

Reason Care (UK) Limited

# Brailsford House

## Inspection report

1 Main Street  
Harworth  
Doncaster  
South Yorkshire  
DN11 8LE

Tel: 01302742156

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Brailsford House is a care home for up to 20 older people and people living with dementia. On the day of the inspection 18 people were living at the service.

People's experience of using this service: People told us they received a good service and felt safe with the support they received from staff. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. Risk assessments arising from people's health and the environment were in place with plans to mitigate the risk. Medicines were not managed safely; fire drill and evacuation practices were not taking place and there was no record of checks on bed rails or window restrictors. One upstairs window did not have a window restrictor in place. The registered manager said this would be fitted the next day.

Care and support were based on assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs.

Care workers had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment, and their views were listened to. Staff respected people's independence, privacy, and dignity.

People's care and support considered people's abilities, needs and preferences and reflected their physical, emotional and social needs. People were aware of the providers complaints procedure.

Although management systems were in place to monitor the quality of the care provided and to promote people's safety and welfare, they had not identified the concerns we raised.

Rating at last inspection: Good. (report published 18 March 2016).

The overall rating for this service after this inspection is requires improvement.

More information is in the full report below.

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

Action we told provider to take: We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and good governance.

Follow up: We will request an action plan from the provider to understand what action they will take to improve the quality and safety of care provided to people. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Brailsford House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection:

The inspection was unannounced which meant the provider and staff did not know we would be visiting.

**What we did:** We reviewed the information we had received about the service since the last inspection. The provider had completed a Provider Information Return (PIR). This 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

During the inspection we looked at three care files, three staff recruitment files and training and supervision

records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager, the deputy manager, two senior care staff, the activity co-ordinator and the cook. We spoke with all 18 people living at the service and seven visitors.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We looked at the systems in place for medicines management and we could not evidence people were receiving their medicines as prescribed.
- We looked at six people's medicines and found there was a discrepancy with counts on five of these.
- We were told staff received a medicine competency check at least annually, however the last one was in March 2017.
- Audits of people's medication administration records (MAR) took place monthly. However, the audit only looked at ordering, receipt and returns, therefore had not highlighted the concerns we found.
- The service was not working with and their medicine policy did not incorporate best practice national guidelines such as NICE.
- We found the application of creams to be confusing as two charts were in place and both charts needed further information to be detailed.
- We did see staff had a nice approach when administering medicines and explained what was happening.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

- Risk assessments arising from people's health needs were in place along with plans to mitigate the risk. This ensured, as far as possible, people were protected from avoidable harm.
- We found that people using the service were not fully protected in the event of a fire. Staff had not taken part in a fire drill or a practice evacuation. We could not be confident staff would know what to do in the event of a fire.
- Although the premises were monitored, there were no recorded checks on bed rails or window restrictors. We found a window upstairs with no restrictor in place. The registered manager arranged for this to be fitted the next day and sent email confirmation. They also added these checks onto the premises audit.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Systems and processes to safeguard people from the risk of abuse

- Staff understood the importance of safeguarding issues and whistleblowing [telling someone] concerns and knew the procedures to follow.
- People and relatives said they had no concerns about the safety of the service. Comments included, "I have no concerns, I have never seen anything untoward." "I have peace of mind" and "I have no concerns about

safety whatsoever."

#### Staffing and recruitment

- Staff and people who used the service raised no concerns about staffing levels.
- From observation and looking at staff rotas there were enough staff on duty.
- Recruitment procedures were in place to ensure suitable staff were employed.

#### Preventing and controlling infection

- Staff had access to plenty of personal protective equipment (PPE) and understood the importance of infection prevention and control.
- People and visitors commented on how clean the home was, saying, "[Cleaner's name] works hard at cleaning, everything is neatly ordered, clothes and bedding." They opened the drawers to show how neatly the clothing was stored.

#### Learning lessons when things go wrong

- The registered manager completed a review of accidents and incidents to identify if lessons could be learned and improvements made. However, accidents and incidents were too few to identify trends.

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had pre-assessment checks before commencing with the service.
- People's needs continued to be assessed monthly. We saw evidence to show plans were updated when people's needs changed.

Staff support: induction, training, skills and experience

- We saw that staff training was up to date. We confirmed from our review of staff records and discussions that staff received training which was effective and gave them enough information to carry out their duties safely.
- We saw that staff received regular supervision. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. Yearly appraisals were taking place.

Supporting people to eat and drink enough to maintain a balanced diet

- Food was well presented, and people told us they enjoyed it. Comments included, "We can't grumble about the food" and "The meals are fantastic and home cooked."
- We saw there was only one choice on the day however alternatives could be requested.
- Systems were in place to ensure information was communicated between staff and food safety training had been completed.
- We saw the cook served the food and addressed everyone by name, explained each time what the food was and adjusted portion size, which showed they knew people well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records confirmed people were supported to have access to a range of healthcare professionals to ensure they remained healthy.
- The service appropriately referred people to other healthcare professionals such as their GP and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed that staff sought their consent before providing personal care and we saw evidence of signed consent in peoples care plans.
- Decision specific capacity assessments had been completed for people when decisions had been made in their best interests.

Adapting service, design, decoration to meet people's needs

- On the day of inspection new carpets were being fitted in the corridors and dining room. Therefore, furniture was moved around to adapt for this.
- The home had some adaptations for people living with dementia. For example, pictorial signage which helped people to orientate themselves.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff supported people to make decisions about their care and we saw care plans documented how staff were to support people to make choices. However, for people who could not communicate verbally we could not evidence what was recorded was put into practice and if these people were supported with choices and decision making. Further work was needed to support people who could not communicate verbally. The registered manager said they were developing picture cards.

We recommend the provider consults guidance on how to support people to make decisions when they are unable to communicate.

- Where necessary, we were told they would seek professional help to support decision making for people.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were very positive about the care and support they received. Comments included, "They [staff] are kind, caring and definitely approachable, they are very nice" and "I would give them an A overall."
- Each person's care plan documented a brief history of the lives, such as where they worked, and what they liked doing.
- Care plans were developed to reflect what was important to the person and to meet any social or cultural needs. People's religious beliefs were recorded in care plans and people went to church.
- Staff have received training on equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they promoted people's independence. One staff member said, "We let them do things themselves even if it does take a long time, yes we could do it quicker, but we don't take over."
- One person who used the service was encouraged to maintain their independence and had their own car at the service which they used most days.
- People and relatives said staff were dignified and polite. Comments included, "They [staff] are very quick to come if someone has a personal need" and "They [staff] are really quick to support and prevent when someone starts taking their clothes off."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service employed an activity co-ordinator who was very engaging and had a kind positive manner. However, more thought needed to be given to the type of activities offered. For example, one activity was a card matching game, but the cards were Peppa Pig which was not relevant to the age group of people playing. We discussed this with the registered manager who said she was not aware these cards were being used.
- Other activities were placed in front of people such as a large jigsaw, but the person could not reach the pieces. However, we were told activities normally take place in the dining room, but due to new carpets being fitted they were having to work on different tables.
- People did not appear to be able to do the activities without prompting and encouragement and some of the instructions may have been confusing or hard to understand. For example, find two Peppa Pigs. Following the inspection the provider advised that these cards were only used to identify colours not the pictures.
- We raised concern about one person who was cared for in bed all day with their door closed. The registered manager said staff continuously go in to chat to this person. We asked the registered manager to review this, as the person could become socially isolated.
- Care plans were developed to reflect what was important to the person and to meet any social or cultural needs. People's religious beliefs were recorded in care plans.
- Care plans contained some good personalised information such as the person's life history.
- Care plans were reviewed and updated monthly or more often if needs changed.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint.
- The service had received one complaint since the last inspection. This had been investigated with an outcome of satisfaction.
- People and relatives, we spoke with had no complaints. One relative said, "I have never had to raise any concerns."

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Staff had received training on end of life care.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager conducted a comprehensive list of audits. However, the audits did not highlight the concerns we found with medicines.
- The service's policies and procedures needed updating to include best practice guidelines.
- The registered manager was not fully aware of their responsibilities on when to inform CQC about notifiable events. This was corrected on the day after inspection.
- Meaningful activities and support for people who could not communicate verbally to make choices and express their wishes needed developing, along with actions to prevent social isolation.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- People and relatives, we spoke with were happy with the care provided. One relative said, "It is brilliant here, I have my place booked."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives knew who the registered manager was. Comments included, "[Registered managers name] is the boss, she is alright, nice to me, always nice" and "The managers door is always open, they are so approachable." However, some relatives felt the manager was not always visible within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service had won an award in September 2017 as Clinical Commissioning Group (CCG) home of the year for preventing pressure sores.
- People's views were sought of the service they received.
- Surveys were sent out annually and all replies were acted upon. The last survey had taken place in May 2018 and the feedback was all positive.
- The cook had sent a questionnaire out to check people's thoughts on the food provided. Everyone stated they enjoyed the food, the only comment was the portions were too big.

- The last meeting for people and their relatives took place in August 2018 and topics such as activities and food were discussed.
- Staff meetings took place every couple of months.

#### Working in partnership with others

- The registered manager worked professionally with external agencies such as the local authority and occupational therapists.
- The service worked closely with the local church and local schools.

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 provider did not have systems in place to ensure people would be safe in the event of a fire. Premises checks did not cover all areas of the home. The provider was not ensuring that medicines were managed safely. Reg 12 (2)(d)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems or processes in place to ensure compliance and improve the quality and safety of the service. Audits and governance systems were not effective. Reg 17(1) (2)(f)