

Bryden Care Ltd

Bryden House

Inspection report

Marlpool Lane
Kidderminster
Worcestershire
DY11 5DA

Tel: 01562755888

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

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.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence.

Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. The provider had arrangements in place to review and manage staffing levels which included recruiting staff with the right skills when needed to meet people's needs with risks to their safety reduced.

Staff told us their training was up to date. All the staff felt their training and supervision supported and enabled them to deliver care safely and to an appropriate standard. Staff understood people's care and support needs and people were complimentary about the care provided when meeting people's end of life care needs. People's medicines were available to them and staff knew how to provide the support people needed to meet their health needs.

People were asked for their permission before staff provided care and support so people were able to consent to their care. Where people were unable to consent to their care because they lacked the mental capacity to do this decisions were made in their best interests. This was an area of improvement the registered manager had sustained following our last inspection.

Staff monitored people's health and shared information effectively to make sure people received advice from doctors and the community mental health team, according to their needs.

People were satisfied staff cared for and supported them in the way they wanted. People's care plans described their needs and abilities and were relevant to the risks identified in their individual risk assessments.

Staff enjoyed their work and felt able to share issues and ideas to make improvements for the benefit of people who lived at the home. Staff spoke about people who they supported with respect and showed they knew people well.

The provider had responsive systems in place to monitor and review people's experiences and complaints to ensure improvements were made when appropriate. This included the improvement work they had in hand in regards to making sure staff were supported in their roles in particular around encouraging people with things of interest and which were fun.

The provider and commissioners visited the home and provided their impressions of the standard of care and management of the home. The management team used this information to enable improvements to be sought. This helped to support continued improvements so people received a good quality service at all times.

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 is safe.

People felt safe with staff and staff knew how to protect people from harm.

People's care and support needs were managed by sufficient numbers of staff to make sure risks to people were reduced and managed.

People's medicines were available in sufficient supplies so people's wellbeing and safety were promoted.

Is the service effective?

Good ●

The service was effective.

Staff used the training they completed to meet people's needs and promote people's health and wellbeing.

People consented to their care and support, and staff knew how to support people to make decisions in their best interests if this was required. The registered manager had sustained the improvements they had made following our last inspection around applying the Mental Capacity Act 2005.

People liked the food and were supported to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and their right to make choices about their care was supported and promoted.

People's privacy was respected.

People were complimentary about the care staff provided to meet their end of life care needs.

Is the service responsive?

Good ●

The service was responsive.

People were confident they received the care and support they needed which included recreational activities. Further work was in hand so people who needed encouragement to do things for fun and interest had consistent staff support to meet their individual needs.

Staff knew when people's needs changed and shared information with other staff at daily meetings.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were encouraged to voice their opinions and make suggestions for service improvement.

Staff worked well as a team and enjoyed their work and understood their roles and responsibilities.

The management team had various arrangements in place to continue to make improvements to the service for the benefit of people who lived at the home.

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. The inspection was planned to check whether the provider was 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 15 April 2016 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor whose specialism was nursing care of people with dementia.

We looked at the other information that we held about the provider and the service such as notifications. These were events which happened in the service which the provider is required to tell us about. In addition to this we requested information from the local authority and the clinical commissioning group whose responsibilities include funding people's services and monitoring the quality of the care. We also requested information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

During our inspection we met and spent time talking with people. We also saw how staff provided care for people to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home and three family members who were visiting at the time of our inspection.

We spoke with the registered and deputy manager, five staff members which included one of the chefs and the activities co-ordinator. We looked at a range of documents and written records including the care records for five people and sampled medicine records, accidents records, staff training records, staffing rotas, menus, complaints, quality monitoring and audit information.

Is the service safe?

Our findings

People spoken with shared their experiences of feeling safe. One person told us, "They (staff) know what I need and are always there when I need them to help me to keep me safe." Another person said, "They are the kindest people, I am not alone when I need some help which is comforting to me." Family members we spoke with were equally positive about how they felt their relatives were supported to stay safe. One family member told us, "I have peace of mind knowing [relative's name] will be safe due to the staff knowing what care is needed."

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the registered manager. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Advice to people and their relatives about how to raise any concerns was provided in the information which was given to people when they first moved into the home.

People told us and we saw risks to people's safety and wellbeing were assessed, managed and reviewed to promote their safety. One person told us that specialist equipment was used to manage their personal care needs whilst they were recovering from their injury. They said, "Staff know what they are doing and help me otherwise I would be at risk of further injuries." At the meeting with the group of staff who were starting their shift the person's current needs and equipment was shared. This was as another way of ensuring staff practices helped to manage the risks to the person's wellbeing. A relative told us specialist equipment was used to manage their relation's risk of falling from their bed. Staff told us and this person's care records showed why this equipment was needed to help manage this risk.

We saw the registered manager had a comprehensive system of audits in place to monitor the quality of the care provided, which was consistently effective. For example, it was established a person was as losing their balance because they were feeling dizzy. The person was referred to their doctor and their blood pressure is now checked before they stand up to support the person's wellbeing and reduce the risk of them falling.

People who lived at the home and family members spoken with told us staff were always available to provide care and support. One person said, "I press my buzzer if I need the staff, they come as soon as I press it." Another person said, "The staff keep popping into to us all the time to check I am alright." This was also confirmed by their family member. Although we saw staff were busy people were supported with their care needs in an unrushed manner and call bells were answered promptly. Staff we spoke with told us they were busy but felt this did not compromise the care and support they provided to people. We saw the registered manager regularly reviewed staffing levels to ensure they were based on the needs of people. On the day of our inspection the registered manager was working a shift because they were short of a nurse but they were taking action to recruit for nurses.

People and their relatives told us medicines were administered as prescribed. One person told us, "They (staff) always make sure I have my tablets to keep me well." One family member said, "I know [relative's name] is receiving their medicines otherwise their health would deteriorate." We saw systems were in place to make sure medicines were ordered, stored and administered to protect people from the risks associated with them. The registered manager supported people with their medicines on the day of our inspection. We saw they informed people which medicines they were provided with and checked where needed if people were in any pain. The registered manager was polite and took an unrushed approach to support people in taking their medicines at their own pace. Where people did not want any pain relief this was fully respected.

Is the service effective?

Our findings

People thought staff had the right skills and knew how to meet their needs. One person told us staff assisted them with their needs. They said, "I call these people my little angels, they can't do enough for you, it is a pleasure to be here, I would rather be at home though if I was well enough." Another person told us, "They all seem to know what they're doing, I get good care here." A relative said, "[Relative's name] is receiving all the care they need. Staff must be doing something right."

We spoke with one staff member about how they were supported when they started working at the home. They told us to help them to get to know people who they supported they worked with other staff as part of their induction programme. The registered manager had embraced the new national Care Certificate which sets out common induction standards for social care staff and newly recruited staff had been enrolled so they could complete the programme.

Staff we spoke with showed they had a good understanding of each person's individual needs and were confident they had the knowledge and skills to meet them. All staff felt supported in their roles by the management team and their colleagues. One staff member said they had completed a nationally recognised qualification in understanding dementia. Staff told us they were supported by the management team to achieve this qualification. They also showed they were knowledgeable about how the Mental Capacity Act could impact upon their caring role. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. One staff member said, "The support is always there from other staff and managers."

We saw that staff training had been effective. For instance, one person's family member told us how staff showed they were skilled and knowledgeable in how they cared for and supported their relative. Staff told us and we saw the person was provided with end of life care. We also saw the registered manager and deputy manager led by example as they provided care to people.

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.

We found the registered manager had made improvements at our last inspection as they were required to do in order to meet the law around the MCA. At this inspection the improvements made had been sustained.

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. We saw and heard staff sought people's consent before they supported them with their care needs. One person told us, "Staff ask me for my opinion before they do

anything which is how it should be."

Staff 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 where appropriate and were taken in their best interest. This was also confirmed by the records we looked at and from speaking with the registered manager who understood how to apply 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. The registered manager was able to provide us with an update in regards to the DoLS applications they had sent to the supervisory body where people were thought to be restricted in order for them to receive the care they needed. We also discussed with the registered manager about one person where they assured us they would be reviewing their needs under the MCA and DoLS. This was in order to keep them safe and effectively meet their needs.

People told us they enjoyed the food and drink provided in the home. One person told us, "The food is good and if you don't like it they'll get something else." Another person said the staff brought round the lunch menu to enable them to make their choice. However, if people didn't want either of the two main options the chef was happy to prepare alternatives. Staff were seen to support people with their food and drinks to promote their individual dietary needs. We saw one person was supported with their meal by a staff member to ensure the person ate sufficiently. The staff member took an unrushed approach so the person was able to enjoy their meal at their own pace.

We saw people's nutritional needs were assessed, monitored and reviewed by the various procedures in place and staff working as a team. For example, staff told us and we saw what people ate and drank was monitored for people who were at risks from dehydration and or weight loss. This was shared with the kitchen staff who had copies of people's likes and dislikes and used this information when preparing food and drink for people. The chef and kitchen staff were also provided with details about which people needed to have their food pureed to aid their swallowing abilities. The staff team was also aware of the particular needs of people with diabetes and allergies.

People were supported to stay healthy and well. One person said, "They (staff) will call a doctor if I ever was taken ill." Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. People told us if they needed an optician or a chiropodist this was arranged for them. Staff reported concerns about people's health to the nurses or management team who would then contact the relevant health professional if needed. For example, staff had taken advice from the specialist nurse when people had pressure ulcers to help in promoting the healing of these and this was recorded for staff to follow.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They are all so caring and kind to me" Another person said, "I feel well looked after and cared for." One family member told us, "There is always a welcome when you come through the doors and everyone shows they care."

We saw staff chatted with people in a friendly yet respectful way. One staff member said, "It's important to talk to people and listen to their life stories and get to know what they like and don't like." Throughout our inspection we saw examples of staff and the management team supporting people in a caring way. For example, we saw one person was provided with a drink of hot lemon and honey to ease their voice difficulties. We also saw where appropriate staff provided people or family members with a hug.

We saw the staff team supported people in ways which took account of their individual needs and maintained their dignity. One staff member told us when they supported someone to get up in the morning, "I offer them the flannel so they can wash themselves if they wish. It gives people their independence and it is important for their dignity." Another staff member told us, "It's important to give people as much choice as possible and always ask, don't presume. We have built up good relationships with families here."

Care plans and other documents detailed people's preferences, for example how they liked to dress and what they liked to eat. We saw staff understood and respected these wishes as part of their commitment to giving people as much personal choice and control as possible. At lunchtime, we saw people were offered a choice of drink to accompany their chosen meal. During our inspection we also saw examples of the management and staff team's focus on caring for people. For instance, where people invited us into their room we saw and they told us staff had supported them to furnish their room as they chose to. People had personal photographs, paintings and other souvenirs on display which showed their particular interests in life.

Staff were discreet when supporting people with their personal care needs. We saw staff knocked on the doors to private areas before entering and ensured doors to people's bedrooms and toilets were closed when people were receiving personal care.

Although no one was using an advocacy service at the time of our inspection the registered manager was aware of the services available locally and how to access them if required. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

People were supported to maintain their diverse spiritual needs and attend local church services if they wished.

We saw and one family told us how staff provided care to people at the end of their lives. One family member said they were assured by the caring nature of staff practices towards their relative and praised the staff for how kind they were. The management team showed they led by example to make sure people's end

of life care was as good as it could be and people were involved in all decisions made. For example, the deputy manager spent time speaking with a person and their family about their end of life care which the family told us was very much appreciated at this important time in their lives. We also saw compliments had been made by some visiting professionals from the local hospice. Their comments about the advance care planning they had completed read, '[Registered manager's name] has a clear and very good understanding of the complexities involved and her care plans are carefully written and regularly reviewed. She and the team have really adopted the thinking ahead approach.'

Is the service responsive?

Our findings

People told us that staff met their needs in the way they wanted them to and at time they needed support. One person said, "Nobody could do anything more. They try to make things light hearted." A further person told us, "They're so kind to me and attentive to my needs." One family member said, "Friendly staff who are meeting [relative's name] needs beautifully."

During our inspection there were not many opportunities created by staff to encourage people who needed a lot of support due to their mental health needs with things to do. One person said they were fed up and bored. Another person told us the day was long and they had not been out of the home since last year." Other people we spoke with told us they had enough to do and chose what they wanted to do. One person said, "I have plenty to do and can always join in with others as they do some art work." Another person said, "I prefer to stay in my room as I like my own company. We saw staff chatted with people on a spontaneous basis but this was mainly task focused when they were helping people with their care needs.

The registered manager showed us they had taken action to recruit to the post of activities co-ordinator to plan, assist and support staff and people with a range of things to do for fun and interest. The activities co-ordinator was also focusing with people on their life histories to ensure people were supported to follow their individual interests. The management team had recognised staff development needed to be progressed. This was to ensure people who required support due to their mental health needs were consistently provided with interesting things to stimulate by all staff. The registered manager assured us this was in hand and was very much work in progress.

We spoke with the activities co-ordinator who told us they had been in post for four weeks at the time of our inspection. They felt the management and staff team were supportive. They showed us they were very enthusiastic in bringing in new interests for people to try. For example, setting seeds in trays and adult colouring which helped to focus and relax the mind. They were also focusing with people on their life histories to ensure people were supported to follow their individual interests. We heard the registered manager and activities coordinator discuss the idea of a talking newspaper and were trialling to provide people with other opportunities to learn about the news.

We saw the activities co-ordinator was doing some art work with some people. We also saw there were photographs which captured events which had happened and people enjoying themselves with staff. For example, tea and cake to celebrate a royal birthday and puppet show and a garden party. The activities coordinator told us they left craft materials for people to do as they chose over the weekend periods. Staff we spoke with confirmed this was the case. We also saw and heard from family members they were welcomed into the home and some people went out with their family members on a regular basis.

We heard from people how staff responded to their individual needs. One person told us, "In the morning I like to have a cup of tea with my cereal [name of cereal brand] and at mid-day I like a coffee with a biscuit." Another person said, "I cannot drink strong tea but they (staff) have got to know how I like it." We saw people were supported appropriately at different times and by different staff. For example, when people were

identified as requiring staff to support them when moving around the home this was provided. We saw people were offered hot and cold drinks throughout the day to respond to people's needs and combat the risk of dehydration. Staff had also contacted external health and social care professionals to obtain advice and support to respond to people's care needs.

Staff told us they discussed people's needs on a daily basis, between changes of shifts. They had access to people's care plans which helped them meet people's identified care and support needs. The wellbeing of each person was documented in a daily record. These records included each person's behaviours and communication and provided an overall picture of the person's wellbeing. Information was shared about the health and emotional needs of people at the meeting we attended. These practices made sure people's needs were responded to consistently. For example, the registered manager discussed how one person's leg had been redressed and another person had been referred to the community mental health team.

People told us they felt comfortable raising concerns if they were unhappy about any aspects of their care with the management and staff team. One person said, "I don't have any concerns but if I did, I'd speak to the manager." One family member told us, "They (staff) will always respond with actions when asked for something or to do something. I can always speak with [registered manager's name] if I want to."

The provider had complaints procedures and information for people on how to complain was provided to them when they came to live at the home and displayed so visitors had the knowledge about how they could make a complaint. We saw there was a system in place to record complaints received. The complaints records showed that when a complaint had been received an investigation had been completed. We looked at the complaints that had been received. The provider had acted on the complaints raised and people had been informed of the outcome and any actions taken.

Is the service well-led?

Our findings

People told us how highly they thought of the home and the management team. One person told us, "It's a smashing place – so well run." Another person said, "It seems to be well run. They were very welcoming when I first moved in." A relative told us, "[My relative] has been in other care homes and this is one of the best. Very welcoming."

The provider conducted customer satisfaction surveys to give people and their relatives an opportunity to provide feedback on the service they received. People had a chance to complete a survey and the time of our inspection these were being linked to the Care Quality Commission's five questions, safe, effective, caring, responsive and well led. We saw a range of comments from people and their family members had written. The management team told us they reviewed all the comments and made changes accordingly. For example, in response to the feedback on people being provided with hot drinks and snacks later in the evening a new time was being tested. We also saw some comments people had written in the book which is used for this purpose. One person commented, 'All staff without exception were wonderful, showing dad kindness and allowing him dignity in very trying circumstances.' Another person commented, 'Thank you all for the way you have looked after [person's name] whilst he was in your care you have all been absolutely marvellous.'

The provider held regular meetings for people, their relatives and friends which gave a further opportunity to discuss any concerns or suggestions. One person told us, "We say if something is not right and they'll do something about it." We saw at a recent meeting suggestions and ideas for recreational and leisure activities were discussed. This was because this was an area the registered manager was focusing upon to make further improvements to benefit all people who lived at the home. It was decided an activities book and suggestions box would be helpful so anything people thought of could be shared and implemented. We also saw the provider had used the meeting to engage with people on their preferences about how they found the hairdressing provisions at the home.

The registered manager and deputy manager showed they had a good working relationship with each other and were clearly well known to people who lived at the home, relatives and staff. One person said, "[Registered manager's name] is good and approachable and will try and sort something out if there are any problems." One member of staff told us, "I have a very good relationship with the manager and feel listened to. Her door is always open and I am never afraid to go in." Another staff member said, "The managers do sort things out here." Throughout our inspection both the registered and deputy manager showed they were open and accountable for how the home was managed. For example, in the way they responded to how they were trying to make improvements in all people receiving support to do fun and interesting things and that this was very much work in progress.

The provider of the home visited regularly and was also well known to people and staff. One staff member told us, "[Provider's names] visit regularly and are very approachable. They go round the home chatting to residents and asking them if they are happy with everything." The deputy manager told us the provider's always took action to make sure the home environment was pleasant for people to live in. For example, the

redcoration of the lounge and how everybody who lived at the home had a specialist bed to meet their needs and to support staff to care for them.

We saw staff worked together in a friendly and supportive way. One staff member said, "We all work really well together as a team. Everyone is so nice." Another staff member told us, "Teamwork is good here; we can ask each other questions." There were regular staff meetings and the registered manager where we saw discussions around people's needs, training and the management team's expectations of their staff team. One staff member told us, "We are encouraged to air any issues openly in the staff meeting. At the last meeting we raised an issue and the managers are now monitoring the situation." Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

We spoke to the registered manager who showed good knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as registered manager. They showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. This included the registered manager's commitment to ensure the culture of all staff was to encourage and support all people with interesting and fun things to do regardless of their mental health needs.

We also heard how the provider and the management team had taken into account the visits made by commissioners to ensure improvements were made. For example, in response to a recent visit new stair gates were being made so people's safety was fully promoted. They were also aware they needed to establish some storage arrangements for equipment. This was because some equipment was stored in some bathroom areas which did not make the environment homely or pleasant for people to use.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from the deputy manager to monitor, check and review the service and ensure good standards of care and support were being delivered. The provider's visited the home on a regular basis and they would provide their thoughts about the standards of care. The registered manager worked to an on-going improvement plan to continually improve the quality of the service people received.