Care Quality Commission

Bryony House Limited

Bryony House

Inspection report

30 Bryony Road
Birmingham
West Midlands
B29 4BX
Tel: 0121 475 2965

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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

Overall summary

This inspection took place on 18 November 2015 and was unannounced. We last inspected this service in October 2013 and found it compliant with all the regulations we looked at.

Bryony House is a residential home which provides personal care and accommodation to older people some of whom live with dementia. Although most people used the service permanently, a few people were receiving temporary respite care. The service is registered with the Commission to provide personal care for up to 35 people. At the time of our inspection there were 28 people using the service including one person who was in hospital.

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

People were kept safe because staff knew how to recognise the signs of potential abuse and what action to take. Staff supported people in line with their care plans in order to keep them safe from the risk of falling and provided reassurance when necessary.

Summary of findings

All the people and staff we spoke with told us that there were enough staff to meet people's care needs. The registered manager regularly reviewed staffing levels to ensure there were enough staff when people's conditions changed.

Staff knew how to manage medicines safely and administer medication as prescribed. Some people had been assessed as competent to manage their own medicines and regular reviews were undertaken to identify that they remained safe to do so.

People were supported by staff who knew how to support their specific conditions. People received the care they required to keep them well because staff had received regular training and supervisions to maintain their skills and knowledge.

Staff sought consent form people and asked their opinion of how they wanted to be supported. When people were thought to lack mental capacity the provider had taken the appropriate action to ensure their care did not restrict their movement and rights. This ensured people were supported in line with the principles of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and told us they enjoyed it. There was a wide choice of food available and people could choose where they wanted to eat. When necessary the provider would monitor people's weights and seek expert guidance to ensure people ate enough to remain well.

Staff had developed caring relationships with people and took pleasure in supporting them to engage in things they knew they liked.

People felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. Records showed that any issues were dealt with appropriately.

The service encouraged people and staff to comment on how the service operated and to be involved in directing how their care was provided and developed.

The service had taken part in an NHS initiative to improve the quality of care people received in care homes. This had resulted in several health benefits to the people who lived there.

The service had a clear leadership structure which staff understood. However the provider had not taken prompt and effective action when staff had made them aware of concerns about staff development. A system of having designated key workers was not wholly effective as some care staff were not aware of the people they were key worker to.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified that improvements were needed.

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?

Good

The service was safe. Staff knew how to protect people from the risk of abuse.

People were kept safe by enough staff to meet their specific needs because staffing levels were regularly reviewed.

People were safe from the risks associated with medication. When people managed their own medication they had been assessed as competent to do so safely.

Is the service effective?

Good

The service was effective. People were able to consent and comment on how they wanted their care to be delivered.

The registered manager was aware of how to protect the rights of people who may lack mental capacity in accordance with the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good

The service was caring. Staff enjoyed supporting people to take part in things they knew they liked.

The home was welcoming to visitors.

Is the service responsive?

Good

The service was responsive. Staff acted promptly to people's requests for support.

The service regularly reviewed and updated people's care plans in accordance to their expressed preferences.

Is the service well-led?

Good

The service was well-led. Staff felt involved in how the service was developed and felt the management team welcomed their comments on how the service could be improved.

There was a registered manager in place who had ensured staff shared common values and a vision to improve the service people received.

Bryony 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 inspection took place on 18 November 2015 and was unannounced. The inspection team consisted of 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with eight people who used the service and two relatives. We observed how staff supported people and if this was in line with their wishes. We spoke to the registered manager, two assistant managers, three care staff, an agency care staff, a cleaner, one cook and a catering assistant. We also spoke to the provider's chair of trustees and a district nurse who visited to support a person who used the service. We looked at records including five people's care records and staff training. We also looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. 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.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. A person who used the service told us, "If I fell over, I'd press the button, it's as easy as that." Another person said, "I find all the staff very nice and I would tell them if something was wrong." A relative told us, "It's extremely safe." Throughout our visit we observed that people were confident to approach staff if they needed to express their views. Staff were readily available to listen and understood their specific communication needs. This gave people the opportunity to say if they felt unsafe. There was a constant presence of care staff in the communal areas which helped prevent people from undertaking activities which could cause harm, such as attempting to stand unaided. We observed a member of care staff advise a person to check their tea was not too hot before they drank it.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse. A member of care staff told us, "I would let the manager know or call the CQC if necessary" We discussed a recent safeguarding incident with the registered manager and noted that they were aware of their duty to handle it appropriately and protect the person from the risk of harm. Records showed that the registered manager had notified the local safeguarding authority and taken further action to reduce the risk of harm in the future. People we spoke with gave us several examples of how staff supported their rights and freedom. They told us that they could choose what they wanted to do each day and when they wanted to get up and go to bed. Throughout the day we saw that staff supported people in line with these wishes.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled them to manage the risks associated with people's specific conditions. The records for a person whose behaviour could put them at risk of harm or harming others, had been updated as their condition changed. Their behaviour was monitored so care staff could quickly identify if the person was becoming unwell and take the appropriate action to keep them safe.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people's care needs. The registered manager told us that they regularly reviewed staffing levels to ensure there were enough staff on duty to meet people's care needs when they changed. We saw that when the number of people who used the service had reduced, the number of staff had not. People told us they were always supported when they wanted and did not have to wait to have their care needs met. During our visit we observed that people received support when requested. However a member of care staff told us that on the day of our visit a person had to wait about ten minutes to get up because there was not a member of care staff of their preferred gender available to support them. They told us this was exceptional and not the norm.

People were supported to take their medications safely. We saw care staff supporting people with medication to ensure it was taken appropriately and water was available when necessary to help people swallow tablets. Some people had been assessed as competent to manage their own medicines and regular reviews were undertaken to identify that they remained safe to do so.

Medicines were stored correctly to ensure they were safe and maintained their effectiveness. The quantity of medication was counted each day to identify if people had taken their medication as prescribed. People's care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used. Controlled drugs were stored in a dedicated lockable cupboard and records indicated that they had been administered as prescribed. An assistant manager was able to explain the provider's protocols for the administration and reporting of medication errors. The registered manager conducted monthly medication audits to identify any errors and took action to prevent them from reoccurring.

Good

Is the service effective?

Our findings

People told us they were pleased with how they were supported to maintain their health and welfare. One person said, “They’re brilliant. I wouldn't be here if it wasn’t.” The relative of a person who used the service said, “[Persons name] was so anxious when they got here, and she is so calm now,” They also said, “They got her through a difficult time.”

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. All the staff we spoke with said their training had made them confident to support the people who used the service. We saw that members of staff had undergone additional training when necessary so they could continue to support people as their care needs changed. We observed two members of care staff support a person with their mobility and saw this was in line with their care plan.

Three was a robust induction process for new staff when they started to work at the service. This involved a mix of formal and practical training sessions and working alongside experienced members of staff in order to learn people’s specific care needs. A member of agency staff who regularly supported people at the home told us they were updated about people’s care needs. They were confident they knew how to meet people’s current care needs.

We observed a handover of information about people’s latest care needs when new care staff came on duty a member of staff updating a person’s daily notes and they told us this was done several times a day. A health professional who supported people who used the service felt that staff supported people in line with their instructions and care plans. They told us, “They are very good. They do what is needed.”

People were supported in line with The Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During our visit care staff regularly asked people if they were happy and how they wanted to be supported with personal care. We noted that people were supported in line with their wishes.

We saw that when necessary people had been supported by relatives and friends to express their views. Although no one needed their movements restricted in order to remain safe, the registered manager knew to follow the DoLS application process if this was necessary. People’s care records contained details of who could make decisions about the care they received and a member of staff we spoke with was able to demonstrate they knew who these people were. Decisions about the care people received were made by the people who had the legal right to do so.

All the people we spoke with told us they had food they enjoyed. One person said, “The food is quite good and there is a good choice.” Another person said, “The food is very good and I haven’t had a complaint at all.” People told us that staff often asked them what they wanted to eat and two members of the catering team we spoke with were knowledgeable about people’s favourite foods. A member of catering staff told us, “We want to give people what they want to eat. We are always asking.” Throughout the day we saw people being offered drinks and snacks. This supported people to eat and drink enough to keep them well.

When necessary people received the appropriate support to help them eat and drink sufficient amounts to keep well. This included having foods at the appropriate consistency to help them swallow and fortified with additional calories when people were at risk of low weight. People were weighed regularly when they were thought to be at risk of malnutrition.

Records showed that people had regular access to healthcare services when people became unwell or it was felt their condition was deteriorating. A member of care staff told us how they supported a person to attend a hospital appointment and we saw a district nurse attend a person who used the service. They told us that they regularly attended the service. Details from doctors’ appointments were shared at staff handover and how staff were to follow any advice and guidance given.

Good

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service. One person told us, “They’re nice, very helpful. It’s the same staff and yes they do respect, listen and act on what you say.” Another person said, “its lovely here. I came for four days and decided to stay.” They also added, “They look after you as though they love it.” Relatives we spoke with said they felt people living at the home were happy.

People had developed caring relationships with the staff who supported them. We observed a person show a member of care staff their new nail designs and the member of staff replied, “They’re nice. They will match your pink outfit when you go to church on Sunday.” Another member of care staff asked a person if they wanted to read a newspaper. The person was unsure, but the member of staff said, “I will bring it just in case you want to look at it.” A member of care staff told us, “Bryony House has been my life. I love it here.”

Staff showed respect to the people they supported. We saw a person tell a member of care staff they were, “Very thoughtful,” and the member of care staff replied, “Your welcome.” Staff we spoke to were knowledgeable and took an interest in people’s lives and wishes. Staff actively encouraged people to maintain contact with the people they knew were important to them.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that there were regular review meetings with people who used the service. There were regular residents meetings and an annual general meeting which enabled people to express their views about the service to the trustees. When necessary people were supported to communicate with suitable aids and by people who were important to them. The provider sought out and respected people’s views about the care they received. People told us that the service would listen and respond appropriately to their views. This helped people to be actively involved in how their care was provided.

People told us staff respected their privacy and dignity. One person said, “Privacy? Yes I get enough privacy.” We observed that care staff would seek people’s permission before entering their bedrooms. A member of care staff told us they had recently undergone training in equality and diversity so they could support and respect people’s lifestyle choices. People were supported as to be as independent as they wished. People were supported to go out on their own and help out with domestic tasks if they wished.

Good

Is the service responsive?

Our findings

People told us that staff knew how they wanted to be supported and respected their wishes. One person told us, "I go to bed about 10 o'clock and if you want you can go to bed earlier." We saw that when two people chose to stay in bed, that staff arranged for the people to have their breakfast in their bedrooms later in the morning. When a person said they no longer wanted the meal that they had requested for lunch, care staff offered the person a choice of alternative meals. It was obvious that care staff knew what the person liked to eat and they quickly chose an alternative.

The provider supported people to engage in interests they knew were important to them. A person who enjoyed watching football was supported to have their evening meal in their room whenever there was a football match they wanted to watch on television. Another person who was at the service for respite care told us they would leave the home each day to go to their house and pick up their post.

Staff respected people's beliefs and supported them to attend their chosen places of worship. When people were unable to leave the home, care staff arranged for representatives of their chosen faith to visit them at the home.

We saw that there was a range of activities available that people could take part in if they wished. There was a dedicated music room and a computer room available for people to use if they wanted. People told us they were not pressurised into taking part and were left alone if they chose to rest and relax. There was strong links with the local community and the service had a group of volunteers who would attend the home and support people to pursue activities which they enjoyed. This group had been visiting the home for several years and had built up a good understand of people's preferences. We noted this information was also available in people's care records as guidance for staff. Several people told us they looked forward to the volunteers visiting.

People and relatives told us they were involved in reviewing their care plans. When necessary people received help to express their views from the people who they said were important to them. We saw that they had taken action when people had made suggestions about new things they would like to do. Care records were updated to reflect people's views when they changed. This supported care staff to provide care in line with people's latest wishes. The registered manager told us that the promotion of person centred care was very important to them and the culture of the home. They told us, "We try and provide lots of different things to different people. Care comes in many forms."

People we spoke with were aware of the provider's complaints process. All the people we spoke with felt they could talk openly with staff and their concerns would be addressed appropriately. We observed that people were confident to approach and speak with the staff who were supporting them. There were details of the provider's complaints policy around the home and this was available in a variety of formats to meet people's specific communication needs. Although there had been no formal complaints since our last inspection, we saw there was a policy to ensure formal complaints would be dealt with appropriately. The registered manager worked with other agencies to identify any adverse trends and the actions required to reduce the risk of them happening again. This had helped reduce the number of falls at the home and the need for hospital admissions.

Good

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. People told us they were encouraged to express their views about the service and felt they were involved in directing how their care was provided and developed. One person told us, "You can always go and chat with the manager." Another person said, "The manager often pops in and says, 'Is everything alright?' She's really nice and we have a chat and a giggle. A relative told us, "Every 12 months they call us in to talk about his medication."

Staff also felt involved in how the service was developed and felt the management team welcomed their comments on how the service could be improved. We noted that both the registered manager and assistant managers had sought assistance from the provider's trustees to seek guidance about their personal development programme. They all told us that this remained unresolved. The chair of trustees told us they had recently become aware of this issue and advised that they would expedite a resolution.

The service had developed strong links with the community and people were regularly supported by community figures and volunteers from the local community. The home had regular events which staff told us were well attended by people's relatives and the local neighbours. This helped promote the services integration into the community.

The registered manager understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had appraisals and regular supervisions to identify how they could best improve the care people received. The provider operated a key worker system which meant that specific care staff were responsible for developing and leading on the quality of the care specific people received. However staff we spoke to were unsure what this role involved. A member of care staff suggested it required them to keep relatives informed of people's conditions and, "Inform their relatives when they need more toiletries." Another member of care staff could not remember who they were key worker to. The registered manager told us they were aware of these issues and explained how they were planning to re-launch the key worker system at the service.

Staff were aware of the provider's philosophy and vison. The chair of trustees told us, "We care about the care people get, not the investment. That is why we do it." This view was shared by all the staff we spoke to. A member of care staff told us, "I love the residents to bits." The registered manager was keen to continually improve the quality of service people received. We saw they had actively participated in an initiative with the NHS to improve standards in care homes. This had involved participating in learning events, seeking out and applying best practice guidance and conducting monthly quality checks. The assistant managers told us this had been a challenging but rewarding experience. One assistant manager told us that providing a good service was very important to them. They said, "I tell the staff, 'Don't wait for a supervision to raise a concern, tell us straight away'".

The provider had processes for monitoring and improving the quality of the care people received. We noted that when adverse events occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. The registered manager's monitoring of falls, nutritional needs and hospital admissions had helped them identify specific trends. We saw they had used this information to identify and apply measure which reduced the frequency of these events.

The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. The format of these audits required updating to reflect recent changes to health and social care regulations. The registered manager had a programme of audits to check and ensure records were kept up to date. We looked at the care records for five people and saw that they had been regularly reviewed. Therefore ensuring that staff had access to current information which enabled them to provide a quality of care which met people's needs.