Bryden Care Ltd

Bryden House

Inspection report

Marlpool Lane
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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?	Requires Improvement

Summary of findings

Overall summary

What life is like for people using this service:
Service management and leadership was inconsistent and areas for improvements were identified in the quality monitoring of meal time experience, medicines and accurate record keeping. The registered manager provided assurance that people's views and experiences would be gathered and any improvements made.

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs.

People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. People and relatives knew how to complain and were confident that their concerns would be listened to.

People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensured people's needs were met.

We found the service met the characteristics of a "Good" rating in most areas; More information is available in the full report

Rating at last inspection: Good (report published 3 June 2016)

About the service: Bryden House is a residential care home that was providing personal and nursing care up to 30 people aged 65 and over at the time of the inspection.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: There will be ongoing monitoring.

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 safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below	**Good**
Is the service caring? The service was good. Details are in our good findings below.	**Good**
Is the service responsive? The service was good. Details are in our good findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Bryden House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

Service and service type: Bryden House is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:
Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people and four relatives to ask about their experience of the care provided.

We spoke with five members of staff during the inspection, including the deputy manager, nurse, and care workers. We also spoke with the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC.
- All people we spoke with felt the home was safe and had no concerns about their well-being. One person told us, "Oh yes very safe here I am very independent I don't need much help."

Assessing risk, safety monitoring and management
- The care folders we reviewed documented people's history of risk, for example associated risks with mental health and physical needs. One person told us, "I use a hoist and I feel safe in it, the staff know how to use it."
- Staff we spoke with knew the type and level of assistance each person required to maintain their safety.

Staffing levels
- Staff were available in the communal areas and responded to requests when people wanted assistance.
- People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.

Using medicines safely
- People were supported by trained nursing and care staff to take their medicines every day. Medicines were stored securely and medicines records were checked frequently to ensure people had their medicines as prescribed.
- Systems for managing and recording people's medicines could be developed more, to further reduce the potential risk to people. Some medicines should be administered with specific time gaps to prevent overdose. The records failed to accurately show the time administered and may mean those time frames are not followed.

Preventing and controlling infection.
- People told us the home environment was clean and their rooms were kept clean.
- People's laundry was collected and washed within a separate laundry area or by the person themselves.
- Staff who prepared food observed good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong

● Staff had completed reports where a person had been involved in an incident or accident and reported to the management team.
● The registered manager had then identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had shared their needs and choices with the management team before starting with the service.
- The provider had completed an assessment of their care needs to assure themselves they could provide the care needed.

Staff skills, knowledge and experience
- People we spoke with were happy staff understood their care needs well and could provide the care they wanted and needed. One person said, "I am well looked after."
- Staff told us about the induction and training courses they had completed and how it had helped them understand people's conditions better.
- All staff we spoke with told us they were supported in their role with structured routine meetings and individual discussions with supervisors to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to access food and drinks in line with their needs and choices.
- Staff knew who needed support and monitoring in order to ensure adequate diet and fluids was taken. Where people required assistance with their meals, staff sat with people to offer guidance.
- More could be offered to further support people, for example, when eating in the lounge people did not have access to condiments or serviettes. The serving trolley blocked the door way to the dining room, potentially preventing people from choosing to eat there.

Staff providing consistent, effective, timely care
- There was a consistent staff team and a regular handover meeting so that relevant and important information could be shared amongst staff.
- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs, for example, hospital appointments.
- Care plans did not always show the most recent guidance and advice that had been given by community health professionals.

Adapting service, design, decoration to meet people's needs
- There were several communal areas to choose from, including quiet areas.
- People chose how they spent their time at the home and were supported with communal areas which

were accessible.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
- People told us about living at the home and said the staff were kind, caring and attentive to them. One person told us, "All the staff are friendly, I get on well with them.
- People told us how the care was individual to them.

Supporting people to express their views and be involved in making decisions about their care
- People told us the staff involved them with the care they wanted daily, such as how much assistance they may wanted.
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff.

Respecting and promoting people's privacy, dignity and independence
- People received care and support from staff who respected their privacy and people felt the level of privacy was good. One person told us, "I have to be hoisted they [staff] always shut the door."
- People told us their independence was respected and encouraged during their time at the service, which was important to them.
- When staff were speaking with people they respected people's personal conversations. Staff spoke considerately about people when they were talking and having discussions with us about any care needs. One person told us, "The staff are lovely I am well looked after."
- People's confidential information was securely stored, to promote their privacy.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good:People's needs were met through good organisation and delivery.

Personalised care
● The care plans had been updated when a person's needs changed. However, other professional guidance about a person's care had not always been updated.
● People made decisions about their care needs and these had been detailed in their plans of care.
● People told their care needs were reviewed regularly and support received, if any changes were needed.
● Staff could identify people's needs as part of the initial assessment process and during reviews with people.
● The wishes of people, their personal history, the opinions of relatives had been recorded. Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
● Staff gave us examples of things people enjoyed doing, such as spending time playing games or reading. People went to local community events that interested them.

Improving care quality in response to complaints or concerns
● People we spoke with said they would talk to any of the staff if they had any concerns.
● The formal complaints process was available. The registered manager said where possible they would deal with issues as they arose.
● The registered manager had process to record, investigate and responded to complaints and make any suitable adjustments to care or action to improve the service provided.

End of life care and support
● An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail.
●The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care and meeting people's wishes.
●The registered manager linked with a local hospice for palliative care advice, support with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and advanced end of life care planning. A DNACPR is an advanced decision that means no resuscitation would be provided for a person in the event of cardiac arrest.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People's medicine records were checked frequently by the management team to ensure people had their medicines as prescribed. However, these checks had not identified the need to accurately record and show when time specific medicines required to be administered. For example, Parkinson's medicines, should be administered with specific time gaps or time frames to best support the person.
- Staff had not had accurate care plans to follow to ensure the correct care was provided. Guidance given by other professionals had not been updated in the care record's show a person's current care needs. For example, oral health plans had not detailed how often person should receive oral care to prevent dry mouth and lips. Staff understood the care and support people needed and the registered manager provided assurance that people's care plans would be reviewed and updated. Any improvements would be implemented, which included the obtaining the views of people's meal times.

Engaging and involving people using the service, the public and staff

- People's views were regularly sought through meetings and surveys. Where suggestions for improvement had been made, these had been acted on.
- There was a clear management structure in place which was open and transparent who were available when needed. The registered manager was visible and worked as part of the team.
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported to understand their roles through regular meetings with their managers, team meetings and meetings at the end of each shift.
- The registered manager and senior staff quality checks required improving. For example, checks made had not ensured people's care plans were reflective of their current care needs.

Continuous learning and improving care

- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.

Working in partnership with others

● The registered manager had developed links with the local school and hospice to improve care and support for people and was continuing to develop these further.