

Bryony House Limited

Bryony House

Inspection report

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West Midlands
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Bryony House is a residential care home providing personal and accommodation for up to 35 people aged 65 and over. At the time of the inspection 30 people were living at the home.

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

The day to day monitoring of the home was not effective. Incident and accidents weren't analysed for themes and trends. Systems were not effective for monitoring medicines. The wrong applications had been submitted to deprive people of their liberty, this had not been identified. Records relating to people's day to day needs were not always completed. The storage and retrieval of documents was not effective.

The registered manager had left in 2017 and CQC had not been notified of this.

Prescribed cream and patches were not always managed in line with best practice (NICE) guidelines. Staff did not always record people had received their medicines as prescribed. Lessons were not always learnt following incidents and accidents.

Moving and handling was carried out safely. People felt safe. There were safe staffing levels. Staff knew how to protect people from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People felt well supported. People were encouraged to be independent.

People's and their relatives were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the manager. People, relatives and staff were given the opportunity to provide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2019) and there was a breach in relation to the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for two consecutive

inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance 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 for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bryony 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Bryony House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission however they had left. There was a manager in post who was in the process of registering with us. This means that 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the manager, assistant manager, senior care workers, care workers, activity coordinator, kitchen staff and the administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at incident and accidents and information relating to falls. We spoke with one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- Some people were using prescribed patches that needed to be put on a different part of the body each time they were administered. There was no information available to staff to ensure this practice was followed. We discussed this with the deputy manager who said they would put a system in place for staff to record where they had administered patches.
- The management and auditing of people's prescribed creams were not effective. Labelling and administration instructions were not always clear and there were gaps in records. The deputy manager took immediate action to address this, there was no evidence people hadn't received their medicines as prescribed.
- Controlled medicines were stored and monitored safely. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.
- Staff had received training in medicine administration. The manager told us they would be adding more information to the medicines training, to address the areas we identified.

Staffing and recruitment

- During the last inspection there were concerns about the number of staff on duty and there were delays in staff answering call bells. Since then, the manager had implemented a staffing tool, so they could assess how many staff were needed on shift. The manager had recruited an activities coordinator and showed us they had reassessed the staffing needs when the number of people living at the home had changed.
- People, staff and relatives told us there were safe numbers of staff on shift. Staff told us the morning shift was busier than the afternoon but said they felt it was safe. We observed staff in and around the communal areas supporting people and socialising. Call bells were responded to in a timely manner. People told us, "When I press the buzzer, they come and help me, if they are busy they check and tell me they will be back" and "There is always someone about".
- Staff had been recruited safely. All pre-employment checks had been carried out to ensure staff were suitable for the role.

Assessing risk, safety monitoring and management

- During the last inspection we found moving and handling techniques were not always appropriate. During this inspection we observed safe moving and handling techniques. A staff member said, "I have never observed any unsafe moving and handling practices."
- Food, fluid and pressure area checks were not being consistently recorded for people who were identified as being at risk of malnutrition, dehydration and sore skin. Although there were no concerns identified for people, the lack of recording meant peoples known risks were not being effectively monitored.

- We spoke with a health professional who visited a person on a regular basis, they told us the person's sore skin had healed well and this would not be the case if they were not receiving adequate food, fluids and pressure relief, they said, "They [staff] do turn [person], they do provide good care."
- People and their relatives told us they felt safe. One person said, "I feel safe here because they [staff] help with my walking frame." Another person said, "I feel safe and happy."
- Staff understood where people required support to reduce risks, for example choking risks. This was well communicated to kitchen staff and they understood what requirements people had so they could eat safely.
- Care plans and risk assessments contained guidance for staff to follow to keep people safe. The manager told us the new care plans they were implementing would be more person centred.
- Regular maintenance of equipment was evident including fire extinguishers and electrical items. This ensured equipment in the home was safe for use.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded appropriately, and action taken where needed. However, there was no clear analysis of accidents and incidents to identify themes and prevent future occurrences. The manager was implementing a new online system, they said it would identify any themes and trends with incidents and accidents.

Systems and processes to safeguard people from the risk of abuse

- Staff could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would report any abuse to the manager. I could also go to social services or the police."
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.

Preventing and controlling infection

- Staff told us they had received infection control training and we observed staff using personal protective equipment such as aprons and gloves. This prevented infections from spreading.
- People's rooms and communal areas of the home were clean and tidy.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had not been applied for in line with legal requirements. The manager submitted the necessary applications on the day of inspection, but this meant applications to deprive people of their liberty were delayed.
- Previous DoLS authorisations had been archived and the manager was not able to locate them. Peoples care plans contained information about their DoLS authorisations but did not specify if they had conditions or not. Therefore, we were not able to verify if conditions were present and being met. The manager told us no one had any DoLS condition.
- Care plans detailed where people lacked capacity to make specific decisions and what had been agreed in their best interests.
- Staff had a good understanding of the MCA. A staff member told us, "Mental capacity is a person's ability to understand what is asked or said, retain the information and make an informed choice."
- Where people had a lasting power of attorney (LPA) in place, all the correct documentation was in their care plan to evidence who could make decisions on their behalf. A LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A person said, "I know the staff and they know me."
- Staff understood their responsibilities and what was expected of them. Staff told us they received training relevant to their roles and to the specific needs of the people they supported. For example, training in how

to support people to eat safely.

- Staff had completed an induction process and the Care Certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People told us they liked the food. One person said, "The food is great I like everything, especially the roast dinners and the puddings."
- Where people had undergone assessments from health professionals in relation to their food and fluids, staff were following the guidelines and had a good knowledge and understanding of people's needs. A relative told us, "[Persons] diet has changed, they [staff] took care of that."
- The kitchen staff were aware of people's dietary requirements. They had a system in place to ensure people had their food and fluid prepared in a safe way.

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

- The provider told us, in the information shared with us before the inspection (PIR), they worked with outside agencies to ensure people had access to a variety of services. We saw referrals were made to speech and language and the district nurse teams.
- Staff supported people to manage their health needs and supported them to access the necessary healthcare services. This ensured people's day to day health and wellbeing needs were met. A person told us, "They [staff] arrange for the doctor whenever it's necessary."
- People had access to a dentist who visited the home on a regular basis. Staff understood what support people required to maintain their oral health and what signs to look out for to identify if people were in pain. People's care plans contained information about how they wanted to be supported with oral health care.
- Staff and the manager were proactive when people's health needs changed and would contact health professionals on people's behalf. A professional told us, "They [staff team] are very good at contacting us if they are worried about a person. They put in place anything we suggest"

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

- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms. The provider told us, in information they shared with us before the inspection (PIR), which areas of the home had been refurbished such as the lounge and conservatory, we saw this was the case.
- The home had a large, well maintained garden that was accessible for all people who lived at Bryony House. A person said, "They have this big garden and in summer I can watch the squirrels."

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

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 felt well supported and treated with kindness and compassion. A person said, "They [staff] go out of their way to be caring ... they make you laugh." Another person said, "You get a hug [from staff], it's really good."
- Relatives felt their loved ones were cared for and supported. Comments included, "Staff are always pleasant do their best", "I think staff are all caring", and, "[Relative] is happy here and I'm happy with them living here."
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity and respect. Comments included, "I find them [staff] very pleasant and respectful", and, "They treat me with respect and dignity, they always ask if it's ok [to support me]."
- We observed a staff member propping people's bedroom doors open, when they were administering medicines. We discussed this with the manager who said they would ensure this did not happen again.
- Care plans contained information on how staff could support people to maintain their independence. The kitchen staff used a system to identify who could independently manage their meals, for example, some people could make their own toast for breakfast. A member of kitchen staff told us, "This encourages peoples independence."
- People's care records were kept securely, and their confidentiality respected.

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

- People, relatives and professionals were provided with questionnaires, so they could express their views about the care provided. Comments from these questionnaires were positive and covered areas such as staffing, activities and complaints.
- Care plans contained details of external people who were involved in people's care, for example advocates, appointees and family. This enabled people to have access to support outside of the home if they needed it. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- During the last inspection we did not see any activities taking place and saw people spent the day sleeping in chairs. The manager had employed an activity coordinator and they were completing activities as a group and with individual people. We observed staff sitting and talking to people in the lounge, people reading and socialising together. People told us, "We have activities including quizzes" and, "I always join in the activities and we [me and staff] chat."
- A member of staff told us, "The activities are better, the activity coordinator engages people, and everyone is given choice." A relative said, "There is lots going on with activities ... There's photos of people doing things that change on a regular basis."
- Peoples preference were considered when activities were planned. The activity coordinator told us they consulted with people about what they wanted to do and had arranged some group outings including shopping and the opera. The activity coordinator was looking to get a volunteer to support with more activities.

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

- People were offered choice. We observed people being offered a choice in what they ate, what activities they did and weather they spent time in the communal areas or their bedrooms. A person said, "We have choice, like the menus. Here is someone coming around [now] to check our orders."
- People and their relatives told us they were involved in the review process. One relative said, "Yes, we have meetings."
- People's care plans detailed information about how they liked to be supported. They included peoples likes and dislikes. This showed care plans were individualised and tailored to each person. The manager told us they were devising new care plans for everyone living in the home, these contained more in-depth person-centred information about their likes, dislikes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats for example easy read documents and large print.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and felt they could approach the manager with any concerns.
- The provider had a complaints policy and procedure that was available to people. Two complaints had been made since the last inspection and these had been dealt with in line with the policy.

End of life care and support

- Where appropriate peoples end of life wishes and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure peoples end of life care was delivered in a way they wanted. A relative told us, "[Person] is end of life, they cannot have better care."
- Where people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place, there was evidence medical professionals and families had been involved.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection there was a lack of adequate checks and audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made, audits were still not robust and did not identify issues we found on inspection, the provider was still in breach of regulation 17.

- During the last inspection audits did not always provide enough information to enable a detailed analysis of incidents to establish patterns and trends. During this inspection no improvement had been made and the information could not be analysed for themes and trends. The manager told us their new electronic system would support in identifying themes and trends.
- The systems in place to audit medicine had not identified issues we found during inspection. We discussed this with the manager who said they would review their audits and implement a new system.
- System in place were not effective in identifying DoLS application had not been submitted in line with legal requirements. The manager made appropriate referrals on the day of inspection and said they would have discussions and provide additional support for the staff who had completed the forms.
- Staff were not always recording where they had supported a person with eating, drinking and pressure relief, the providers systems had not identified this. The registered manager told us the new electronic system would alert them if this type of information was not imputed by staff.
- The storage and retrieval of documents was not effective and did not enable the manager to retrieve documents in a timely way. Paperwork was difficult to follow, and audits of the service had failed to identify this.
- There registered manager had been absent from the service since June 2017 and then left. The provider had failed to notify us of the registered manager has permanently left. The provider audits had not identified that a notification had not been submitted and the registered manager had not deregistered with CQC. In addition, the current manager had been in post since the manager had been absent and had not yet registered with CQC.
- The provider failed to identify they were not displaying the rating of the service on their website, in line with requirements. After inspection, the manager was able to confirm the ratings had been displayed. Ratings were displayed in the entrance foyer of the home in a visible place.

- The provider audits had failed to identify one notification had not been submitted to CQC in line with legal requirements. All other notification had been submitted appropriately.

The manager responded positively to the inspection process and took appropriate action on issues raised. We found no evidence that people had been harmed however there was a lack of adequate checks and audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the last inspection we found hazards in the home that had not been identified by the providers audits. At this inspection we found these hazards had been fixed and health and safety audits were now taking place.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision, we saw schedules reflected this. This gave staff the opportunity for learning and development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff felt well supported and staff, people and relatives expressed confidence in the management team. A person said, "Yes, I know the manager, she goes around [the home] and sometimes has meals with us." A relative said, "The manager is very approachable." A staff member said, "I'm really impressed with what [manager] has done ... The environment is much calmer and relaxed."
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

- The management team encouraged involvement with the local community. There were the 'friends of Bryony House' who were local people and visited people in the home regularly to carry out social activities. There was also a vicar who was visiting the home on the day of inspecting and was a regular visitor.
- Staff communicated with the GP, dentist, optician, district nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people. A professional told us, "[Manager] is very open and honest, if we highlight anything [that needs to be done] she makes sure it is communicated to the carers."

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

- The manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

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 Systems and processes were not robust enough to demonstrate quality and safety were effectively managed.