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Brownlow House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on the 16 and 17 August 2017 and was unannounced. The service was last inspected in July 2016 and was rated as requires improvement.

Brownlow House is registered to provide accommodation, support and personal care for up to 31 people. The home provides support for people living with dementia or a mental health issue. The home works with people who have had a history of abusing alcohol.

At the time of our inspection 29 people were living at Brownlow House. Twenty eight people had their own room and two people wished to share one room. Brownlow House is an older building with three floors, accessed by a lift. People used shared bathrooms on each floor. There is a dining area, main lounge and two smaller lounges which are quieter. There is a large well-tended garden to the rear of the property.

The service had a registered manager in place as required by their Care Quality Commission (CQC) registration. 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. The registered manager was supported by a deputy manager.

At our last inspection we found two breaches of the Health and Social Care Act 2008 regarding medicines management and the maintenance and decoration of the home. Following this inspection the provider was required to submit an action plan to the Care Quality Commission (CQC) outlining how they would meet the regulations. An action plan was submitted for the breach in medicines management; however an action plan was not submitted upon request, regarding the maintenance and decoration of the home. The CQC wrote more formally to the provider, at their request, following their initial response to clarify for them the legal position in relation to the submission of action plans. A response to this was received and improvements implemented.

At this inspection we found improvements had been made within the home. Repairs had been completed, new carpets and flooring laid and rooms re-decorated. New furniture had been purchased for the lounges and people's bedrooms. The doors on the lift at the home were damaged, although it had been passed as serviceable by a specialist lift company. Following the inspection the provider told us they were planning to replace or repair the lift doors.

People received their oral medicines as prescribed and the medicine administration records (MARs) charts were fully completed. We found prescribed topical creams were applied by the care staff but the MAR was signed by the senior staff. Where people had been assessed as at risk of choking thickeners were added to fluids. The staff did not sign a MAR or other chart to state that they had done this. The deputy manager said they would design and implement charts for topical creams and thickeners for staff to sign when they applied the cream or added the thickener to fluids.

Protocols for when 'as required' medicines should be administered were not always in place. Liquid medicines and creams were not dated on opening as per good practice guidelines.

People we spoke with said they liked living at Brownlow House and felt safe. They were complimentary about the staff team. People said the staff treated them with kindness and respect and knew their needs well. We heard and saw positive interactions between people and staff members throughout the inspection.

People said there were enough staff to support them within the home, but they were not supported to access the local community very often. The registered manager told us they ensured people were supported to attend medical appointments.

We saw the number of activities arranged within the home had increased since our last inspection. A weekly programme of activities was available and external entertainers visited the home.

Care plans were written in a person centred way and identified the support required to meet people's health and social are needs. We saw risks were identified and guidance given to staff to mitigate these risks. However, one care plan we saw stated staff were to monitor for signs that a person's mental health was changing, but the care plan did not detail what these changes might be. When we spoke with staff they were able to describe people's needs and the signs to be aware of that people's mental health may be changing.

Senior staff completed a handover at the start of each shift. This provided information about any changes in people's health and wellbeing. The seniors then informed the care staff working on the shift of the relevant information. One staff member said this worked okay; however another said they sometimes got information later in the shift as they were busy supporting people in the morning.

A system of recruitment was in place with checks being made to ensure applicants were suitable to work with vulnerable people. However, full employment records were not always provided. We have made a recommendation that best practice guidelines are followed for ensuring full employment histories are recorded and the reason for any gaps in applicants' employment were explained.

Staff had completed training the service considered mandatory. Staff had completed or were enrolled on the care certificate. Experienced staff had completed a nationally recognised qualification in health and social care. Staff were being enrolled on specific courses to meet the needs of people living at Brownlow House such as dementia and managing challenging behaviour.

Staff said they felt supported by the registered manager and deputy manager. Staff had supervisions and regular team meetings were held. Staff said they were able to discuss any issues or concerns they had. This meant the staff received the training and support to meet people's health and social care needs.

Systems were in place to meet people's health and nutritional needs. People were regularly weighed in line with their assessed risk and we found evidence of referrals made to the Speech and Language Team (SALT), district nurses and other medical professionals as needed. Medical professionals told us the service made appropriate referrals and followed any advice they were given.

Mental capacity assessments had been completed and applications for a Deprivation of Liberty Safeguards made to the local authority where required. People confirmed the staff gave them choices over day to day decisions and supported them to complete the tasks they could do for themselves so that they maintained their independence. Staff knew who was able to access the local community on their own and would open the door for them when asked. A record was kept of when people left and returned to the home.

All accidents and incidents were recorded and then reviewed by the registered manager. One notification to the CQC had not been made during a period when the registered manager was not in work. Since our inspection appropriate notifications have been received.

A range of audits was in place, including health and safety, mattress audits and medicines.

The home was clean throughout. However there was a malodour on the ground and top floors. New flooring was due to be laid on the top floor which should help eliminate this.

The home was registered with the Six Steps programme for end of life care. Information had been provided to people about making plans for their end of life care. We were told many people did not want to discuss this subject; however this was not recorded in the care files.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of the fire systems and equipment.

Regular resident meetings were held where people were asked for their feedback on the service. A resident survey had been completed and a relative's survey had just been issued at the time of our inspection. The replies received were positive about the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their tablets as prescribed. Creams and thickeners were not recorded by the person who applied or used them. Not all 'as required' medicines had guidelines in place to inform staff when they were to be administered.

There were sufficient staff to meet people's needs.

Regular checks and servicing of equipment were completed. We found one broken window restrictor that had not been reported to the registered manager.

Care records included information about the risks people may face and guidelines for staff in how to minimise or eliminate the risks.

A system was in place to recruit suitable staff. We have made a recommendation about recording an applicant's full employment history and any gaps in their employment.

Is the service effective?

Good

The service was effective.

Staff had completed training considered mandatory by the home and were being enrolled on specific training courses to meet the needs of the people who lived at the service.

Repairs and re-decoration had been completed at the home.

People's nutritional and health needs were being met. Appropriate referrals were made to health care professionals when required.

The service was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People said the staff were kind and caring. Staff knew people's likes, dislikes and needs.

Staff knew how to maintain people's dignity and privacy when providing personal care and prompted people to complete tasks independently.

The home was registered with the Six Steps end of life programme. People had been provided with information about end of life care, but few had wanted to engage in agreeing an end of life care plan.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that provided guidance for staff in how to meet people's health and social care needs; additional information about how people's behaviour may change if their mental health deteriorates was needed in some care plans.

More activities were being organised within the home. People said they would like more opportunities to be supported to access the local community.

A complaints procedure was in place and any complaints for concerns were responded to by the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not provided an action plan for one breach identified at the last inspection until a formal letter stating the legal requirement to do so was issued by the Care Quality Commission.

A registered manager was in place as required by the service's registration with the CQC.

A system of audits was in place to monitor the quality of the service; however they had not highlighted the issues in medicines management identified in this inspection.

Staff said they enjoyed working at the service. They said the registered manager and deputy manager were approachable and supportive.

Brownlow 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 16 and 17 August 2017 and was unannounced. The inspection team consisted of two inspectors on both days of the inspection and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for substance misuse.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. No one raised any concerns about Brownlow House.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, the registered manager, the deputy manager, six care staff and two visiting professionals. We observed the way people were supported in communal areas and looked at records relating to the service. This included six care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, quality assurance records, accidents and incidents and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found a breach in the Health and Social Care regulations as medicines were not always managed safely. We checked the medicines administration records (MARS) and saw that they had been fully completed.

At the last inspection we found guidelines were not in place for when 'as required' (PRN) medicines and creams were to be administered. At this inspection we saw some PRN guidelines had been written. These included details of how the person would inform staff, either verbally or non-verbally through facial expressions or behaviour, that they required a PRN medicine. We saw one person's PRN guidelines gave clear details when they would need a PRN medicine to reduce their anxiety. However we noted four people who were prescribed PRN pain relief medicine did not have guidelines in place. We raised this with the registered manager who said they would ensure all PRN medicines had the required guidelines in place.

We were told that the care staff applied topical creams as part of their role. They informed the senior carer that they had done so and the senior carer signed the relevant MAR sheet. Good practice guidelines state that the medicines records should be completed by the staff member who administered or applied the prescribed medicine. We also noted that thickeners, which are prescribed to reduce the risk of a person choking when swallowing fluids, were added to drinks by the care staff. However the staff did not sign to state that they had done this. We raised this with the deputy manager who told us they would design a cream chart and a 'thickener' chart for the staff to sign when they had administered these prescribed medicines.

At the last inspection we noted that creams and liquid medicines were not dated when they had been opened. Medicines can lose their efficacy if used after the period of time recommended by the manufacturer. The registered manager again informed us that all creams and liquids are returned to the pharmacy at the end of each four week medicines cycle and so could not become out of date. However a cream or liquid may be prescribed at any point within the four week cycle, or may be prescribed as a PRN. We noted that a memo had been written by the provider after our last inspection stating that the Care Quality Commission had commented that items needed to be dated when opened. Good practice guidelines, for example written by the National Institute for Clinical Excellence (NICE), state that creams, liquids and eye drops should be dated when opened and only disposed of when they have reached their expiry date or had exceeded its shelf life after being opened.

The lack of recording for the use of prescribed thickeners, the staff applying creams and not signing the MAR or cream chart themselves to state that they had completed the task and the lack of PRN guidelines for some people was a continued breach of Regulation 12 (1) of the Health and
Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(g).

Medicines classed as controlled drugs were appropriately stored and recorded. Tablets were counted to ensure the correct number were in stock when they were administered. This minimised the risk of errors or misuse.

The senior care staff had received training in the administration of medicines and annual competency checks and observations of senior staff administrating medicines were completed. An up to date medicines policy was in place.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. A whistle blower had raised a concern to the Care Quality Commission (CQC) in April 2017 about an incident at the service. When contacted by the CQC the provider conducted an investigation and informed the CQC of the outcomes. We noted a risk and protection plan had been written for two people who used the service following the incident. This incident had not been reported by the staff as a potential safeguarding incident to the provider.

We saw the service had appropriate safeguarding and whistleblowing policies in place to support the staff in providing safe care. This meant the service had the training and procedures in place to help ensure that the people who used the service were protected from abuse; however staff had not reported a potential safeguarding issue in one instance.

We looked at the way the service identified and managed any risks for the people living at the home. We saw risk assessments were in place for each person, for example for falls and pressure area care. Where appropriate there was a moving and handling risk assessment. The risk assessments gave staff guidance to manage potential risks, including any equipment such as hoists or shower chairs that were to be used.

We looked at the recruitment files for four members of staff. We found they contained an application form; however the employment histories were not detailed. For example one file only covered 2014 to 2016 and another had no details of any previous employers. We were told the latter staff member had been recruited through an apprenticeship scheme with the DWP. However details of previous employment history should still have been obtained. The recruitment policy stated that all gaps in employment should be explained.

Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. Each file contained two references, interview notes and a health questionnaire. Where required evidence of a person's right to work in the UK was recorded. This meant a system was in place to recruit suitable staff; however we recommend that best practice guidelines are followed to record an applicant's full employment history and any gaps in employment.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We saw the home was clean throughout our inspection. However there was a strong odour of urine in one of the ground floor bedrooms. We were told that the person sometimes had continence issues, but also their urine naturally had a strong odour. The domestic we spoke with followed a cleaning schedule and said that they always gave this room a thorough deep clean every day as soon as the person had got up in order to minimise the odour. The domestic staff member also told us about other bedrooms that required additional cleaning due to the needs of the people living in them. A visiting health professional we spoke with told us there was sometimes an odour on the top floor which they had mentioned to staff previously. During our inspection we also noted an odour on the top floor. The registered manager told us that the flooring in the two top floor bathrooms and the carpet in one room were due to be replaced, which should reduce the odour. The domestic staff said they used a carpet cleaning machine whenever there had been an accident. Where people had continence issues a relevant care plan was in place.This meant that whilst the service had systems in place to minimise the odours due to people's continence issues, there continued to

be a malodour at the home.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks.

The registered manager told us that a new infection control champion had recently been appointed. They were completing their training for the role and would attend the local authority infection control meetings in the future. A local authority infection control audit had been completed in June 2016 and the home had been rated as 'green' (standards met).

We received mixed comments about the staffing levels at the service. People we spoke with said staff were always available and approachable when required within the home; however staff were not always available to support them to access the local community. We spoke with the registered manager about this. She informed us that people living at the service did not receive funding for 1:1 trips into the community and the home prioritised providing staff to support people to attend medical appointments.

The staff we spoke with told us there were sufficient staff on duty to meet people's needs. They said that half the people living at the home were able to get up independently with prompts. There were four people who required two staff to support them with personal care.

From the rotas we saw there were four staff on duty from 8am until 2pm, three staff until 8pm and then two staff overnight. There was also the deputy manager and registered manager during the week who would assist when required. At weekends there were three staff on duty all day. We were told by the registered manager this was because the weekends were generally quieter, with no medical appointments to support people to attend. We were told that additional staff could be brought in if there was an appointment someone needed to attend.

On the first day of our inspection we saw that staff were very busy and were not able to spend time with people in the lounge area of the home. On the second day we noted staff did have time to sit and talk with people. We were told that on the first day a staff member had had to support one person to an emergency medical appointment. A visiting professional we spoke with told us, "The staff can seem very busy." The registered manager used a dependency tool to assess how many staff were required on each shift.

This meant that there were enough staff on duty to meet people's support needs; however staff became very busy if one staff member had to support someone to attend an appointment.

We saw accidents and incidents were recorded appropriately and any falls were recorded in people's care files. Action taken by the registered manager, if applicable, was recorded on the incident and accident forms. A monitoring sheet was used for the registered manager to identify any trends.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) had been written for people who used the service. These contained details of the support a person would need to leave the building in the event of an emergency. Fire drills were completed every six months during the day. We discussed with the registered manager about holding fire drills at night, who agreed that they would arrange for these to be held.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. This included the fire alarm, call bell and emergency lighting systems. Regular checks were carried out on gas and electrical items and the water system. This

helped to ensure that people were kept safe.

We saw that the lift at the home was regularly serviced. We noted that the inner lift doors were damaged and did not fully close, especially at the bottom of the doors. This meant there was a risk of people trapping their toes or fingers in the car doors. The registered manager told us the provider was aware of this but did not know what the provider's plans were for repairing the lift doors. The company who serviced the lift had noted that the lift required an upgrade, but had passed it as serviceable to use. Following the inspection the registered manager informed us that the provider was looking to repair or replace the lift doors after another maintenance job had been completed. We will check that this has been done at our next inspection.

We saw that the window restrictor chain for one window on the top floor had become detached. This meant the window could be fully opened. The window was large enough for a person to climb through. We raised this with the registered manager who said they would get the maintenance man to fix the window restrictor. We saw monthly checks were made of the window restrictors. This meant the broken window restrictor should have been identified at the next check; however staff had not reported the issue to the maintenance person or the registered manager.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service, for example a gas leak or an interruption of the electricity supply.

Good

Is the service effective?

Our findings

At the last inspection we found a breach in the Health and Social Care regulations as the home required repairs and re-decorating to be undertaken. At this inspection we found improvements had been made. We saw new carpets had been fitted, new laminate flooring installed in the lounge (although this had been damaged in areas of heavy use) and new furniture in the lounge areas and bedrooms purchased. Issues identified in the last report had been fixed, with all toilets working and the lighting had been improved in the shower room. The locks for the office and cleaning room had been replaced which meant people could not access other people's confidential files or chemical products. Areas of the home, including people's bedrooms, had been re-decorated. The registered manager told us that further re-decoration was planned.

Any maintenance tasks required were reported to the provider's maintenance person. We were told that they attended the home each week, and they were present at the service during our inspection. We saw that the majority of maintenance jobs were completed within a week of being reported.

At the last inspection we found that training courses for new staff were not always available for when they started work. At this inspection we saw all members of staff had completed a one day mandatory training course with an external training provider. This included fire safety, moving and handling, food hygiene, infection control, health and safety, mental capacity act and safeguarding. Staff said the training day was very full day as there were a lot of topics to go through in one day. One staff member told us they were attending training for dementia awareness the week after our inspection.

All 15 staff members who had worked at the home for a number of years had completed a nationally recognised qualification in health and social care. New staff were enrolled on the care certificate. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We noted that experienced staff had also enrolled on the care certificate as a refresher course.

The registered manager explained the home had decided to use external taught or distance learning courses for training. For staff new to care a three day course for the care certificate would be completed. During our inspection we saw staff being enrolled on two distance learning courses, managing challenging behaviour and dementia awareness, with a recognised training provider. We also saw that the home had requested training via the district nurse team for continence care and pressure area care. Training for the use of thickeners had been provided by the speech and language team.

Staff told us that they thought they had enough training to meet people's needs. One said, "There has been an increase in the training." This meant staff had completed the homes' mandatory training and the service was now enrolling staff on training courses to meet the specific needs of the people living at the service

Records showed, and staff confirmed, that staff had a supervision every two or three months. Staff told us they were able to raise any issues they wanted to during the supervision. The supervision notes we saw showed a variety of items being discussed. The deputy manager was starting to undertake supervisions with

the staff as well as the registered manager.

The staff we spoke with said they felt well supported by the deputy manager and registered manager. One said, "They are easy to approach." Regular team meetings were also held, with separate meetings held for the day and the night staff. From the meeting minutes we saw the registered manager raised any issues they had with the staff team. Discussions about the staff's role and any issues raised by the staff team were held. We noted that a new night monitoring sheet had been introduced following one team meeting. This detailed the tasks to be completed each night and was signed when they had been done.

This meant the staff had the supervision and support to carry out their role.

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 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.

We saw people's care plans contained details about people's capacity to make decisions. Where people had been assessed as not having capacity a DoLS application had been made. The registered manager monitored the applications that had been made, the best interest assessments completed by the local authority and any DoLS that had been authorised.

The staff we spoke with were aware of the MCA / DoLS and knew who was able to go out into the local community on their own and who required staff to go with them. The front door was locked and staff opened it when asked for those who were able to go out on their own. One person said, "I can go out on my own when I want, to the shops, I just tell them." We saw people were signed out of the home and the expected time of return noted. They were then signed back in again. This meant staff were aware who had gone out at any given time and did not restrict people's movements.

Staff held some people's cigarettes and lighters for safety reasons. Staff also held small amounts of alcoholic drinks on behalf of some people. We saw that this was noted in their care plans. Staff gave people their cigarettes when people requested them.

Throughout our inspection we saw staff asking people's consent before providing any support or care. This meant the service was working within the principles of the MCA.

We observed the morning handover between the senior carers from the night shift and incoming day shift. The handover was used to inform staff of people's wellbeing and any changes that had been noted. The senior staff would then pass on the information to the day staff. One staff member told us this worked okay, but another said it sometimes took a while for them to receive the updated information as they would be supporting someone to get up. A senior carer's handover book was used to record the any appointments or telephone calls that needed to be made during the shift.

Our discussions with staff showed that they knew people's needs well and the strategies to be used if people became agitated.

People told us they enjoyed the food at Brownlow House. One person said, "The foods great, proper home cooking and if I want any more I just have to ask. Staff always ask if I want seconds though." Another told us, "I like it here, the foods great, I`ve put loads of weight on."

We saw there were systems in place to meet people's nutritional needs. The care files we looked at contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People were weighed monthly and their MUST score calculated. People found to be at risk were referred to a dietician or SALT team.

At breakfast people were able to help themselves to cereal and porridge. The cook offered people a cooked breakfast and toast. There was one main hot meal available at dinner and tea time. People could choose an alternative such as soup, sandwiches or a salad if they wanted to. There were two sittings for lunch. People who required support with eating their meal ate first, those who were able to eat independently then had their meal. This meant the meals were served in a timely manner, the atmosphere was calm and staff were able to provide people with the support they needed to eat their food. People could also choose to eat their meal in their rooms or in the small lounges if they wanted to.

The chef knew the people who required a soft, pureed or fortified diet. They said they were informed by the care staff if the advice from the speech and language team (SALT) changed. This meant people's nutritional needs were being met.

At the latest environmental health audit in February 2017 the home had been given a three star (generally satisfactory) rating. We saw that the actions identified in the audit had been completed.

People were referred to relevant health professionals, for example district nurse, tissue viability nurse and the falls team when required. We saw regular appointments were made for people to attend the dentist and opticians. A health professional we spoke with said the home reported any concerns to them and the staff followed the advice they were given. This meant people's health needs were being met by the service.

To support people living with dementia to orientate themselves within the home toilet and bathroom doors were painted a bright yellow to clearly differentiate them from other rooms. Dementia friendly signage was also in place around the home.

Good

Is the service caring?

Our findings

Throughout our inspection we observed kind and caring interactions between people living at Brownlow House and the staff members. People we spoke with were all positive about the friendliness of the staff. One person said, "It's great, nothing bothers me about it, the staff are always there if I want owt, I'm happy here" and another, "I have been in loads of places, this is the best one yet. I`m comfortable here." A comment made by a relative on a survey form stated: 'The staff are lovely.' We noted that there was a relaxed atmosphere within the home.

People's care files contained a 'one page personal profile.' This provided the staff with information about the person's life history, for example what jobs they used to have, their family, their likes and dislikes and what they consider to be important for living at the home, for example having a TV in their room. This would help enable members of staff to form meaningful relationships with people.

The staff we spoke with all knew people's needs. Staff were able to describe to us the support people needed and their likes and dislikes. Staff told us how they maintained people's privacy and dignity when providing personal care. This included the use of a privacy screen in the shared room and explaining what they were doing before providing the support. One person told us, "They (the staff) knock on my door if they want me."

We saw people eating and mobilising independently, with appropriate support provided for those that needed it. Staff explained how some people were able to get up, washed and dressed independently with prompts from the staff. As previously noted in this report some people were able to independently access the local community and to help themselves at breakfast. This meant the staff prompted people to maintain their skills and independence where appropriate.

We saw regular residents meetings were held every three months. The minutes showed that discussions took place about the staff, food and activities in the home. We noted that gardening tools had been purchased as one person spent a lot of their time pottering in the garden. A service user questionnaire had also been started in December 2016 asking for people's feedback on a range of topics. Staff had supported people to complete the surveys. All the responses on the surveys were positive. We also saw that the deputy manager spoke to each person individually about their support when reviewing their care files. This meant people were asked for their comments about the home.

We saw the home's registered manager and deputy manager had been trained in the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. A leaflet had been given to people at the residents meeting in February 2017.

At the time of our inspection no one living at the home was receiving end of life care. Staff explained how people were supported at the home at the end of their lives if this was their wish. One care plan we looked at noted that the person had been offered support to discuss their advanced care. The registered manager

told us many people did not want to discuss their end of life wishes. We advised that this was recorded to show that the support had been offered.

Good

Is the service responsive?

Our findings

We reviewed six care files and saw they were written in a person centred way. They contained details about people's physical and mental health and social care needs and gave guidance to staff in how to meet these needs. For example care plans were in place for mobility, personal care, communication and night time. Guidance for good catheter care was in one person's file for staff to reference. In one 'senses, communication and mental health' care plan we noted that staff should 'be aware of signs of a relapse in [names] mental health'. However no details of what these signs were had been included in the care plan. This person's mobility care plan did state they lowered themselves onto the floor if their mental health was poor. Staff we spoke with were able to describe the other changes in behaviour this person would have if their mental health was deteriorating. Good practice would be to record what these changes might be in the care plan.

An initial assessment of people's needs was completed prior to them moving to Brownlow House. The deputy manager said people were able to visit the home before deciding if they wanted to move there. The registered manager explained how the service supported people who used to abuse alcohol. People had to be abstinent of alcohol before they moved to the home. The home also did not support people who were known to display behaviours that challenged. We noted that two people, once they had settled in to the home, had agreed a level of alcohol they would consume. The alcohol was kept in the staff office and given to the person when they asked for it.

If the home could meet a potential new person's needs care plans were developed. Two staff told us that they did not get a verbal handover about new people's support needs and the care files were only available as the person moved to the home. However another member of staff said they did receive verbal information about a person who had recently moved to the home. As previously mentioned in this report we found staff knew people's care needs, including those of people who had recently moved to the home. A visiting professional told us, "Staff have a good knowledge of [names] needs."

Care plans were reviewed by the deputy manager each month, with a checklist being completed to show all care plans and risk assessments had been reviewed, medical appointments had been followed up and a check of people's rooms had been made.

We saw formal reviews of people's care plans were completed with the local authority social worker. A mental health reviewing officer we spoke with said, "The care plans for [name] are appropriate and they've made progress since moving here." They also said the staff had a good knowledge of the person's needs and kept them up to date if their needs changed.

A daily log of the support provided for each person was kept. This recorded any personal care provided and when room checks were completed. Comments recorded were brief, for example 'no concerns' or 'has been fine.' The daily log did not have any details about what the person had been doing that day or their mood. This information can be used by colleagues and other professionals to monitor people's wellbeing.

Brownlow House is a residential service; therefore if people's needs changed they may require a service that provides nursing care. Also as stated above, if a person was unable to manage their alcohol intake, they may need to be referred to a more appropriate service. The registered manager told us they would refer people to their social worker, mental health team or GP to arrange for a re-assessment of their needs and identify a new provider. The registered manager said they gave people 28 days' notice to leave the home; however they would not force someone to leave if another placement had not been found within this time period.

At the last inspection we found that there were few activities arranged for people living at the home. At this inspection we found improvements had been made. A weekly timetable of activities had been established which included some external entertainers as well as a quiz and a games afternoon. The back garden of the home was tended by one of the people living at the service and we saw people enjoying sitting outside in garden chairs. The activities book noted people who had joined in the activities and we saw between four and ten people had regularly done so. The home also had Wi-Fi access that people could use.

People told us that the staff were not available to take them out into the community very often which meant that those people who needed support to go out could not always do so. As mentioned previously in this report we were told the service was not commissioned to provide 1:1 support in the local community. The deputy manager told us that staff would sometimes volunteer to support people to go out on trips in their own time. One person told us, "I can't go out on my own and there's never enough staff to take me; we have been to Blackpool and the pizza place though."

We also saw in staff supervision notes that staff had discussed having more activities arranged for people. This had also been discussed in residents meetings. As noted above more in house activities were now being arranged.

People told us they attended the local church on a Sunday and a coffee morning at the church hall each week. We spoke to a warden of the church who said the church had a close relationship with the home. They confirmed people went to the coffee morning; however people went on their own. We observed that staff escorted one person to go to the coffee morning but did not stay with them. This meant if people required staff to stay with them during the church service or coffee morning they were unable to attend.

The registered manager told us they were looking to secure some hours for a dedicated activities officer whose role would be to organise and run the activities programme. The registered manager had also asked staff for ideas about activities and if anyone wanted to organise them on a regular basis at the team meeting in July 2017.

This meant that the activities arranged for people to join in had increased since our last inspection, but people who needed support to go out continued to feel that they were not able to do so very often.

The home had a complaints procedure in place. People we spoke with said they would raise any concerns with the staff or registered manager. We saw one formal complaint had been made to the service. The registered manager had involved the person's social worker and had responded to the complainant following an investigation.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection in July 2016 the Care Quality Commission (CQC) requested an action plan from Brownlow House stating how they were going to meet the standards for the two breaches of regulations identified during the inspection. The provider completed an action plan for the breach in medicines; however refused to complete one for the breach in Regulation 15 of the Health and Social Care Act relating to premises and equipment as they did not agree with CQC's judgement. CQC made a further verbal request for an action plan which was again refused. CQC had to formally write to the provider stating their legal requirement to provide the CQC with a written action plan for the identified breach. A response to this was received and improvements implemented.

Feedback from the Local Authority commissioning and Infection Control teams also reported that the provider responded negatively when shortfalls were identified and recommendations for improvements within the service made.

The service had a registered manager in post as required by their registration with the CQC. The registered manager was supported by a deputy manager.

A range of audits were completed by the registered manager and deputy manager. These included monthly audits for medicines and health and safety, six monthly mattress checks and an annual infection control audit. The audits included details of the actions taken when any shortfalls had been found. Monthly spot checks were also completed of the environment and infection control.

We saw six monthly 'provider reports' were completed. These were undertaken by the registered manager from another home within the organisation and looked at the environment, cleanliness, maintenance and staffing.

This meant that a system of audits was in place at the service; however they had not highlighted the issues with medicines management identified in this report.

The registered managers from the provider's four services regularly met to discuss common themes across all four services, for example staffing and Deprivation of Liberty Safeguards. The registered manager said that the other registered managers were also available to provide advice and support to her or the deputy manager when required.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. The CQC had not received any notifications concerning accidents or safeguarding since our last inspection. We checked the records at the service and found that the accidents and falls recorded did not meet the threshold for the CQC being notified.

We saw one incident where the police had been contacted due to one person not returning to the home at the agreed time. The CQC should be notified of any incident with police involvement. We raised this with the

registered manager. They explained the date of this incident was when she was on a period of sick leave. The registered manager told us they would ensure that the deputy manager was aware of the accidents and incidents where notifications to the CQC were required. Since our inspection the registered manager has made appropriate notifications to the CQC.

The accident and incident forms were completed with full details of what had occurred and what action the staff had taken.

All the staff we spoke with said they enjoyed working at Brownlow House. One said, "I love it; I am supported in my job, I can go to the seniors, [deputy manager name] or [registered manager name] if I need to; I feel well supported."

We saw that surveys had recently been issued to relatives and visitors. At the time of our inspection only one survey had been returned, which was positive. As previously mentioned in this report regular residents meetings were held and a resident's survey had been completed. This meant the service sought people's views on the home and responded to the issues and requests made.

At the last inspection we noted that the policies and procedures were not dated. At this inspection we saw they were now dated. This meant we could be sure that they were current. The safeguarding policy had also been updated and now contained details of the local authority safeguarding team and the CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment The lack of recording for the use of prescribed thickeners, the staff applying creams not signing the MAR or cream chart themselves to state that they had completed the task and the lack of PRN guidelines for some people was a continued breach of Regulation 12 (1) with reference to 12(2)(g).