

Prime Life Limited

# Brackendale House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Brackendale House is a care home providing personal to 14 people with mental health support needs. At the time of the inspection 13 people were receiving care and support.

People's experience of using this service:

People living at Brackendale House participated in activities and involvement in the local community. Staff showed kindness and compassion and placed value on their caring role and involvement in people's lives. People were offered a choice of meals and staff closely monitored people assessed to be at risk of poor food and fluid intake.

The service had completed end of life care training to ensure people received high standards of care and support and were involved in the planning of their care at that stage of their life. The service had good working relationships with the local GP practice and mental healthcare professionals.

The service worked in partnership with people and encouraged feedback on the care provided. We received mainly positive feedback from people about the staff and service received. Staff told us they enjoyed working at Brackendale House and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout. Some decoration was tired, but the service had a rolling refurbishment plan in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good governance arrangements in place and completed internal quality checks and audits. Findings from these were regularly reviewed by the registered manager and provider.

Rating at last inspection: Brackendale House was rated overall Requires Improvement, with Requires Improvement for effective, responsive and well-led, and good for the remaining two key questions. The report was published June 2018.

The service was in breach of regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service sent us an action plan to provide assurances on how the service would address the breaches. This action plan was reviewed as part of this inspection.

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection schedule for services rated as Requires Improvement.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **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 well-led

Details are in our Well-Led findings below.

**Good** ●

# Brackendale 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and one assistant inspector.

#### Service and service type:

Brackendale House is a care home that provides care and support to people with mental healthcare needs. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection visit completed 10 April 2019.

#### What we did:

**Before inspection:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders.

**During the inspection:** We spoke with six people who used the service. We observed care and support provided in communal areas. We spoke with the registered manager, provider, one senior carer, one member of care staff and the maintenance person. We looked at seven people's care and support records in detail and four people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We requested provision of additional information that was sent to us after the inspection visit within agreed timescales.

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding, recognising types of abuse and their individual responsibilities to report concerns to the senior carer or registered manager.
- The service kept a log of safeguarding notifications submitted to the local authority and to CQC, with evidence of guidance and advice being followed where applicable.
- People told us they felt safe living at the service. One person wished to raise concerns regarding living at Brackendale House, and advice was provided around discussing their concerns with their social worker. Staff contacted the person's social worker after this discussion to arrange a meeting.

Assessing risk, safety monitoring and management

- Detailed Personal Emergency Evacuation Plans (PEEPS) were in place for each person. People who wished to smoke in their bedrooms had designated metal bins, fire retardant bedding and curtains. We identified one person who used items of furniture to barricade themselves in their bedroom. We suggested for details of people smoking in their bedrooms and any barricade risks to be added to their PEEPS, the service acted on this suggestion straight after the visit.
- Environmental audits were in place, including monthly checks of windows to ensure restrictors were in place and remained in working condition. We identified some exposed hot pipes and uncovered radiators during the inspection. The registered manager ensured measures were put in place following our visit to mitigate these risks.
- Care records contained detailed assessments and risk management plans for areas of care including changes in people's behaviour, mental health presentation, malnutrition and falls. For people living with long term conditions such as diabetes, their care plans gave staff clear guidance on what to monitor and what action needed to be taken. Staff were familiar with the guidance in place to manage these risks.
- Risk items such as cleaning products were stored securely. Staff were clear of the process to follow when taking the cleaning products into communal areas to ensure all items were accounted for.
- For those people who required diabetic diets or had food allergies, staff understood their needs, and ensured different meals were cooked to accommodate individual requirements.
- People experiencing falls were monitored closely for patterns, with onward referrals made to the falls team

for specialist input when required. For one person, staff had liaised with the GP to arrange for a medicine review to reduce their risk of further falls.

- Equipment for use with people, and for fire safety and water quality were regularly tested to make sure they worked correctly. Where concerns were identified the service clearly documented the action taken and the timescale for this.

#### Staffing and recruitment

- Staff records contained character references, qualification reviews (where applicable), and details of their induction programme. Disclosure and Barring Service (DBS) were in place. DBS can advise employers if an applicant is unsuitable for a role in care based on any previous convictions.
- There were sufficient staff on shift to meet people's needs during the inspection. The service had assessed staffing levels for each shift, which were determined by use of a dependency tool for each person living at the service. Staff were present in communal areas throughout the inspection, and observed to regularly check on people who were spending time in their bedrooms.
- The service had their own bank staff who covered staffing shortfalls as needed. The service did not use agency staff. The service had an ongoing recruitment programme, which included advertising for more care staff.
- Night shifts consisted of one staff member. Due to the layout of the service and potential need for support to respond to an emergency, we identified there were no measures in place to enable the night staff member to access assistance. The provider responded to our concerns by installing communication equipment to keep lone working staff safe.

#### Using medicines safely

- There were systems in place for ordering and administering medicines, including medicines that required specific storage and recording. Medicines were monitored regularly to ensure they had been administered appropriately. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely and appropriate records were kept. Staff were aware of the process to follow in the event of a medicine error.
- Protocols for as required (PRN) medicines were personalised, and provided staff with points for consideration such as changes in people's presentation and changes in body language before using PRN.
- We observed people being given their prescribed medicines. The medicines were given in line with how they wished to take them. Where a person was assessed to be able to manage their medicines independently, risk assessments and care plans were in place to support the person to maintain their safety.
- Bedrooms contained lockable storage units for people's creams, and for those people who managed their own medicines, with corresponding risk assessments in place.
- We identified some people had paraffin based topical medicines who also smoked. We discussed the fire risks and the need to have management plans in place. The registered manager implemented risk management plans following the inspection.
- We identified that people regularly came into the office when medicines were being given to other people. The trolley was in the main staff office increasing the risk of distractions. We requested for the service to implement an environmental risk assessment to ensure consistent standards of medicine management and security were followed. The registered manager was clear that staff should not allow people to enter the office when completing medicines, and assured us they would remind all staff to place the trolley in the office door to restrict entry while completing the medicine round.

#### Preventing and controlling infection

- The standards of cleanliness were variable, with malodour found in some bathrooms and toilets during the morning. Once the cleaner had visited, we reviewed the condition of the bathrooms and toilets again and this issue had been addressed. We did however, raise this as a potential concern to the provider, as the

condition of these rooms in the morning could impact on people's willingness to use them.

- People were encouraged to keep their bedrooms and communal areas clean where they made their own drinks. The service completed regular infection prevention and control audits, and any areas of improvement had clear timescales attached.
- The service had an ongoing refurbishment plan in place, and we saw new furniture was in use in communal lounges.
- Regular audits of the environment were in place including spot checks of people's bedrooms and communal areas, window restrictors and fire doors. Where people were identified to be at risk of storing soiled laundry or food waste in their bedrooms, staff had clear management plans in place to prevent spread of infection or poor hygiene.
- We observed care staff to be supporting people with cleaning their bedrooms during the visit.
- The care staff on shift were responsible for completing cooking, cleaning and laundry tasks. A cleaner visited daily to clean bathrooms, toilets and communal areas. They had appropriate equipment, cleaning schedules were in place and training around the safe use of chemicals.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information for patterns, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- Some people experienced changes in their behaviour. Incidents were recorded on behavioural monitoring charts. We identified that these did not have a place for the staff member to sign to be clear who was involved with an incident. Following the inspection, changes were made to the paperwork by the registered manager.





## 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

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. Care records contained detailed hospital passports and personal profiles. These were completed with each person to source people's life histories, hobbies and interests. These were reviewed and added to on a regular basis as relationships between people and staff developed.
- Care records contained forms signed by the person to confirm they had been involved in the development of their care plans, or to indicate where the person had declined to be involved.
- The service completed preadmission assessments with people before they moved in. We met some people who had recently moved into the service. Staff offered support to assist the person to settle in, unpack their belongings and familiarise themselves with the care environment and local community.

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 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).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and were able to give examples of how they implemented this into their practice.
- The service had one person with an authorised DoLS in place.
- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision making process around their care and support needs, and staff worked with

people to minimise restrictions.

- Staff consulted with healthcare professionals when making best interests decisions.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff files contained evidence of training completion certificates. Staff gave positive feedback about the training available and demonstrated implementation into their practice.
- Staff spoke positively about the induction process when new to the service. Staff shadowed shifts with an experienced member of staff.
- The management team held regular staff meetings and incorporated discussions around documentation, infection prevention and control procedures, fire procedures and reviews of the latest medicine's audits.
- Staff received regular supervision and had received performance based appraisals. Staff gave positive feedback about the value of setting personal development goals and being encouraged by the registered manager to gain new skills and experiences.

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

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good mental health. There was a daily menu in place, but people could choose alternatives they really enjoyed and to accommodate dietary requirements.
- If a person did not wish to follow a specialist diet, staff assessed the risks in relation to the individual's capacity and understanding to make that decision and insight into the associated risks. For two people we identified that were trying to lose weight. Support was being provided by staff, but the people found it difficult to maintain a healthy diet. We suggested for the service to consider seeking specialist support from a dietician.
- People gave feedback on the food provided. People told us they had enjoyed their lunch, and plates came back empty at the end of the meal. One person told us, "[the food] was not too bad". I do not like pasta bake or lasagne. But I do like ham, plaice, chips and breast of chicken." We saw that this person received an alternative to the main meal available on the day, as this had been pasta bake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a good working relationship with the local GP practice and mental healthcare professionals. Staff told us they felt confident to contact healthcare professionals for advice as required and told us this prevented delays in sourcing specialist support, however they could experience difficulties accessing crisis, out of hours support services.
- Care records contained crisis plans, advanced directives and protective factors, so that staff were clear how best to support people when they experienced deteriorations in their mental health and wellbeing.
- Care records contained details of visits to the dentist, chiropody and hospital appointments.

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

- The service was accessible throughout, with accessible bathrooms and equipment in place. People with reduced mobility had bedrooms on the ground floor to overcome needing to use the stairs.
- Bathrooms, toilets and communal areas had signage to assist people with familiarising themselves within the environment. Bedrooms had a number on the door.

## Our findings

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff recognised and placed value on the things that were important to each person, including protected characteristics such as marital status, relationships and spirituality. We observed one person speaking passionately about plants and trees. They were encouraged by staff to water the indoor plants, and told us they were going to purchase some plants to put in pots outside the front door.
- People we spoke with gave mixed feedback about the care they received. However, where people told us they had concerns or felt unhappy, this was around funding or wanting to move to alternative placements, therefore not as a direct result of living at Brackendale House. Advice and guidance was provided about liaising with their social care teams. We observed staff to support people to contact their social workers and arrange meetings after raising concerns in their presence while speaking with inspectors.
- When people came to the office door, staff responded immediately to their requests, provided reassurance and nothing was too much trouble.
- We observed staff to knock before entering rooms, and explain to people what they were going to do before and during the completion of tasks such as giving people their medicines. Where people became distressed, staff were quick to offer reassurance and support. We overheard one person telling a staff member someone had upset them during lunch, the staff member offered support and reassurance, and they agreed a plan of what the person wanted to happen to resolve the issue.
- We observed staff treating people with compassion and affection, and taking the time to have meaningful conversations. There was a lot of laughter and fun banter between people and staff which made the atmosphere relaxed and put people at ease. The inspection team were made to feel welcome during the visit.
- We saw examples of people being encouraged to make contributions to activities, and discussions. People and staff were growing sunflowers as an in-house competition. We observed banter between people and staff about who would win.

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

- The service had a running programme of resident meetings. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service.

- Comments boxes and information on the service's complaints processes were accessible, along with information on external organisations that could assist people with making complaints or appeals relating to their mental health aftercare.
- We found the management team to be very responsive to feedback and demonstrated a desire to make changes and drive improvement for the benefit of people and the overall care experience.
- The service sent out satisfaction surveys to source people's feedback. For March 2019 four responses had been received. The surveys covered staff attitude, home cleanliness, choice of meals, activities available, quality of service, appearances of the home, appearance of staff. All responses were positive, mainly rating areas of the survey as 'good' or 'excellent.'

#### Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff treated them with dignity and kindness and promoted their independence.
- We observed staff encourage people to dress smartly and maintain good standards of personal hygiene, particularly if accessing the local community or attending appointments.
- People were empowered to be as independent as possible and placed at the centre of the care provided. For example, care plans detailed the personal care tasks people could complete independently, or with encouragement to prevent staff taking away people's independence.
- Care records contained clear guidance for staff on methods of communication and interaction for those people experiencing changes in their mental health presentation that could impact on their levels of understanding. The guidance emphasised the need to support people to maintain their independence and level of involvement in decision making.

## Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans contained information about personal preferences and choices, including areas of strength, hobbies and interests.
- Where people experienced changes in their level of understanding, care records contained clear guidance for staff on how to engage and communicate with the person to ensure they continued to be involved in the care and support provided.
- There was an activity programme in place, providing group and one to one sessions on site and encouraging people to access the community. Some people were involved in voluntary work roles.
- Staff gave us examples of ways they encouraged people to go out where they lacked confidence. This included visits to the local church, shops and the sea front.
- The service had an enclosed garden and seating area and staff gave examples of activities they held in the summer months to encourage socialising.

End of life care and support

- Since the last inspection, the service had completed end of life care training. This was designed to improve the standards of end of life care provided in care home settings. People had end of life care plans, setting out their wishes and preferences for this time in their care.
- The service confirmed that in the event a person required end of life care, they would work with the local GP surgery to ensure that people had the required medicines in place to manage pain levels, and to ensure people were comfortable.
- There was no one receiving end of life care at the time of the inspection.

Improving care quality in response to complaints or concerns

- Between November 2018 and March 2019 there had been no complaints received by the service. Information on how to make a complaint was available to people in communal areas. There was also a comments box.
- People were actively encouraged to give feedback and raise concerns if they needed to. The registered manager was accessible for people to speak with as required. The registered manager was based in the main staff office, and we observed people to feel comfortable to come to the office, to speak with the

registered manager throughout the day of the visit.

- We observed people to be comfortable to raise concerns or give feedback to us, in the presence of members of staff. There was an open culture within the service, and we found the service to be responsive to feedback.

## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a rolling quality audit programme. This included infection, prevention and control, safeguarding and medicines. Certain members of staff such as the maintenance team had audits for checking the condition of water safety. The findings from these audits fed into the overall management audits. The outcomes from the audits completed by the service were shared with the provider, and the provider completed their own audits and site visits.
- We identified some gaps in the recording of designated one to one hours. We discussed this with the registered manager, as a lack of recording could impact on longer term funding arrangements. Following the inspection, measures were implemented by the registered manager to address this shortfall.
- The registered manager completed regular site walk arounds, talking with people and monitoring the condition of the environment and completing spot checks to ensure that the quality and standards of person-centred care were maintained.
- There was a registered manager in post, who worked closely with the care team. They were well respected and had a lot of valuable experience.
- Staff recognised their own accountability, and who to escalate any concerns to. We observed that the senior staff held leadership roles, allocation of tasks and the running of each shift.
- There was clear oversight of staff performance and competency, and where concerns were identified, we could see that competency checks and further training had been put in place.
- Morale within the service was observed to be good. Staff gave positive feedback about working within the team, and the support and encouragement provided by the registered manager.
- Staff and the management team were clear that if they made a mistake or got something wrong, they needed to learn from this and implement change in line with the provider's values and the service's duty of candour policies.
- The service kept a log of accidents, incidents, safeguarding referrals and CQC notifications.

- The provider was unable to locate their lone working policy during our visit. Following the inspection, we received confirmation that relevant policies were in place for staff to follow, and this information was shared with us by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People could provide feedback on the running of the service through resident meetings, the complaints process in place, and anonymously using a comments box.
- Staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting. Staff confirmed that if unable to attend the meeting, the minutes were shared to ensure everyone had access to the information discussed.
- The service had good links with people and services in the local community, and encouraged people to participate in local events. People were encouraged to maintain relationships with their friends, local churches and social groups.
- Where issues arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively tried to get family and friends on board to work collaboratively to support people to be able to maintain living safely at the service. The service fostered a positive relationship of inclusion, and wanted to work in partnership with people and their families and friends.