

## Bronte Regency Health Care Limited

# Bronte Park

### Inspection report

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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



#### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We inspected Bronte Park Residential Home on 30 July 2014 and the visit was unannounced.

Bronte Park Residential Home provides accommodation and personal care for a maximum of 28 people. It does

not provide nursing care. It is a large detached converted property and accommodation is provided in single and double bedrooms on two floors. There is a passenger lift. On the day of our visit 17 people were living in the home.

There was a manager in post but they had not been registered with the Care Quality Commission. The provider told us an application to register would be made following the completion of their probation period in August 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

People who lived at the home and relatives were generally positive about the service they received and told us things had improved since the new acting manager had taken over.

We found people's safety was compromised in some areas. Although staff had received training about indicators of abuse and reporting procedures, they had not followed procedures when incidents had occurred between people living in the home. We also found staff had not taken action to reduce risks to people when these had been identified through the assessment process.

People told us there were enough staff to give them the support they needed and this was confirmed by our observation. Staff told us they received appropriate training and that this was kept up to date.

The choice of meals available was limited and the quality and quantity of food available was not always to people's taste. There were no clear plans in place for people who had been identified as being nutritionally at risk.

Although people spoke positively about staff, we found caring relationships varied between individual staff members. We observed most staff to be warm, compassionate and caring in their approach. In contrast we saw a staff member show a lack of regard for the people they were caring for. We raised this with the management who told us they would take action to address this.

People told us activities at the home had improved and there were opportunities for people to go out on trips or shopping with staff.

We found there were systems in place to monitor the quality of the service, but these were not always effective. Deficiencies in the care plans, response to risk assessments and incidents had not been picked up by the homes auditing tools.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Staff had attended training about keeping people safe and the types of abuse that could occur, however, we found they had not followed procedures when incidents between people living in the home had occurred.

We found the recruitment process for staff were robust to make sure staff were safe to work with vulnerable adults. We also found there were enough staff on duty to meet people's needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement**



### Is the service effective?

The service was not always effective. There was a limited choice of food and the meals served were not always to people's taste in terms of quality or quantity. For people with limited appetites there was little on offer in the way of high calorie drinks and snacks.

Staff had received up-to-date training, induction and support this meant staff had some of the skills and knowledge to meet people's needs.

There were a range of health care professionals visiting the home to make sure people's health care needs were being met. The community matron told us that improvements had been made since the acting manager had started at the home in supporting people with their health care needs.

**Requires Improvement**



### Is the service caring?

The service was caring. People told us staff were kind and caring. From observation we saw a lot of positive interactions between people living in the home and staff.

We did witness some practices that showed a lack of respect for people. The owners told us they were aware of performance issues with a member of staff and that it was being addressed through supervision.

**Good**



### Is the service responsive?

The service was not always responsive to people's needs. Care plans did not always identify people's specific needs or what support staff needed to offer to meet those needs.

There were a variety of activities for people to participate in as well as trips out.

People told us if they had any concerns they would tell the staff. We saw complaints that had been made had been responded to appropriately and resolved to people's satisfaction.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not always well-led. People who lived at the home and staff told us the new acting manager was making improvements. Staff said they felt more able to make suggestions about how things could be improved and felt they were being listened to.

However, we found although there were systems in place to monitor the quality of the service, these had failed to pick up the issues we identified around people's safety and care planning.

## Requires Improvement



# Bronte Park

## Detailed findings

### Background to this inspection

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included information from the provider, and speaking with the local authority contracts and safeguarding teams. The provider completed a provider information return (PIR) and we received this prior to this inspection.

Our last inspection took place on 21 January 2014 and, at that time, we found a breach of legal requirements relating to infection control, medication, staffing and staff support. We asked the provider to make improvements. At this inspection we found improvements had been made in these areas. At the inspection in January we also found a breach of legal requirements in relation to care and welfare, although we found improvements had been made we identified some further concerns on this visit.

On the day of our inspection we spoke with seven people who lived at Bronte Park Residential Home, two relatives who were visiting the home, six members of staff, the acting manager and two health care professionals.

We spent time observing care in the dining room and lounge and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people using the service who could express their views to us. We looked around the building including people's bedrooms, bathrooms, kitchen and communal areas. We also spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The draft report and quality rating was shared with the provider in January 2015.

# Is the service safe?

## Our findings

People we spoke with said that they felt safe. One person said "It's alright; I've got my own room. I've got my privacy and I like that. If I had any worries I'd talk to the staff. I feel safe and they look after me, I think."

Staff we spoke with told us they had received safeguarding training, which included the different types of abuse which can occur. We asked two staff what they would do if there was an incident between people at the home where one person hit another. Staff told us the immediate action they would take to ensure people's safety, but did not think a referral to the safeguarding team would be needed. One person told us that such an incident had happened the previous week and we witnessed a 'near miss' between the same individuals when one lashed out at the other, however, no safeguarding referral had been made. If safeguarding referrals were not being made this meant external agencies were unable to consider the issues raised in order to decide if a plan to keep people safe was required. Following our visit we made a safeguarding referral to the Local Authority.

This breached Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw staff had received training about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005 and aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. One of the owners told us in response to the recent supreme court judgement in respect of DoLS they had spoken with the Local Authority and agreed they would be making four DoLS applications in the first instance. These would be for people who could not freely leave the building when they wanted to as the front door was kept locked. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation.

We looked at the recruitment records for four staff members. We found that recruitment practices were safe and that relevant checks had been completed before staff had worked unsupervised at the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work in a care home.

At our inspection in January 2014 we found there were not enough staff on duty to meet people's needs. During this visit we saw staff were available to respond to people's requests in a timely way. Staff we spoke with told us the staffing levels were sufficient to meet people's needs and said during the week the acting manager was available as an extra pair of hands. We looked at the duty rotas and saw staffing levels were being consistently maintained. The owners told us they had started to use a dependency tool to assess people's changing needs so staffing levels could be adjusted accordingly. They told us this will be completed on a monthly basis to make sure there were enough staff to meet people's needs.

Disciplinary procedures were in place and we discussed with the owners examples of how the disciplinary process had been followed where poor working practice had been identified. For example, we saw evidence where concerns had been identified, a meeting had taken place with the staff member and clear actions/expectations of staff had been agreed. This helped to ensure standards were maintained and were people kept safe.

At our inspection in January 2014 we had some minor concerns about the management of medication in the home. During this visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw that a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. We observed the member of staff giving out medication wore a "do not disturb" bib and ensured people had taken their medication in full. Their manner was pleasant and encouraging.

At our inspection in January 2014 we were concerned about the cleanliness and infection control measures at the home. On this visit we found the cleanliness of the home had improved. We looked around the communal areas, bedrooms, bathrooms, toilets and the kitchen. We found soap and paper towels were available and staff were wearing gloves and aprons at appropriate times. The acting manager, staff and the two health care professional we spoke with told us hygiene standards at the home had improved.

# Is the service effective?

## Our findings

We observed the breakfast and lunchtime meal service. The cook told us there was a choice of cereal, porridge, toast and bacon sandwiches; however we saw people weren't offered a choice of meal. For example, a staff member brought one person into the dining room, asked them what they wanted for breakfast and before they had time to answer said, "Bacon sandwich and tea."

At lunchtime no choice of meal was offered and the main meal came ready plated and did not look appetising. This meant people had no choice in the components of the meal or portion size. We found the dining experience could have been improved and feedback regarding the food was poor. We saw one person complain their meal was cold; it was taken back to the kitchen and reheated. The individual then ate it, but said, "I shan't be buying one of these again. It's a bloody mish mash." Another person wanted a bigger portion and staff took their plate away to get them more food. A third person ate the mash but nothing else and said they wanted, "A proper dinner," and described the food as, "Inspid." Staff offered them a range of sandwiches and the person chose ham as a filling. There was no ham and after various sandwiches had been brought and refused the person said they would have a dessert their relative had brought. Staff brought this heated up but it was refused as the person wanted it cold. A cold desert was finally given.

We saw one person ate very little and got up and left the dining room. When they were brought back by a member of staff their meal was cold. We saw another person really enjoyed their pudding and was scraping and scraping their empty dish. Staff did not offer them a second portion until prompted by one of the inspectors.

We looked at the menu which operated on a three week cycle. We saw it was heavily focused on basic meals and sponge based desserts. Staff and a health care professional told us they thought the quality of the food could be improved.

We saw one person's nutritional risk assessment advised the person should have two nourishing snacks between meals as well as nourishing drinks. We saw from their weight records they had lost 2.9kg (6lb 6ozs) over a two

week period. We saw drinks and biscuits being served mid-morning and mid-afternoon but no other high calorie foods. We asked a member of staff what high calorie snacks this person had and they told us it was a supplement drink. This meant the persons' nutritional needs were not being met.

This breached Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. We looked at the home's training matrix / records which confirmed what staff had told us. One person said, "We get good training. We've recently had moving and handling, dementia and mental health. It was really useful. For instance, I didn't know anything about schizophrenia before." This meant people using the service were cared for by staff who had been trained to do their job.

People we spoke with told us they liked the staff and they felt comfortable with them. People said they thought the staff were competent. One person told us, "If I was worried about anything I could talk to any of them. They're very good and kind. They know me and I feel looked after."

We saw the induction training for new staff covered core subjects such as moving and handling and local policies and procedures. We spoke with a newer member of staff who was an experienced carer. They told us they had completed three days induction training to familiarise themselves with the home. At our inspection in January 2014 we found staff were not receiving formal supervision. On this visit staff told us they felt well supported and confirmed they received one to one supervision. This meant staff had the opportunity to discuss any issues on an individual basis.

In the three care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, specialist nurses, community matrons and optician. We spoke with two visiting health care professionals who told us communication between staff at the home and themselves had improved since the acting manager took over. Staff told us the community matron visited every week to check everyone's health care needs. This showed people's health care needs were being met.

# Is the service caring?

## Our findings

People we spoke with told us they liked the staff and that they were, “Very kind”.

One visitor said they were regularly consulted about the care needs of their relative. “I’m impressed with it. I don’t know what they get paid, but it’s not enough. It’s always the same staff, there’s no chopping and changing. They’re very kind, and respectful, but not too formal. Mentally and physically my relative is much happier here. I know my relative and they can be very difficult, but they’re very patient and kind. That’s what matters most to me.”

In one of the care plans we looked at we found very detailed information about the person’s interests and what they liked to talk about. We observed staff using this information to engage them in conversation. We also saw life story books had been created for a number of people living in the home which were used for reminiscence. These contained life histories and were easy read with large pictures and limited text.

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. We saw in general staff approached people with respect and support was offered in a sensitive way. We saw many positive interactions with staff

displaying warmth, friendliness and compassion. For example, we saw one person who lived at the home was quite cross during the morning. A member of staff got down to their level and the person gave them a big smile and said, “She’s alright.”

Overall, we saw staff were patient; they approached people with respect and worked in a way that maintained people’s dignity. For example; where staff were assisting people they explained what they were doing and why. People were asked for their consent before staff assistance was given for example when people needed to use the hoist to move them.

However, we did see some practices which demonstrated a lack of regard for people. We saw one person who lived at the home try to engage in conversation with a member of staff. The member of staff had their back to the person and did not turn around to speak with them. We saw the same member of staff talking across people in the dining room to another member of staff and say, “Do you want us to take her in there?” (About one of the people living in the home.) We discussed this with the provider who told us they were aware of performance issues with a member of staff and this was being addressed through supervision. They assured us further action would be taken following our observations. This meant the provider was following their procedures to bring about improvements in that individual’s practice.



# Is the service responsive?

## Our findings

We looked at three care files and found there were no care plans in place in relation to some areas of people's care and support. We saw in one care file the person had attended the diabetic eye clinic and the individual told us they were a diabetic but did 'cheat' with their diet. We also saw the diet sheet in the kitchen identified this person as diabetic. There was no care plan in place in relation to the person's diabetes and no mention of diabetes on their nutritional care plan. We spoke with one member of staff who told us the individual was not a diabetic. There was no detail about what action staff should take if the person became hypo or hyperglycaemic. Although the care plan had been audited in June 2014 this omission had not been picked up. This meant that there was no guidance to allow staff to deliver effective care.

We also saw in the same care file the person was allergic to yeast drinks, alcohol and penicillin. This important information had not been included in the nutritional care plan or in the medication care plan.

In another person's care file we saw that the personal hygiene care plan stated the individual required support with their continence needs. There was no plan in place to inform staff what assistance they required, what continence products they were using or the frequency of support needed. We spoke with the acting manager who told us they were supported with their continence needs before and after lunch, after bed rest in the afternoon and at night. They showed us a separate record where staff recorded when people had been assisted to the toilet. However, this did not show staff had taken them to the toilet at those times. This meant the person's continence needs were not being met.

During our visit we observed two people who displayed behaviour that challenged. We saw some staff dealt effectively with these instances and were able to make sure people were safe and helped the individuals involved to settle. However, we saw other members of staff did not respond in a positive, pro-active way and made the situation worse. This was brought to the acting manager's attention who said they would address this with the member of staff. We looked in the care plans and saw there was no guidance for staff about what approach they should use to best support people.

We looked at three care files and saw various risk assessments had been completed. We looked at the assessments for two people that had been completed in relation to their tissue viability. We saw one had a score of 10. We asked the acting manager what these scores indicated and they didn't know. There was no 'key' with the risk assessments to inform staff what the scores meant or to give them guidance about what action they may need to take to reduce the risk.

The person with the score of 10 indicated they were at medium risk of developing a pressure sore. Staff had taken no action to reduce this risk and at the time of our visit the district nurse was visiting as the individual had developed a sore.

We saw one person's nutritional risk assessment had been scored as '0' for each element but the overall score had been calculated as '1' indicating a moderate risk. We could see they had been weighed and had continued to lose weight. When we looked at the risk assessment with the acting manager they re-calculated the score which indicated the person was now at high risk of malnutrition. We spoke with the community matron who told us they had only been made aware of the most recent weight loss following our visit. This meant staff were not taking appropriate action to reduce the risk of malnutrition.

Following our visit we made two referrals to the safeguarding team in the Local Authority.

This breached Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection in January 2014 we found there was very little on offer in the way of activities to keep people occupied. On this visit we found improvements had been made. The acting manager explained that care staff were responsible for providing activities on a daily basis between 2pm and 4pm. We saw the activities file which confirmed activities were taking place. We saw people had participated in ball games, dominoes, listening to music and trips out. Staff told us if people wanted to go out shopping this could be arranged. On the day of our visit 'The Music Man' visited in the afternoon. He told us he visits the home every month to provide entertainment. We saw some people joined in with this session whilst others chose

## Is the service responsive?

not to. Staff told us they were able to support people to go out shopping or to events in the community. We saw people had recently attended a 1940's day and the Tour de France.

People we spoke with said that if they had any concerns they would raise them with staff, and that they wouldn't have any problem doing so. We saw one formal complaint

had been made, investigated and had been responded to in a timely way. We also saw a 'grumbles' file was in use where more informal concerns could be logged and details recorded about what action staff had taken. This meant staff were taking any issues raised by people seriously and taking action to resolve any problems.

# Is the service well-led?

## Our findings

There was no registered manager at the service. The acting manager had been in post since May 2014 and was previously a senior carer at the service. The providers told us an application would be made to the Care Quality Commission to register this person as manager in August 2014, when they had completed their probationary period.

We saw management meetings were held monthly and in the meeting held in July 2014 it had been recognised the care plan documentation needed to improve. We found although care plans had been audited important information was missing in some files and action had not been taken to reduce identified risks to people. This showed that the audit process was not effective in picking up the deficiencies we found.

We saw accident reports were collated every month for analysis with action taken to show what had been done to reduce future risks. There were no specific forms for other incidents; for example, there had been a flood in one of the bedrooms and an incident between two people living at the service but these had not been centrally reported. Without a clear reporting system it would not be possible to complete an analysis of incidents and make sure action was taken to reduce the risk of them happening again.

This breached Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with were very positive about the acting manager and the changes they had made. They told us the culture of the organisation had improved and they felt

more able to make suggestions for improvement, and felt listened to. They all said they liked working for the organisation. Their comments included; “They are a good manager, very supportive and they set a good example. They are my inspiration.” “They are very hands on and puts their heart and soul into it. They are for the people who live here and always put them first.” “One of the nicer places I have worked , there is a nice atmosphere.”

Some of the people who lived in the service also remarked things had improved under the new acting manager, they told us some of the carpets and décor had been replaced.

Staff meetings were held and gave staff the opportunity to feedback on the quality of the service. We looked at the staff meeting minutes and saw new initiatives, such as the ‘grumbles’ register had been talked through. The minutes showed problems such as laundry and infection control had been discussed in order to bring about improvements.

We saw satisfaction surveys had been sent out at end of 2013. These surveyed people who lived at the home, staff and health professionals. A written report was produced as a result with an analysis of where the service needed to improve. We saw actions were taken to improve the service as a result. For example, people wanted more activities and we saw evidence this had been addressed. One relative said; “It’s good to see they are being taken out on trips.”

We also saw as a result of the survey staff had wanted more training in mental health, this had then been provided by a mental health nurse. This showed staff’s views were being taken into account and action taken to meet their requests.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 11(1) (a) &amp; (b) HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding Service Users from Abuse</p> <p>The registered person did not make suitable arrangements to ensure service users were safeguarded against the risk of abuse.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Regulation 10(1)(a) &amp; (b) HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered person did not have effective systems in place to monitor the quality of service delivery.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs</p> <p>Regulation 14(1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs</p> <p>The registered person did not provide a choice of suitable and nutritious food to meet service users' needs.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Regulation 9(1) (b) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users

The registered person did not take proper steps to make sure care was planned to meet service users' individual needs.