They lock doors and look after you" "We are well looked after, they have safety procedures in place which are tested regularly, nothing here to cause me concern."

People were protected from the risk of harm or abuse. Staff had received safeguarding training and understood their responsibilities in keeping people safe. They were able to tell us what actions they should take if they believed people were at risk and this included reporting to external organisations.

At our last inspection in December 2016 improvements were required to the monitoring and recording of accidents and incidents, including the reporting to other healthcare professionals if required. At this inspection we found that a new system had been introduced to record accidents, incidents and falls. This new recording system was being overseen by the deputy manager. We saw that information in people's daily records regarding incidents and falls had led to the completion of an accident/incident form. This information was given to the acting manager who added this to the monitoring form. The form detailed what the incident was, who it involved and what actions had been taken in response to the incident. It also detailed whether the incident had been reported to other outside professionals. The acting manager had oversight of this analysis to identify any trends or themes. Although this had very recently been introduced the information recorded was clear and up to date. This now needed to become part of the on-going improvement plan to ensure accident and incident systems were maintained and reviewed regularly.

Staff were able to tell us about people care needs and associated risks in relation to their nursing, mobility and care needs. Risk assessments were in place for identified risks and associated information was recorded in people's room folders. For example, moving and handling needs and information about nutrition and topical cream applications to ensure staff had access to information whilst providing care. Staff also knew people well and had an understanding of how to keep people safe and provide appropriate care and support for them. This included people with specific health related needs and those who had equipment in place to prevent pressure area breakdown.

We looked at staffing rotas and asked the deputy manager to tell us how staffing levels were determined. New registered nurses had been recruited and recruitment of care and nursing staff was on-going. Staff felt

that staffing levels were appropriate to meet people's needs but that staff were busy at key times of the day as people living at Bryher Court Nursing Home had become less mobile over time and now the majority of people required a higher level of care and nursing support. Relatives told us staff were always available whenever they visited. One relative told us, "When Mum had a bruise on her eye a few years ago staff phoned me straight away, they are very good, I think there are enough of them," "Staff are lovely, they keep me well up to date with his health, if he has seizures etc. I think there is enough staff, his room is always clean and smells nice." Call bells were seen to be answered promptly during the inspection. Most people felt that staffing numbers were appropriate. However, two people felt that staff were too busy, especially at weekends. We asked staff about weekend staffing and looked at staff rotas, staff felt weekends were slightly busier but mainly due to the fact that there were more visitors and routines may differ. We were told, "Staff are wonderful, nothing against them at all, they are really good and have given me my independence back living here. Sometimes not enough staff but not always." "The staff are good and kind and regularly come to see me, my call bell is handy and they come quickly." "Staff are great, personally I think there are enough of them."

People were protected, as far as possible, by a safe recruitment system. Checks were undertaken, including references and criminal records checks with the Disclosure and Barring Service (DBS). Staff did not start working until satisfactory checks had taken place. There were copies of other relevant documentation including references and interview notes in staff files.

Is the service effective?

Our findings

At our inspection in December 2016 we found the provider had not ensured appropriate training had been provided in a timely manner and Registered Nurses (RN's) competencies had not been assessed. This was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective was rated as inadequate and CQC took enforcement action regarding these concerns. An action plan was submitted by the provider that detailed how they would meet the legal requirements by June 2017. At this inspection we found improvements had been made and a training schedule was now in place and being monitored.

People living at Bryher Court felt that their needs were met by staff that knew them well and understood their needs. They told us, "Staff know all about me at every turn, I could talk to them about my care," "The staff really do know me, they involve me with all decisions," and, "Staff know me well, they discuss my care with me." Relatives said, "Staff do a very good job, they understand her needs," "I think the staff do an excellent job, I couldn't do it. They are really lovely. I would choose to come here if I had to go into a home. No restriction on visiting, they understand his needs and they always talk to him which is lovely as he cannot speak. The staff always keep me informed."

Training was overseen by a designated administrative employee. A new computerised system highlighted when training was due and completed. Staff were notified when training was required. Any gaps in training were explained for example, due to sickness or annual leave. When training was booked and staff did not attend, this was followed up by the administrator to ensure this was addressed promptly. Training included amongst others, safeguarding; manual handling, mental capacity, food hygiene, infection control, fire and health and safety. Medication was overseen by RNs and medicine competencies had been completed. Care staff had received training regarding the administration and documentation of prescribed creams to make improvements in this area. We were told by the consultant that further training was scheduled to take place. We were shown a plan for role specific training which was being implemented. This included a number of areas of training to be incorporated as part of new staff induction programmes and further training for current staff. Competences were being introduced; some care staff had started working through competencies with a RN, this included newly employed care staff. Competency checks included practical supervisions, discussion and self-assessment. The consultant working at Bryher Court Nursing Home told us these were used to identify areas that needed development and areas of strength. Competencies were being overseen by the deputy manager, but we were told the plan was to delegate this task to one of the RNs in the future. Staff told us that they felt they received the training they needed to be able to provide effective care for people and welcomed new training being introduced to further enhance their skills and knowledge. Further improvements were planned to enhance the induction programme to ensure that any new staff employed had an effective induction period which gave them support and training to help them provide care for people and meet their needs.

Staff training and the systems in place to support this now needed to be sustained and reviewed to make certain they became fully incorporated into the day to day running of the home and to ensure that all staff have the skills, support and competency to meet people's needs. This is something that will need to be

monitored to ensure continued improvement, therefore the rating is requires improvement. At the next inspection we will check to make sure the improvements are embedded and sustained.

At the previous inspection in December 2016 we found that agency RNs who covered shifts at Bryher Court Nursing Home received a very brief introduction to the home prior to working a shift, with no assessment of their competencies, knowledge or understanding of people's needs completed by an appropriate person. Profiles had not always been received from the agency to ensure the provider was aware of RNs previous training and experience. A registered nurse agency induction sheet was now being used. Agency staff profiles were kept in a folder in the nursing office to allow staff to access these if they needed to arrange agency cover. These included information regarding agency staff experience, knowledge and training. The acting manager told us that they tried to use regular agency staff when possible but when a new agency staff member was working a shift they were asked to arrive a bit early to allow the acting manager or whoever was in charge to orientate them to the building and ensure they were aware of people needs and documentation.

A staff supervision schedule was on-going. This included one to one and group supervisions carried out by delegated staff. We spoke to staff who confirmed they had attended either a group or individual supervisions. Staff felt that supervision was a positive thing telling us, "I'm up to date with training and I have had supervision, it's a chance to talk about your role and where you want it to go." The acting manager confirmed that the programme for supervision was on-going. Since the registered manager had left the home this was being reviewed to ensure that it continued.

Improvements were on-going with some changes already introduced and further plans for improvement and development yet to be implemented. Systems needed time to fully embed with continued management and provider oversight to ensure they were maintained.

The Care Quality Commission (CQC) is required to monitor how providers operate in accordance with the mental capacity act 2005 (MCA). Information was available to support MCA and DoLS, for example, policies and procedures were in place. Mental capacity assessments had been completed to support decisions around peoples care, treatment and support. This included specific decisions for example in relation to medicines and who had been involved in decisions made. Deprivation of Liberty Safeguards (DoLS) referrals had been made when people were assessed as at risk. Staff explained to us the importance of making sure people were involved in day to day decisions. We were told, "I always ask people if it's ok for me to help them, you always get consent before you do anything." If people declined care or support, staff respected the person's decision and if necessary sought advice from the acting manager or RN. When people had designated Power of Attorney (PoA) this information was recorded to inform staff who was legally entitled to be involved in decisions made about people's care.

People's nutritional needs were met. Staff had a good understanding of people's dietary needs, likes and choices. Nutritional assessments had been completed and included information for staff regarding specific nutritional needs for example, the type of diet people required. Referrals had taken place to the GP, Speech and Language Therapy (SALT) or dietician when a risk was identified. Information regarding people's nutrition was recorded, including whether they required pureed, diabetic or fortified meals. People were weighed monthly or more often if an issue had been highlighted regarding their nutrition.

There was a designated dining area in the conservatory. Due to the extremely hot weather staff told us some people had chosen not to eat in the dining room, but had sat in the lounge where it was cooler or had chosen to eat in their rooms. During the inspection we saw two people ate lunch in the conservatory and two in the main lounge. The remaining ate in their rooms due to poor health or by choice as they preferred

to eat alone. People were offered a choice of meals, when a meal arrived if they changed their mind an alternative was offered. One person was served a curry and told staff they did not like it. They were immediately offered an alternative and another meal was provided. Whilst eating the meal this person was seen to become upset. The carer providing support with the meal was very kind and caring towards them and spoke to them to find out why they were distressed. The person was seen to respond positively to this and the carer assisted them with the rest of the meal.

Most comments regarding food were positive. People told us that meals were nicely presented and tasty. One person told us, "I think the food is good, too much sometimes, choice of meal, plenty to drink." "Food fine, just found out I can have what I want, plenty to eat, I have to cut it down, plenty to drink." One person commented that they had a specific health condition so there were some things they were unable to eat. They felt that they could be involved in more discussions around what food they were offered and the meal portions provided. Everyone felt that they were supported to eat and drink enough and that they were encouraged to drink plenty especially during hot weather. Relatives told us, "Food looks nice and is well presented, two choices I think." "Food smells beautiful and looks good, he has puree now and is under SALT." People and relatives told us that if there were any issues or health concerns a GP or other health professional would be contacted.

Is the service caring?

Our findings

People told us, "Staff here treat me very kindly, I was involved with my care plan. I get private time as I wish and any spiritual needs would be met if I want," "Staff treat me very well, they are kind and caring." And "The staff are very caring thank you, my care was discussed with me when I came here." Relatives gave positive feedback about staff and the care provided telling us, "Staff are very caring, if I thought otherwise I would be on to them. They are very good at protecting his dignity. I can visit whenever I want. I have discussed his end of life care." And "Staff are very kind, caring and respectful."

We saw interactions between staff and people that were kind, patient and respectful, people knew staff well and responded to them when they stopped to speak to them or provided care and support. When a person became upset whilst sat in a communal area staff were prompt to respond, speaking to them in a relaxed and calm manner. This ensured the person felt supported and they became visibly less distressed. Staff spent time responding to call bells and checking people who stayed in their rooms to make sure they were comfortable. People who sat in the lounge were supported by staff and regularly offered drinks or staff stopped to chat. During the day, the activities co-ordinator sat with people in the lounge and assisted them when they needed support. When people needed assistance with moving, equipment was provided and care staff offered guidance and support to ensure the experience was calm and did not cause any distress for the individual.

The numbers of people living at Bryher Court Nursing Home were lower due to the current embargo on placements by the local authority. Staff felt that the benefit of this had been that it gave them more time to spend with people. The majority of people now stayed in their rooms and needed more support with mobility and personal care. Staff told us they used time assisting people as an opportunity to chat with them and check they were alright.

As there were currently no new admissions to the home, most people living at Bryher Court Nursing Home had been there for some time, this meant staff had the opportunity to build up a good understanding of people as individuals and were aware of their care and support needs. Staff were able to tell us about people, their backgrounds and people who were important to them and how they liked their care to be provided.

People's privacy and dignity was respected and maintained. Information was recorded regarding people's preferences and whether they wished for their care to be provided by male or female staff. Staff were seen to be discrete when asking people if they needed to go to the toilet, and conversations between staff regarding people's care needs took place in the nurse's office or in an area this could not be overheard. People's care records were stored securely in the nurses room on two floors, with a folder kept in people's rooms which contained information for staff including daily charts.

People were able to spend their time how they chose. One person told us they liked to sit quietly in their room. They felt staff understood and respected this. Staff were seen to knock before entering people's rooms. Bedrooms were considered to be the person's personal space. Some had a number of personal

items, and pictures belonging to the person which they felt made the room feel more like 'their own'. People were encouraged and supported to dress in the way they chose. One lady told us she liked to look respectable and staff helped her choose a matching outfit. Those who liked to have their hair done had access to a hairdresser. People felt staff respected their privacy and that they were treated with dignity. Telling us, "Definitely respected, washed every day in my bed." And "My privacy and dignity is always respected, that extends to temporary staff as well." Relatives felt that staff treated people as individuals. We were told, "She gets a choice in her clothes etc., her room is always clean and tidy. No concerns at all." Two people told us religion was important to them and that staff supported them to continue to be involved with other people in the religious community. One person said, "Someone comes once a month to give me and my husband communion and a visiting evangelist also offers support should we need it." Another said "If I wanted to I could see a vicar it would be sorted out for me."

Relatives told us they felt welcome to visit the home at any time. Staff were welcoming and always kept them up to date with what had been happening.

Is the service responsive?

Our findings

At the last inspection in December 2016 we identified that information in care folders kept in people's rooms had not been updated when changes had occurred which meant that information was not accurate, this needed to be improved to ensure records corresponded. At this inspection we found care records had been fully transferred onto a computerised care system, with supporting paper copies in care files for staff to access if needed. Folders kept in people's rooms had been audited and had been updated to accurately reflect people's needs. These contained relevant information for care staff regarding people's moving and handling needs, nutrition, care and support and daily charts being used for that person.

Daily records completed by care and nursing staff had been removed from room folders and were now included within the main care folders kept in the nurse's office. The deputy manager told us that this change had been implemented to give a clearer picture of the care provided. Daily records were in most examples seen more person centred. Care plans and risk assessments were reviewed monthly by RNs. The deputy manager and consultant were aware that further training and support was needed to ensure a consistent standard of record keeping was introduced and maintained. This was an area of on-going improvements which we will follow up on at the next inspection to ensure it has been implemented and maintained.

Staff knew people and understood them well; this enabled them to provide care that was person-centred and responsive to people's needs. People told us they were able to do what they liked throughout the day. People we spoke with told us they were happy that staff knew and understood them; many had been living at Bryher Court Nursing Home for several years.

There was a new activity co-ordinator in post. This was a member of staff who had previously worked as a carer who had now taken over the role. The acting manager told us they felt this person would be able to carry out this role well and they had asked them if they would consider the new role. Training was being sought to support them in this change of role. In the short time they had been working as activity co-ordinator they had visited each person to find out their hobbies and interests to try and find out ideas and suggestions for future activities they would enjoy participating in. There was an activity schedule displayed in the main entrance area. This included music, crafts, quizzes and exercise. The co-ordinator was very enthusiastic and looking into other areas to include pet therapy and appropriate exercise activities. During the inspection we saw six people participated in music from the "golden years" and card making in the afternoon. One person liked to go into the garden regularly. They used a wheelchair so needed assistance from staff. They were taken out when they requested it and staff made sure they had access to drinks and were warm enough whilst outside.

For people who were unable to come to the communal lounge to attend group activities or were unable to communicate verbally the activity co-ordinator felt it was important that people still felt included and told us one to one visits would be arranged to prevent them feeling socially isolated. Records had been completed to record one to one discussions with people and to show what activities people attended. People told us, "I do some activities, I like to go out, (activity coordinator) is very good," "It is my choice not to attend activities, he asked me and I declined," "I like my radio, reading and my kindle, they offer activities

but I am sufficiently self-contained to amuse myself thank you." One relative we met told us they visited regularly and bought their dog, this was popular with everyone. Another told us, "Mum is given a choice of where she goes, either her room, lounge or conservatory, she enjoys the activities if she is interested, I have no complaints."

A complaints policy and procedure was in place and displayed in the building. We asked people who they would speak to if they had any worries or concerns. We were told, "I would have to think about who to go to if I had a complaint, probably one of the senior staff," "I would complain to my family and they would sort it out." And, "I would talk to the carers if I had any worries." "One person did say, "I never complain, don't know who I would tell, I don't see many people." Relatives we met felt confident that they could raise concerns if they had them with any staff and these would be responded to. One told us, "A couple of times I have complained about the night staff, re her teeth cleaning, I told them and it was sorted," another said, "I have never had to complain, but yes I would complain to senior staff if necessary." One said "I have made a complaint about three years ago, it was all dealt with properly." We looked at records for complaints. There were no current on-going complaint investigations. The acting manager and provider were clear that any concerns received would be acknowledged and responded to in accordance with the homes policy and procedure.

Is the service well-led?

Our findings

At our inspection in December 2016 we found the provider had not ensured that a robust system was in place to continually assess and monitor the quality of service provided. Auditing systems were not robust and the provider and registered manager lacked oversight of the service. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Well-led was rated as Inadequate and CQC took enforcement action regarding these concerns.

At this inspection we found some improvements had taken place but further work was needed to ensure that the service met this regulation. Improvements to records were scheduled, but had not yet taken place for all areas of care and nursing documentation. The acting manager, provider and consultant told us the focus had been on improving the medicines, training and accident and incident processes as identified in the enforcement taken by CQC. Care planning and documentation improvements were scheduled in the coming weeks.

The registered manager had recently left Bryher Court Nursing Home, although at the time of the inspection they were still registered as manager with CQC. The deputy manager was covering this role, supported by the provider and an independent consultant recently employed by the provider. Having a registered manager in post is a regulatory requirement. The provider told us they were seeking support from the consultant regarding recruiting for the registered manager role.

Care planning documentation was a computerised system supported by paper copies kept in files in the nurse's offices. Although some reviews of risk had taken place, improvements were in their early stages and required work to ensure it was accurate and relevant. When a change occurred, for example, a wound was found by staff, this should lead to a wound assessment being completed and a corresponding care plan being written. We saw that wound assessments had been completed and information had been shared during staff handover to let staff know about wound. However, care plans had not been written. We also found that an entry in the diary for a wound review and dressing change had been missed and the dressing change had not taken place. Although this had not impacted on the person's health, the lack of a care plan being written in a timely manner meant that clinical decisions made by RNs were not being implemented.

The deputy manager told us that changes to care and risk assessments should be updated on the computer and a new copy printed off and added to the care folder. This should then lead to updates in the folder kept in people's rooms to ensure all information corresponded. We found two examples when an update had been hand written onto a care plan regarding a change of care need. However, this information had not been updated on the computer care plan documentation, which meant that the two did not correlate. This could lead to confusion regarding people's care needs.

People who had specific health needs did not have relevant information included in the care plan. Catheter care plans and documentation around catheter changes were not complete. We found that one care plan did not include what equipment size was prescribed for that person, this could impact on the care they received. When an RN had made changes to the equipment in use, no rationale for this had been

documented. This had not been identified by other RNs or management in reviews or audits.

Fluid charts to monitor people's fluid intake and output were not consistently being totalled at the end of each 24 hour period. Care staff felt if they had concerns they would tell an RN, but as the information recorded was not being reviewed and assessed daily by an RN this was not a fool proof system. For people whose fluids were limited or who needed monitoring to ensure appropriate levels were maintained documentation should be used effectively to monitor this. If documentation is not fully completed, issues which may be an indicator of a health concern could be missed.

Systems to assess and monitor the quality of service needed further improvement. Auditing processes had not been fully completed and actions had not consistently been documented or reviewed appropriately to demonstrate how the audit findings were being used to make improvements to the service people received. New audits introduced by the consultant and acting manager were still in their infancy. We were shown a list of monthly audits which started in April 2017 and had been completed for April and May 2017. However, due to the registered manager leaving employment shortly before the inspection these had not been fully completed for June 2017. The consultant was working with the provider and acting manager to ensure future auditing was robust and included analysis with actions identified and completed in a timely manner.

Further improvements were needed to ensure that records were accurate, complete and contemporaneous. The introduction of a more robust quality assurance system needed to continue and become embedded into every day practice. The above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people were aware there had been changes to the management, people were happy with the running of the home. General comments included. "Matron has left, I don't know who has taken over, I have no concerns living here, my son is happy, he visits." "I have no worries living here I like it." "Owner, nice fella, I can talk to him, I don't really have any concerns," And, "I think I have landed on my feet really."

We spoke to the acting manager and independent consultant and saw an action plan which identified improvements to risk assessments and care planning. One to one meetings were to be scheduled with all nurses and further training cascaded out to all staff to improve documentation. All systems and processes needed to be backed up by up to date relevant policies to inform staff.

Although we could see the action plans to address the issues in relation to documentation and good governance, a number of changes had yet to be implemented; therefore we were unable to make a judgment based on these as improvements could not be evidenced at this time.

Systems to assess and monitor the service were being introduced. This included medication audits, and a system to record and analysis accidents and incidents. Training issues had been addressed and the training programme was being maintained. The provider was visiting regularly throughout the week to improve their oversight of the day to day running of the home. As the registered provider and in the absence of a manager they are solely responsible for regulated activities provided at Bryher Court Nursing Home.

Staff had a clear understanding of their roles and responsibilities and the importance of being open and sharing information with people and families. Staff meetings had taken place, these had been used to share changes and discuss improvements being implemented. Meetings were now scheduled to take place regularly for all staff. Feedback was sought from people living at Bryher Court Nursing Home, relatives and visiting professionals. This information was collated and being used to facilitate improvements. We saw that one relative had fed back a query regarding an aspect of personal care. This had then been discussed with

staff at a staff meeting to ensure improvements were made immediately. This person was able to tell us the issue had been addressed and they were happy with the response.

Relatives told us, "I can talk to everyone, the culture is very caring, no complaints at all. I would attend a meeting if asked and able to," "There is a good diversity of staff which is nice, pictures of staff on the wall is a good idea." And, "No problem talking to manager, the culture here gives you a lovely friendly feeling when you come in the door. We have resident and relative meetings every couple of months which I come to."

There was an improved delegation of responsibility. Staff we spoke with were able to tell us about their role and responsibilities. They were aware that the registered manager had left and felt that the deputy manager and consultant were making improvements to the home. Staff told us they felt part of a team. They were aware of the previous inspection findings and the enforcement action taken and told us they were all working together to make things better. Carers felt that all staff worked well together. A newly employed RN told us they were very happy working at Bryher Court Nursing Home and felt that with good strong leadership the home would continue to improve. Another said, "I am very happy and settled here, I love it."

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
Diagnostic and screening procedures	Records were not accurate, complete and contemporaneous.
Treatment of disease, disorder or injury	The provider had not ensured systems to assess, monitor and improve the quality of service provided were maintained.