

Prime Life Limited

Brackendale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Brackendale House took place on 11 April 2018.

Brackendale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Brackendale House accommodates up to 14 people in one adapted building. On the day of our inspection there were 14 people living in the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service had a registered manager. 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 previous inspection in October 2016 we found that the provider was in breach of Regulations 10, 12, 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had addressed some of the concerns and was no longer in breach of Regulations 10, 12 and 18. This was because improvements had been made to the premises and to staffing levels. However, we identified a breach of Regulation 9 and a continued breach of Regulation 17.

People were not given the opportunity to be involved in the development and review of their care plan. Care plans were not always reflective of people's current needs. Information relevant to people's care and support was not always included in the care plan. Documentation relevant to people's mental capacity was sometimes contradictory and the decision making process was not always documented.

The provider had audits and quality assurances in place. However, when deficiencies were identified action to address these was not taken in a timely way with the allocation of appropriate resources. This was a concern which had been identified at the previous inspection.

We have made a recommendation about end of life care planning.

Since our last inspection the provider had made improvements to the environment with the installation of new sanitary ware, curtains and window blinds. This meant that care and support was provided in a way which supported people's privacy and dignity.

People were protected from abuse and avoidable harm. People living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people. People received their medication as they should. Risks to people were identified and managed to prevent people from receiving unsafe care and support. People were protected by the registered provider's arrangements for the prevention and control of infection.

People's nutritional and hydration needs were met and they received appropriate healthcare support as and when needed from a variety of professionals and services. The service worked together with other organisations to ensure people received coordinated care and support.

People were supported to be as independent as possible and engaged in activities both inside and outside the service. Medicines were administered safely and appropriately.

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.

There were sufficient staff to meet people's assessed care and support needs safely.

Risks, both environmental and to people, were appropriately assessed and managed.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure where 'best interest' assessments were required for more significant decisions these were completed.

People had their nutritional and hydration needs met.

Staff worked with professionals from other organisations to ensure people received consistent care and support.

Is the service caring?

Good ●

The service was caring.

People were positive about the care and support provided by staff. People told us staff were caring and kind and their needs were met.

Staff demonstrated an understanding and awareness of how to support people to maintain their dignity, respect and independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans did not always contain up to date or sufficient detail

about a person's care and support needs.

People were not engaged in their care planning.

People who used the service were engaged in social activities that suited their needs and interests.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints.

Is the service well-led?

The service was not consistently well-led.

Improvements were required to the quality assurance arrangements as these measures were not as robust as they should be.

Where areas for improvement had been identified appropriate resources were not allocated to ensure these were addressed in a timely way.

People and staff were complimentary about the registered manager.

Requires Improvement 

Brackendale 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 11 April 2018. The service was made aware of the inspection on 10 April 2018 as we were inspecting one of the provider's other services which has the same area manager who was present at the inspection.

The inspection team consisted of two inspectors.

Before the inspection we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

People using the service were not always able to discuss their care planning with us. We spoke with two people, two members of staff, the registered manager and the area manager. We reviewed three people's care files and four staff records. We also looked at the service's quality assurance systems, the arrangements for managing medicines, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

Our previous inspection of October 2016 had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because guidance in risk assessments was not being followed and the environment of the service was not being cleaned effectively. At this inspection we found that improvements had been made and that the service was no longer in breach of this regulation.

Since our previous inspection risk assessments had been revised and action taken to address the identified risk. Staff we spoke with were aware of the actions which were in place to minimise risks. One member of staff said, "I know that people are kept safe at the home and I know that lots of checks are carried out on the building. We have an accident and incident records that we report in and also tell the manager." Our previous inspection had identified that people were smoking in their rooms and that the associated risk assessments had not been implemented. At this inspection we found that the service had identified people who smoked in their room and put actions in place to ensure this was done as safely as possible. Those who smoked in their rooms had been supplied with metal bins to dispose of waste and fire retardant bedding had been purchased.

Our previous inspection had also identified concerns with the use of multipoint extension leads in people's rooms. The provider had addressed this with the installation of new plug points. That inspection had also identified concerns regarding the cleanliness of the building and equipment. Since that inspection the provider had refurbished parts of the building. Sanitary ware had been replaced and a new cleaning regime was in place. When we walked around the building we found it to be clean and tidy. The registered manager explained to us how they checked that the cleaning was effective. During our inspection we saw staff carrying out cleaning tasks wearing personal protective equipment. The service had an infection control policy in place and staff records confirmed that staff received infection control training.

Effective safeguarding arrangements were in place to keep people safe. People using the service were supported to express concerns about their safety and welfare to staff. Leaflets promoting safeguarding awareness were readily available in the service. All staff had received training in safeguarding vulnerable people from abuse. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. One member of staff said, "I would report any signs of abuse to my manager firstly, but I know that I can also contact social services and police if required." We discussed safeguarding procedures with the registered manager as we had not received any safeguarding notifications from the service since September 2017. They demonstrated a good knowledge of when a safeguarding procedures and confirmed there had been no recent safeguarding concerns.

Suitable arrangements were in place to manage risks. Risk assessments were in place and information recorded within peoples care plans identified risks associated with people's care and support needs and how to mitigate them. For example, the risks related to specific medical and healthcare conditions and self-medication.

Environmental risks for the service were viewed, particularly those relating to the service's fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety and confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. Specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) were in place. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

There were sufficient numbers of staff available to provide the support required to meet their care and support needs. A member of staff said, "It is always the manager and two members of staff. The manager is part of the team." Our observations showed that people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included enabling and supporting people to carry out their chosen activities both 'in-house' and within the local community. The registered manager told us that Brackendale House and another of the provider's services in the vicinity sometimes shared staff when providing activities and when people attended medical appointments.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Information showed that equality and human rights characteristics were considered and taken into account when recruiting staff to the service. One member of staff said, "Everyone is different and all have different ways, they want to live their lives and that needs to be respected." Staff recruitment records showed recruitment procedures were in line with the registered provider's policy and procedure. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, obtaining a full employment history, gaining written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service (DBS) and conducting employment interviews.

People's medication preferences were documented so staff knew how to give medicines in a way that suited that person. No one was identified as requiring their medication to be given without their knowledge or consent. We looked at the Medication Administration Records (MAR) forms and these showed that each person had received their medication at the times they needed them and these were kept in good order. No safety concerns had been identified in relation to medicines management since our last inspection in October 2015 and there was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. However, protocols in place to show when people should receive medicines which had been prescribed as to be given when required (PRN) did not contain sufficient detail. For example one person has a medicines prescribed to be given when they were anxious or agitated. There was no record of what behaviour the person displayed when this happened. When we asked the registered manager about the person they described particular phrases the person would use when they became agitated and may need their medicine. This was not recorded. The lack of written information could result in that the person not receiving their medicine when required. Staff who administered medicines had received the appropriate training.

Is the service effective?

Our findings

Systems were in place to assess people's care and support needs. The assessments were used to create individualised care plans, which were regularly reviewed and updated to reflect people's changing needs.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 had made appropriate applications under the DoLS procedure.

Staff had a good understanding of the MCA. One member of staff said, "I always assume someone has capacity until proved they have not." However, some documentation in care plans was contradictory regarding people's ability to make decisions. For example one person's care plan recorded, 'All decisions are made in my best interests.' However, it then went on to say that the person had capacity and was able to make their own choices in all areas of their life. There was no evidence in the care plan to any decisions taken in the person's best interests. We spoke with the registered manager who was clear about the person's ability to make decisions. The lack of recording of a person's capacity to make decisions could mean that they are not involved in the decision making process as much as they were able.

We observed that one person came to the service office to get their tobacco. We asked staff about this. They told us that the person had agreed to this in order to limit their tobacco use for reasons of health and finance. However, there were no records to show that this had been discussed with the person or how this decision had been made.

Arrangements were in place to ensure that staff received training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date. The registered manager told us that staff received an induction to the service and organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Staff were also required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they had not attained an appropriate National Vocational Qualification (NVQ) or qualification in line with the Qualification and Credit Framework (QCF). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. Staff had also received training in areas specific to the needs of people they were supporting such as challenging behaviour, drug and alcohol abuse and diabetes. Staff told us they were supported and received regular

formal supervision. One member of staff said, "I have regular supervisions and yearly appraisal. The manager is very supportive."

People were supported to eat and drink enough to maintain a balanced diet. One person told us, "I love the casserole." At the time of the inspection, no-one had any cultural and religious requirements relating to their nutrition and hydration needs. Where people were at nutritional risk or required support and advice from a healthcare professional, this had been sought, for example from the Speech and Language Therapy (SALT) team and NHS dietician. We saw that people had access to facilities to make a drink or snacks during the day and observed these being used by people. There were also two self-contained units within the service. The people using these were able to make their own meals. One person described to us how they made their own meal using a microwave oven. They went on to tell us that they liked to eat Sunday roast in the communal area of the service.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of a range of external organisation's and agencies.

People using the service lived in a safe, well maintained environment. Following our previous inspection the provider had made improvements to the fabric of the service. This had included improvements to the rear decking area to address a trip hazard. We discussed this with the registered manager and the area manager. They told us that further improvements were planned. People had access to comfortable communal facilities, comprising of a lounge, conservatory and dining area. People's rooms were decorated to their taste. One person told us, "My room is lovely. I picked the colour."

Is the service caring?

Our findings

People told us they liked living at Brackendale and received good care and support from staff. One person said, "I like living here. I have been here 17 years." Another person said, "Staff are good." Everyone we spoke with said they had developed good relationships with the staff.

Our previous inspection in October 2016 had raised concerns staff encouraging and promoting people's with their self-respect with people wearing dirty clothes. There were also concerns that the environment did not promote people's privacy and dignity. This meant that we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Registered Activities) Regulations. At this inspection we found that the service had improved. We observed that people were wearing appropriate clothing and the provider had improved the environment with curtains and obscured windows to ensure people dignity. The service was no longer in breach of this regulation.

Our observations showed that people received good person-centred care that met their needs. People valued their relationships with the staff and spoke positively of individual staff members. We noted that people had a good rapport and relationship with the staff that supported them and observed good humoured banter and discussion throughout the inspection. People were addressed by their preferred names and staff interacted with people in a kind way, taking time to listen closely to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specific technology or communication aids to help them to communicate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. The manager analysed these and provided feedback to any concerns raised.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. When asked if staff supported their privacy and dignity one person replied, "Yes they look after you here." People were supported to be as independent as possible. The registered manager and people using the service told us and records confirmed that people accessed the local community independently and used public transport, such as buses and taxis to undertake their chosen activity, for example, church clubs. One person told us, "I go out to the local shops and have chats with friends." Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths, for example, people were encouraged to support their own nutrition and hydration needs by preparing snacks and meals. Some people were able to eat and drank independently and attended to their own personal hygiene needs. Some people depending on their mood and frame of mind were encouraged, supported and enabled to undertake household chores, such as cleaning and tidying their bedroom.

The provider encouraged staff with respect people's privacy and dignity. The provider wide newsletter had asked staff to share a story on how they had promoted this which was published in the service wide newsletter. We also saw that people were able to lock their door if they wished.

Is the service responsive?

Our findings

Our inspection of October found that the service required improvement as the lack of staff meant that people were not supported in accordance with their care plans. At this inspection we found that the service had improved in this area but was still lacking in other respects.

We were concerned that the service Statement of Purpose described the service as providing care and support to younger adults whose needs were associated with mental health issues. The service supported people that had history of illegal substance misuse. However we found the service did not have a policy in place in relation to the misuse of drugs and alcohol. One care plan we viewed recorded that the person, 'Likes a drink and is a habitual cannabis smoker' another care plan recorded that the person had a history of substance misuse. The lack of a policy meant that boundaries within the service relating to drug and alcohol were not clearly defined and may not be fully understood by people and staff. When asked about the procedures around illegal substance use one member of staff said, "I would tell the manager, but other than that I am not really sure what I would do." We discussed this with the provider's area manager and the registered manager. The area manager advised that a drug and alcohol policy would be in place within two weeks of this inspection.

The service care plans were written in three different formats. The registered manager and area manager told us that all care plans were being re-written into a new format. There was an action plan in place for all of the care plans to be put into the new format by May 2018. Care plans we viewed contained inconsistent information and information that was not up to date. For example, one person's care plan showed that they self-medicated and contained the appropriate risk assessment for this. However, in another part of the care plan it was recorded that the person required support with their medicines. We asked the registered manager and a member of care staff about this. They were both clear how that the person was now supported to take their medicines but this was not clear in the care plan. This could mean that the person would not receive their medicines as prescribed. Another care plan recorded that a person had dementia and staff were to limit their alcohol consumption. When we asked the registered manager how this was being managed they told us that this was historical information and was not relevant to that person's current needs. The care plan showed that they had been reviewed in February 2018 however the care needs had not been updated. Another person's care plan recorded that there were concerns around alcohol and substance misuse. The care plan did not show what the substance was. This is important as different symptoms may be displayed depending on the substance being used. If staff are not aware of the substance they may not recognise the signs. Care plans were not always up to date and did not sufficiently guide staff on people's current care and support needs.

We were not confident that people were always involved in decisions about their care and support. Care plans contained information about people's likes, dislikes and preferences. However, in some care plans these were taken from either the pre-admission assessment or from staff knowledge of the person. Care plans did not demonstrate that people had been involved in reviews about how their care and support was provided. We asked the registered manager who told us that people could be involved in their care plan reviews if they wanted to be. However, they were unable to tell us how this was communicated to people or if anybody had been involved in their review. Since the inspection the provider has told us that prior to

admission information is provided by the service user's health and social care team. A pre-admission assessments is then carried out with the potential user of the service by the management team. Service users make visits to the home prior to admission. the service user discusses with the care co-ordinator as to whether they wish to be admitted to the service and their care needs are agreed by all parties. Upon admission into the service a care plan is created with the service user, taking into account their needs, wishes and preferences.

The above paragraphs represent a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not all care plans contained information about people's preference and choices for their end of life care. We discussed this with the registered manager and area manager. They confirmed that this was not an issue which had been consistently addressed across the service. They confirmed that they would address this as part of the care plan review.

We recommend that the service seeks appropriate advice on end of life care planning for people in this service user group.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. The service worked with another of the provider's services to provide outings. The registered manager told us about an outing which had been arranged at the request of a person living at Brackendale House. When the day for the outing arrived the person decided they did not wish to go. However, the outing went ahead with people who live at another of the provider's services.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. No complaints had been raised since our last inspection of the service in October 2016. People told us they would speak to staff if they had any worries or concerns.

Is the service well-led?

Our findings

Our inspection of October 2016 found that the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that this breach continued.

The individual deficiencies which had led to the breach in October 2016 had been addressed. However, we had been concerned that the response to the identified concerns had not been timely. At this inspection we found concerns which the provider was aware of, for example the deficiencies in care planning. However they had not implemented actions or allocated resources which ensured that the concerns were addressed in a timely manner. For example with regards to care planning, shortfalls in this had been identified and an action to introduce new care plans had begun. However, the registered manager told us that when on duty they were part of the care team supporting people. They were not given time by the provider to update the care plans but were expected to do this as well as providing care and support. This was confirmed by a senior member of care staff who said that when the manager was not on shift and they covered the manager role they would not have time to review care plans. Where areas for improvement had been identified action not taken in a timely manner with identified timescales and allocated resources.

The area manager and registered manager told us that information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals to help identify and manage risks to the quality of the service and to help drive improvement. An internal compliance report for the service in line with CQC standards had been carried out. This had identified some areas for improvement and an action plan had been put in place. However, the report had not identified all of the concerns around care planning and the subsequent action plan had not addressed all of the concerns raised by the internal report.

Quality assurance arrangements had not identified the areas for improvement we found as part of this inspection. This meant that these arrangements were not as robust as they should be and improvements were required. For example the care planning process and the implementation of the MCA.

Staff were complimentary about the registered manager and told us they liked working at Brackendale House. One member of staff said, "I enjoy working at the service and have done for several years. I feel very supported by the manager and other staff members." The registered manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service and staff were very comfortable with the registered manager and spoke freely with them during the inspection.

People had completed an annual satisfaction survey. The results of these told us that people using the service were happy and satisfied with the overall quality of the service provided. Responses were generally positive, however where a score was lower than satisfactory, the manager had responded appropriately to the concern and also provided feedback which was made available to those living in the service.

Staff confirmed there were meetings whereby they could express their views and opinions. Records of these

were available and included the topics discussed and the actions to be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not involved in their care planning. Care plans were not always detailed or up to date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Identified concerns were not always responded to in a timely manner.