

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 May 2013

Date of Publication: June 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Management of medicines | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Records | ✓ 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 with dementia. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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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'.

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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, carried out a visit on 15 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At our last visit to Bracken House we found that the service was not compliant in two key outcome areas. We looked at these outcomes as part of this inspection visit. We found that improvements had been made and the service was compliant in both outcome areas.

We found that reviews had taken place to ensure that appropriate procedures were followed when 'Do Not Attempt to Resuscitate' (DNAR) orders were put in place. We saw that the records related to the end of life care of a person had been re-instated following our last visit. The records had been updated to ensure that they reflected the care provided by staff working at the home. We spoke with two care staff who demonstrated they were aware of people's care and support needs.

We were not able to speak in depth with all the people who used the service because of their mental health condition. To help us obtain a view of people's experiences we observed people's care, read people's care records and spoke with staff at our visit. We saw that staff sat with people when speaking with them, listening and responding to their needs and requests in a calm and reassuring manner. Information from one person who lived at the home told us, "They (staff) are all very kind".

We found that medication audit systems at the home had been reviewed to ensure people received their medicines safely.

We saw that recruitment procedures in place ensured that people living at the home were supported by appropriate staff.

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

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At our last visit to Bracken House we found moderate concerns in this outcome area. At this inspection visit we wanted to see whether improvements had been made in the area of 'Consent to Care and Treatment'. We found that improvements had been made.

We found at this inspection visit that none of the people living at the home had 'Do Not Attempt to Resuscitate Orders' (DNAR) in place. We spoke with the deputy manager who confirmed that DNAR procedures and the person's care records had been reviewed following our last visit. We looked at the care records these showed that the records had been updated. This meant that formal assessments had been completed to determine the person's capacity to consent. We found that people's care records reflected how decisions about capacity had been reached and the actual decisions made. We found that the reasons given to not resuscitate were appropriate and specific to the person for whom they were written.

We found at this visit that the organisation had written a draft DNAR policy. Information in the document explained the action staff should take when DNAR orders were considered.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at four care records. We saw that the records related to the end of life care of one person had been re-instated following our last visit. The records had been updated to ensure that they reflected the care provided to the person by staff. All of the care records showed that people's individual needs had been assessed and care plans were in place to support those needs and to promote people's independence. We saw that people's wishes and preferences were reflected in their care plans.

Two care staff spoken with were able to tell us what care and support people living at the home needed. Both staff had a detailed knowledge and understanding of how people wanted their care needs met. This meant that people would receive the care and support needed to meet their individual needs.

All of the care records we looked at contained information that confirmed that people were registered with a GP. Information we read in care records and speaking with two people confirmed that they had access to other healthcare professionals as necessary.

All of the care records we looked at except one had risk assessments that related to the specific and identified risks to people's safety. For example risk assessments available identified when people were at risk of sore skin, poor nutrition or falling. Risk assessments contained information for staff on actions that were needed to minimise risks to people. We noted however that in one person's care records that they had been assessed as having a history of falls and had a poor appetite. There was no evidence that a falls or nutrition risk assessments had been completed to ensure that this person's care needs would be appropriately met. We discussed this with the deputy manager. The deputy manager told us that the procedure was that this person should have had a risk assessment completed. The deputy manager reassured us that this would be completed immediately.

We saw that a business continuity plan was in place to support the service to continue in the event of an unplanned emergency, such as a breakdown in utility services or a fire. This meant that the staff working at the home could support the people who used the service to remain safe in the event of an emergency.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that staff observed safe practices when giving medicines to people in their care. For example we observed that Medication Administration Records (MAR) charts were signed after each person had taken their medicines. We saw that medicines were safely stored in the home. We found that systems for the safe receipt of medicines into the home were robust. Two staff checked medicines into the home and signed to confirm the accuracy. Information available showed that the supplying pharmacist carried out regular audits of medication practices at Bracken House. This meant that people would have their medicines available to support their health and wellbeing.

We found that improvements had been made to the homes audit systems for monitoring medicine practices. The deputy manager told us about the procedures followed in the event of a medication error occurring. For example night staff were charged with checking the MAR charts each night. These checks confirmed that all medication given to people were signed for. If any omissions were noted staff recorded this information. At this visit we saw that appropriate action was taken to follow up any medication errors identified. The peoples medication administration records were clearly set out and each record had the persons photograph attached.

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

People that lived at the home could not tell us if they felt staff were well trained to support their care. We observed that people looked happy and comfortable 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 care that met people's individual needs. Staff we spoke with told us about the training they had received. Records showed that staff had completed various health and safety courses such as first aid, food safety, protection of vulnerable people, moving and handling, fire safety, and kitchen safety. This meant that people would be confident that their care needs would be met by appropriately trained staff.

We spoke with the deputy manager about the induction and training of staff. One of the areas we discussed was related to equality and human rights. The deputy manager confirmed that staff received training related to equality, diversity and human rights. We asked if this training covered how to meet the needs of people's sexual preferences and or gender identity. The deputy manager told us that the training was general and did not cover specific areas such as gay or lesbian relationships or transgender preferences. Policies and the home's statement of purpose told us that people would not be discriminated against and their rights would be maintained. The deputy manager was confident that the care they provided would be without judgment or prejudice. The deputy manager considered that extending the equality and human rights training in this way would be a positive step and would look at this further.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the care records of two people who lived at the home. We found that the records contained sufficient information on people's care needs. We found that care plans were person centred which meant that they told staff what people could do for themselves and how people wanted to be supported.

This meant that information in people's care records provided a clear explanation of how people's care needs should be consistently met by all staff.

We saw that people's care needs were reviewed monthly or more regularly if needed. This meant that people could be sure that their changing care needs would be met.

We discussed the measures in place to ensure that people's information was appropriately stored. During the inspection we observed that people's records were handled and stored securely. This meant that people living at the home would be reassured that any information held about them by the service was kept confidentially and securely.

We read daily reports written by care staff. We found that the daily entries detailed how people spent their day, people's wellbeing and what care they had received. This meant that appropriate information was available to show and confirm that people were supported to lead full and meaningful lives.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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