

Bryden Care Ltd

Bryden House

Inspection report

Marlpool Lane
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Tel: 01562755888

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26 November 2015

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 12 March 2015 at which a breach of a legal requirement was found. We asked the provider to take action to make improvements to how they obtained people's consent. This was to make sure people's rights were protected when they could not make their own decisions.

After our comprehensive inspection on, 5 and 12 March 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. They sent us an action plan setting out what they would do to make the improvements and meet the legal requirements and when their actions would be completed by.

We undertook this focused inspection on 26 November 2015 to check the provider had followed their plan and to confirm they now met the legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bryden House on our website at www.cqc.org.uk.

Bryden House is a care home where the provider is registered to provide personal and nursing care for up to 30 people. Care and support is provided to older people with dementia, nursing and personal care needs. At the time of our inspection 25 people lived at the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on the 26 November 2015, we found that the provider had followed their plan which they had told us they would complete by and legal requirements had been met.

People were encouraged and supported to make their own decisions and choices about their care and treatment which were respected by staff. Staff made sure people's right to consent was upheld as they assisted and supported people. This was achieved by staff checking and making sure people understood what was said to them.

Where people were unable to give their consent and make specific decisions either verbally or in writing about their care and treatment, actions had been taken in people's best interests. This was with the involvement of people who had the authority to do so and knew people well in order to protect people's rights as outlined in the Mental Capacity Act 2005.

Staff were knowledgeable about the MCA. This enabled people to receive care and support in the least restrictive way so reducing risks to people's health and safety.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made and planned, continue to be implemented by staff in a consistent way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the effectiveness of the service around implementation of the MCA.

People were supported to consent to their care and treatment and make their own specific decisions. Where people did not have the mental capacity to make specific decisions, actions were taken to ensure these were made in their best interests.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Bryden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection which was undertaken on 26 November 2015 by one inspector. The purpose of our inspection was to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 and 12 March 2015 had been made. We inspected against one of the five questions we ask about services; 'Is the service effective?' This is because the provider was previously not meeting some legal requirements in relation to this question.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements. We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with five people who agreed to talk with us. We saw the care and support offered to people. We also spoke with the registered manager and three staff members.

We looked at four people's care records. This was to specifically focus upon assessments around obtaining people's consent and decisions made around people's best interests.

Is the service effective?

Our findings

At our comprehensive inspection on 5 and 6 March 2015, we found people received care, treatment or support that they had not consented to. This meant proper application of the Mental Capacity Act (MCA) 2005 had not been followed to show that the decision done for or on behalf of each was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 11.

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 interest and as least restrictive as possible.

Staff incorporated the principles of MCA by seeking people's consent. We saw and heard staff seeking people's consent before they assisted them with their care needs. One person told us, "The staff always give me a choice; they ask if I'm happy to do something before they do it." Another person said, "I make my own choices around what I do and when I do it. They (staff) all respect any decisions I make, they are very good like that." We saw staff had explained to people what their choices were, for example, one person told us, "They asked if I wanted them to look after my medicines and I said yes as it means I don't forget to take them." People chose to talk with us in their rooms. They all confirmed they chose when they wanted to stay in their rooms and when they wanted to spend time with other people. One person said, "I enjoy my own company and always have. I know I can be with other people if I want to." We saw staff frequently asked people before they commenced any support and or to provide people with opportunities of making their choices known. For example, on staff member asked a person if they would like a drink and what they would like. We also heard another staff member asked one person, "Can I help you with?", and a further staff member asked another person what they do for them and waited for a response. We saw people responded to this approach and made their own decisions about where they sat, what time they got up or went to bed and what they drank.

Staff we spoke with had a clear understanding of how the MCA affected their practice and what specific care decisions they needed to support people with. They were able to tell us where people did not have the capacity the registered manager had ensured decisions made on people's behalf included full consultation with them and their family and were taken in their best interest. One staff member told us people were enabled to make decisions if they had the capacity to do this even if it was felt it was an unwise decision. For example, one person chose to eat certain things which did not always promote their health condition. They told us, "We encourage residents to do as much as they want to safely. However, some people make their own decisions and are able to do this." Another staff member said, "Have asked people if they want to come

into the lounge but people don't always want to, it is their choice which we respect." Staff told us they had information about people's specific choices about whether they wanted to be resuscitated in the event of a medical emergency. We saw this was the case in people's care records we looked at with the registered manager. Where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager had good understanding of how to apply the principles of the MCA and the MCA Code of Practice. They showed us there were recorded assessments of people's mental capacity and some people had signed to consent to their care and the equipment they needed. The registered manager told us they conducted capacity assessments on people when they were directly concerned with the person at the time a specific decision needed to be made. We saw this was the case. For example, one person was unable to make a specific decision. This was documented by way of a disclaimer from their relative to confirm their decision. During our inspection the registered manager obtained the relative's signature to the decision they had made. This was to show they had made this specific decision in their family member's best interests in line with the principles of the MCA.

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. The application procedures for this in care homes and hospitals are 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 were being met. We did this as the registered manager provided us with an update in regards to the DoLS applications they had sent to the supervisory body where people were thought to be restricted. This was in order to keep them safe and effectively meet their needs. Staff were able to tell us how they made sure their practices did not restrict people's liberty or freedom. One staff member told us, "A trolley in front of someone is a restriction so we don't do this." Another staff member said, "Some people had bed rails but these are not used to restrict people but to keep them safe. We follow the procedures of best interest discussions if people cannot consent to these and restrictions are looked at by [registered manager's name]."