Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bracken House

Bracken Close, Burntwood, WS7 9BD

Tel: 01543686850

Date of Inspection: 15 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✗ Action needed
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Staffordshire County Council
Registered Manager	Ms. Helen Brown
Overview of the service	Bracken House provides care and support for up to 34 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 15 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our visit to Bracken House we spoke with five of the people who lived there, three visiting relatives, the home manager, the deputy manager and the care staff on duty. The visit was unannounced so that no one living or working in the home knew we were coming.

We received positive comments about the staff team from people that lived at the home and visiting relatives. One relative told us, "I have to say I can't praise them enough". One person that lived in the home told us, "The staff are very kind".

People told us that they felt safe in the home and were able to report any concerns they had. Two people told us, "They (staff) always take the time to listen to us". People told us that they were asked for their views on the service the home provided.

We found that appropriate procedures had not been followed when 'Do Not Attempt to Resuscitate' orders had been put in place. For example, there was no evidence to show what or if discussions had taken place with the people involved.

We found that information in the care records for one of the people whose care we looked at did not reflect the care we observed care staff provide. Our discussions with the manager and care staff told us that the person's condition had changed. The manager and her deputy acknowledged that care plans were not in place for this person and daily records had not been maintained to confirm the care that had been delivered.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 25 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spent some of the time observing staff and people living at the home going about their daily routines. We observed care staff talking to people sensitively and with respect. People we spoke with told us that staff were always respectful towards them. We saw that attention was paid to people's appearance, including their hair and nails. All clothes worn by people were clean and smart. This showed that staff recognised the importance of helping people to look their best.

We saw that staff addressed people by their preferred names. We saw that care staff spoke discreetly and politely with people about their personal care needs. We observed that the staff were attentive to each person's needs and attended to them in private.

We asked two care staff how they supported people living at the home to maintain their dignity and privacy. Care staff told us, "For example when I am attending to someone's personal care I make sure that they are covered up. I close the doors and windows and make sure the curtains are drawn. I also talk to the person to make sure they are comfortable". This showed that people's privacy was respected.

We saw that people were offered a choice of the meals they ate. The cook showed us copies of the 'Winter Menus'. Our discussions with the cook and information we read showed that menus were changed each season. We saw that menus were planned following discussions with people living at the home. Menus we read offered varied nutritious meals. We saw that a 'soft option' menu had also been developed. This meant that people assessed as needing a soft diet could eat well presented meals based on cooking suitable foods.

We saw the outcome of a survey completed in October 2012 to find out what people would like to see on the winter menu. The survey summary we read told us that everyone was consulted. People who found it difficult to voice their choices were helped by support staff to express their preferences. People that were able to respond said that they would like to see, "Stews and dumplings and casseroles and stodgy puddings". Information available

told us that the survey was repeated in December to ensure people were happy with the meals.

We looked around the home and saw that people's bedrooms looked clean, well maintained and homely. We saw that people had been encouraged to personalise their own bedrooms using their own personal items such as photographs, items of furnishings and small pieces of furniture.

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Robust information was not available to confirm that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at two care records for people living at the home. One of the care records contained a document which detailed information as to whether the person should be resuscitated in the event of death. This was titled a 'Do Not Attempt to Resuscitate Order' (DNAR). The document used was the model DNAR form produced by the 'Resuscitation Council (UK).

We saw that the council provided instructions on how the form should be completed. The document we read had not been fully completed in keeping with these instructions. For example, we could find no evidence that a formal assessment process to determine the person's capacity had been undertaken. The person's medical condition was stated but there was no other information to state the reasons why resuscitation would be inappropriate. We noted that the name of the relative was stated but there was no information to summarise the communication that had taken place with the person's relatives. The document showed that it had been signed by the person's GP.

We discussed our concerns with the registered manager. She told us that she would discuss the process with the doctors at the GP surgery and other health professionals. The manager was not aware of whether the organisation had a policy or procedure in place that would explain what was expected of their staff when DNAR orders were considered.

The manager was aware that where people did not have capacity, other people could be authorised to make decisions on their behalf as long as they were in the person's best interests. The manager was aware that people's care records needed to reflect how decisions about capacity had been reached and the actual decisions made.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People were not always protected from the risk of receiving inappropriate care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with two care staff about how they met the needs of the people that lived in the home. Both care staff demonstrated that they had a very good awareness of the best ways to support people in their care. This meant that people were confident that their specific care needs could be met by trained and competent staff. One person commented, "They (care staff) look after me well". Another person said, "Everyone is friendly, nothing is too much trouble". A relative we spoke with told us, "The care is second to none". A second relative said, "I could not ask for my 'X' to be in a better place".

We looked at the care records for two people who lived at the home. Information we read showed that both people had a plan of care. We found that one care plan was up to date and identified the person's current care needs. The information in this care plan provided staff with instructions on how the person's needs should be met. This meant that care staff had the information they needed to meet this person's needs in a way that they preferred.

Risk assessments were available and identified when people were at risk of sore skin, poor nutrition or falling and how they should be moved and handled. Risk assessments contained information for staff on actions that were needed to minimise risks to people.

The information we read in the other person's care plan did not reflect the care we saw care staff deliver during our visit. The person had an end of life care plan in place. Information in the plan told us that the person was semi conscious. When we visited the person they were moving their arms, made facial expressions and could open their eyes. Two care staff visited the person so that they could sit them up to support them to eat and drink. We asked one care staff and the managers for the person's care records so that we could read the daily statements that should have been written to demonstrate the care they had provided. The care worker told us that they had been advised that they did not have to write daily statements. They told us that they had been instructed to only complete the information required in the end of life care plan. The end of life plan required staff to enter a code next to a care intervention such as mouth care. The statements in the plan did not reflect the care that we saw care staff provide.

We discussed our concerns with the manager and the deputy manager. It was clear that there had been some improvement in this person's condition since the end of life care plan was first put in place. Care records showed that care staff had not documented the care they had delivered. There was no record of the improvements they had seen in the person's condition since the end of life care plan had been put in place. For example, that the person had started eating and drinking small amounts by mouth. A review of the person's care needs had not been completed.

The managers assured us that the person's care plans would be reviewed, updated and daily reports restarted. This would ensure that people's current care needs were identified.

Information in care records showed that health professionals such as doctors, dentists, opticians and dieticians had visited people at the home. We saw that the district nurses had been involved in the persons care. A district nurse visiting the home at the time of our visit commended the staff for the care they provided to people living at the home.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We asked people if they felt safe living at the home. One person told us, "I feel very safe, there is noting to worry about". Another person said, "I never hear the staff shout at any one. They always speak to us nicely". A comment made by a relative in a thank you card said, "Everyone is so friendly and kind, which made 'X' (relative) feel at home".

We discussed safeguarding processes with two members of care staff. They were able to tell us what they would do in the event of an allegation of abuse or harm being made or witnessed. We saw in peoples care records that pictures were used to help people understand what to do if they were unhappy about anything. Both care staff told us that they attended safeguarding training.

The manager was aware of her role and responsibilities in responding to suspicion and allegation of abuse. The manager showed us evidence that safeguarding alerts were reported to the relevant local authority. The manager had made us aware of two safeguarding concerns that they had reported to the local authority. One of these had been satisfactorily resolved and the other was being investigated.

The manager showed us copies of training records. These showed that training in safeguarding vulnerable adults was offered and attended by staff. The home had policies in place that offered additional guidance to staff about dealing with safeguarding and abuse. This meant that staff had information available that told them what to do if they witnessed a safeguarding incident.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people that lived in the home and asked them if they felt people were well trained to support their care. People told us that they were happy with the staff that helped them with their care.

Staff told us they were provided with training opportunities to keep people safe and meet their individual needs. We saw staff were motivated and enthusiastic about their work and provided a person centred service.

Staff we spoke with told us about the training they had received. We found that staff had completed a variety of training courses which enabled them to provide care and support to the people who lived at the home. Records showed that staff had completed various health and safety courses such as emergency first aid, food safety, protection of vulnerable people, manual handling, fire safety, and infection control. Our discussions with the cook showed that they had completed varied training related to nutrition and cooking. This enabled them to provide varied and appropriate meals to people living at the home.

We spoke with two care staff about their roles and responsibilities in the home. They explained how they provided people with the support and care they needed. Care staff demonstrated a good understanding of the needs of people who used the service and how to meet those needs.

The manager showed us the care staff training records held in the home. These showed us that there was an ongoing programme for mandatory training and other topics related to the care of people living in the home.

Records we examined and staff spoken with told us that they received supervision. Care staff told us that they had one to one supervision. Care staff confirmed they were given opportunities to review their practices and identify new learning opportunities. This enabled staff to provide safe and effective care to people.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at how the home had provided people and their representatives with opportunities to comment on different aspects of the home. People told us they were regularly asked about how improvements could be made to the service. We saw that people had completed questionnaires. We saw written evidence of feedback received from family members.

We saw that people were able and encouraged to express their views. People were observed to be engaged in conversation with staff. We saw that visiting relatives were relaxed with staff and easily entered into conversation.

We read some of the comments made by family members on the quality of service their relatives received. Some of the comments made by people and their relatives in the questionnaires included, "I am put at ease knowing that my 'X' (relative) is well cared for" and "All needs are thought about and well catered for". People's responses in the questionnaires showed that they were happy with the service they received.

We saw that arrangements were in place for monitoring the quality of service provided by Bracken House. The manager showed us records that confirmed that audits were completed to ensure that the health, welfare and safety of people living at the home would be promoted. These showed where the home was doing well and where any action was needed to improve the service.

We saw that accidents and incidents that had happened were recorded and reviewed by the manager or her deputy. This enabled the manager to make sure they were managed properly and how if possible the incidents could be prevented from occurring again. This meant that learning from incidents took place.

We saw that there was a fire safety policy in place. There were plans in place to ensure the safe evacuation of people living at the home. Records we read showed that regular fire drills took place.

We saw that there was a robust audit process in place to ensure that safe medicine practices were carried out in the home. Any issues identified were recorded, addressed

and discussed with staff as appropriate.

Staff meetings were held monthly and staff told us that they were able to contribute to discussions and make suggestions for improvements. Copies of the minutes we read confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: Suitable arrangements were not in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by means of carrying out an assessment of the needs of the service user and ensuring that the planning, delivery of care and treatment meets the service users current individual needs. Regulation 9(a), (b)(i)(ii).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 February 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk