Borough Care Ltd

Bryn Haven

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out over two days on the 25 and 26 January 2016. Our visit on 25 January was unannounced.

We last inspected Bryn Haven in September 2013. At that inspection we found that the service was meeting all the regulations we assessed.

Bryn Haven is a residential care home located on the outskirts of a large housing estate, in Brinnington, Stockport. It looks out onto a main road and bus route; provide direct access into Stockport town centre. The home is one of a group of eleven homes managed by a 'not for profit' organisation; Borough Care Limited.

Bryn Haven is registered to provide care and accommodation for up to 42 older people although currently they are providing care for up to 41 people.

Summary of findings

The home has 41 single bedrooms, including 18 with en-suite facilities. Accommodation is provided over two floors. There is a small garden to the front of the property and a reasonably sized, enclosed garden to the rear which has a summerhouse.

At the time of this inspection the manager was not registered with the Care Quality Commission (CQC). The acting deputy manager was due to take up permeant post on 1 February 2016. The home had been without a registered manager since September 2015. 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.

During this inspection we identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Medicines were not managed safely. We found there was no accurate, documented evidence that a drink thickener required by a person who uses the service with swallowing difficulties, to prevent the risk of choking had been used, which could put the person at risk of choking. We saw there were gaps in the recording of prescribed creams which meant there was a risk that creams had not been applied when required, which could have resulted in unnecessary discomfort to the person.

We saw some sterile dressings and an eye pad in two first aid boxes were out of date. If dressings are used beyond the expiry date it cannot be guaranteed that the dressing inside remains sterile and therefore should not be used.

We saw that some areas of the home were not visibly clean and there were no detailed cleaning schedules in place to indicate exactly what cleaning had been undertaken.

Building work was being undertaken on the first floor of the home and risk assessments had not been undertaken by the home to ensure people were kept safe.

Not all staff had received regular formal one to one supervision and none of the care staff had received an annual appraisal which meant that some staff were not being appropriately guided and supported to fulfil their job role effectively.

Consent to care had not in all cases been appropriately obtained from people using the service. This meant that some care plans did not demonstrate that decisions had been made in the person's best interest.

The Care Quality Commission had not been sent all the required statutory notifications relating to the outcome of some the Deprivation of Liberty Safeguards (DoLS) that had been made to the authorising authority. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Systems were in place to monitor the quality of service people received. However due to the shortfalls we found during our inspection they require improvements.

Visitors we spoke to whose relatives used the service told us they thought Bryn Haven was a safe and caring place to live and they thought people were happy and well looked after.

Relatives spoken with told us they had never made a complaint but told us that any issues they had raised had been dealt with to their satisfaction.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained safe.

Staff working in the home understood the individual needs of the people who lived there and we saw that care was provided with kindness and dignity. We saw that people who used the service looked clean, well dressed, relaxed and comfortable.

Staff completed induction training when they commenced working at the home, including familiarisation with the policies and procedures for the service.

We saw that activities were provided by staff on duty and outside entertainers.

Summary of findings

Members of staff we spoke with told us that the management team were very approachable and supportive.

We saw that there were sufficient numbers of suitably qualified staff on duty at any one time to provide safe care.

We saw people could make choices about their food and drink and were supported by staff where needed to ensure adequate diet and fluids were taken.

We saw staff had good relationships with people and had a understanding of the individual needs and personal preferences of the people they were caring for.

We saw that staff asked people's permission before any care was undertaken.

A GP we spoke told us that Bryn Haven gave people a high standard of care.

Summary of findings

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.

Shortfalls were found in the medication administration processes. This meant that in some instances people may not have received their prescribed medication as intended by their general practitioner (GP).

During our inspection visit we saw that some areas of the home were not visibly clean.

Risk assessments had not been completed by the registered provider relating to building work being undertaken in the building.

Suitable arrangements were in place to safeguard people from abuse.

Requires improvement

Is the service effective?
The service was not always effective

Staff had received some supervision but not on a regular ongoing basis and not all staff had received an annual appraisal.

CQC had not been sent all of the required statutory notifications informing us of the authorisation of Deprivation of Liberty Safeguards (Dolls) made.

Staff were able to demonstrate good support for people who lacked capacity but consent to care and treatment was not always sought in line with legislation.

People could make choices about their food and drink. Staff supported people with nutrition and fluid intake where required.

The health and wellbeing of people using the service was monitored and they were supported to access other healthcare services when required.

Requires improvement

Is the service caring?
The service was caring.

People's individual preferences and independence was promoted by the staff team and we observed care staff encouraging people to make choices about their daily life style.

The atmosphere in the home was calm and relaxed and we observed positive interaction between staff and people who used the service and their visitors.

Care staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for.

Good

Is the service responsive?
The service was responsive

Good

Summary of findings

People's changing needs were responded to quickly.

Care plans, risk assessments and associated care documentation were regularly reviewed.

A system was in place for receiving, handling and responding appropriately to concerns and complaints.

Meaningful activities were provided by staff on duty and visiting entertainers.

Is the service well-led?

Some aspects of the service were not well-led.

Requires improvement

At the time of this inspection the manager was not registered with the Care Quality Commission although they had started the application process.

There were systems in place to monitor the quality of service provided. However due to the shortfalls found during this inspection improvements were needed.

People who used the service and their visitor's told us that the management team were always available, were approachable and were supportive.

The home promoted a positive and close relationship with the people who use the service and encouraged an open and friendly atmosphere.

Bryn Haven

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 was carried out over two days on the 25 & 26 January 2016. Our visit on 25 January 2016 was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted the local authority commissioners to seek their views about the home. They did not raise any concerns.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

During our visit we spoke with the manager and the deputy manager, a visiting GP, two senior carer workers, three care workers, a member of domestic staff, the chef, eight visiting relatives who visited the home regularly and six people living at Bryn Haven.

Most of the people living at the home were unable to give their verbal opinion about the care and support they received so we observed how staff interacted with people and how care and support was provided in the communal areas.

We looked around the building and looked in a sample of bedrooms on each floor, all communal areas, toilets and bathrooms,

We examined four people's care records, the medicine administration records, the supervision and training records for five staff and records relating to the management of the home such as auditing records.

Requires improvement

Is the service safe?

Our findings

Most of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we spent time in the communal areas observing staff interaction and the care and support people received. We saw that safe, effective care was delivered to people.

All of the visiting relatives spoken with told us they felt confident that their relative was safe and well cared for. One person said, "I never worry about 'X' when I go to sleep I know they [their relative] is safe and in the right place." All people spoken with told us they had never seen anything unsafe or anything of concern.

We looked at what systems were in place for the management of medicines. We checked the systems for the receipt, storage, administration and disposal of medicines in the home. There was a small dedicated treatment room on each floor that is used to store and lock away medicines, including controlled drugs. Medication was stored in a locked medication trolley; in locked treatment rooms to ensure only authorised people could access them.

We were told that care staff were not allowed to administer medication until they had received training and undertaken a competency assessment. During the inspection we looked at the overall staff training matrix (record) but saw that medication training was not included on this matrix. Two days following the inspection we received further information relating to staff training which demonstrated that senior care staff had undertaken medication administration training which was updaed on an annual baisi.

At the time of our visit to the service, no person was administering their own medication.

We found no excessive stocks of medication being stored.

We found that appropriate arrangements were in place for the storage of controlled drugs which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the balances recorded in the register.

There was a system in place for recording the daily temperature of the medication fridge to monitor that medication was stored at the correct temperature.

However the system for recording the temperature of the treatment room was a tick box to evidence the temperature had been checked but the actual temperature of the room had not been documented. To ensure that all medication is stored at the correct temperature in line with NICE guidance there must be an exact temperature recording.

The temperature of the medicine room should not exceeded the 25 degrees Celsius as recommended in NICE quality standard on managing medicines in care homes March 2015 as this might compromise the stability of the medicines stored in the room.

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. It develops guidance, standards and information on high quality health and social care.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed.

We saw that accurate records were not being maintained of prescribed creams being administered to people or a drink thickening agent prescribed to a person with swallowing difficulties.

We saw that the Medication Administration Record (MAR) sheet crossed referenced to 'cream charts' which had body maps to demonstrate where the creams were to be applied and written directions for their use. However there were gaps in the recordings of the cream being applied. This meant there was a risk that people may not have received prescribed creams as intended by their GP, which could result in unnecessary discomfort for the person.

We saw on one MAR that a person had been prescribed medication called 'thick and easy' used to thicken fluids for people who may be at risk of choking. There was no recorded evidence that this medication had been given to the person. There must be accurate and up to date records of all prescribed medication administered to people.

We asked how the home stored and recorded medications that were to be disposed of. We saw that there was a record kept of medication that was waiting to be disposed of. We found medication stored in an open cardboard box in the treatment room while awaiting pick up from the dispensing pharmacy. In line with NICE guidance medicines for

disposal should be stored securely in a tamper-proof container until they are collected or taken to the pharmacy to ensure they are not tampered with. The acting manager said that she would look into this and designated staff who organised returns to pharmacy would tape the box shut, sign, date and seal the box.

We saw two first aid boxes in the treatment room on the first floor. On examining these boxes we found that they contained some out of date equipment. For example we found eye pads dated May 2005 and some sterile dressings dated June 2013. If dressings are used beyond the expiry date provided on the packaging it cannot be guaranteed that the dressing inside remains sterile and therefore should not be used.

We saw medicine audits were undertaken on a regular basis. However we found these were not sufficiently robust enough to identify the issues we found in relation to the management of medicines.

The above examples demonstrate a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the visiting relatives we spoke with said their relative was in a beautiful room but acknowledged the need for refurbishment adding "This isn't a posh place" but confirmed they were happy with the care given to the people at the home.

During our inspection we looked around the home and saw that much of the paintwork on the ground floor, particularly near the entrance to the dining room and conservatory, was damaged and the wallpaper had started to peel. The acting manager told us this was due to the heavy traffic of wheelchairs and hoists. We asked about maintenance to the building and they told us that Borough Care had their own team and issues were logged on an internal system called Asset Incident Management System (AIMS). These repairs had not been logged on the system. During the course of our inspection we did observe one of the maintenance team repairing some of the damage to the paint work.

There was evidence of some refurbishment at Bryn Haven and on the day of our inspection the acting manager had been due to attend a meeting to discuss the ongoing refurbishment of the home. The conservatory had been refreshed in 2015 and new furniture purchased and we saw some of the newly decorated rooms. We were told that when a bedroom becomes vacant the room would be painted and refurbished usually in consultation with the person moving into that room.

We spoke with the acting manager about the lack of attention to detail in relation to some parts of the environment. For example we saw items like wheelchair cushions lying around the home, there was a door lock plate hanging off in one of the bedrooms on the ground floor, there was a paper towel dispenser, a clothes maiden and staff first aid box in one of the bathrooms on the ground floor. There were various remnants from Christmas that had not been put away in the games room and in 'Hereford' lounge.

In the games room we saw new bedroom furniture being stored and a football and pool table had been folded against the wall which was a potential safety hazard. The acting manager listened and took all of our concerns seriously. They moved the bedroom furniture, replaced the pool table but not the football table, told us they would log the repair to the broken door lock plate and were observed to delegate to senior carers other things that needed to be tidied or cleaned. They told us it was their intention to develop a detailed 'walk about' plan to ensure that on a daily basis they could formally check all areas at Bryn Haven.

We saw that the home had infection control policies and procedures. During our inspection we saw personal protective equipment (PPE) such as aprons and gloves were available throughout the home as was hand sanitiser which would help reduce the risk of cross infection.

We saw the domestic staff used colour coded mops and cloths for cleaning and we were told that mop heads were removed and laundered daily to reduce the risk of cross infection. This is considered good practice to help reduce the risk of cross infection when cleaning. We looked at the sluice and saw good stocks of cleaning products and personal protective equipment.

However in relation to other areas of infection control we did have concerns. We noticed that the bins at Bryn Haven were flip-lids which meant there was an increased risk of cross infection from staff, relatives and people living at the home from touching the lids.

Other concerns included bedspreads on top of two wardrobes and two mattresses that were stained propped

Is the service safe?

up against walls in two people's bedrooms. We saw one hoist stored in a ground floor shower room was dirty. The acting manager told us there were insufficient slings for each person requiring the use of a hoist to have their own sling. This meant that people had to share slings which posed a risk of cross infection and we saw one sling was stained. After discussing this with the acting manager we saw evidence that extra slings had been ordered which meant that each person would have their own sling and there would be one spare for emergency use.

We looked at the cleaning manual that included details of what needed to be cleaned and how. We noted the hoists and slings were not included in this manual. These items were on a monthly check list but not specifically in relation to cleaning. The acting manager acknowledged this meant there was a potential they were being missed. The cleaning manual was due for review December 2016.

In the 'Hereford' lounge on the first floor we saw the kitchenette floor was dirty, the bin lid was stained, the inside of the microwave was encrusted with dried food and part of the inside was rusty. The fridge was dirty and had a bag of vegetable sticks that were not dated which meant it was unclear how long they had been there which resulted in the risk that somebody may have been given out of date food.

The sink area was stained and the wallpaper on the splashback was peeling and dirty. There was dried food on dining chairs and the seats and arms were stained. The cleaning schedule for this lounge had been ticked on 24/01/2016 as being 'clean' but these were not our findings. The domestic staff we spoke with told us the night staff were responsible for the dining room chairs but that they had cleaned them recently as they were aware they were dirty. They also told us the fridge and microwave was not on their cleaning schedule. On the second day of our inspection we saw that the microwave had been replaced and the kitchenette area and dining chairs had been cleaned.

We looked at 'St Luke's' dining/kitchen area and found this to be cleaner although the inside of the microwave also contained dried food remnants. This meant there was a risk of cross infection.

The cleaning schedule for upstairs included the daily, weekly and monthly responsibilities. They had all been signed as completed but the weekly and monthly sheets had not been signed and dated to demonstrate they had checked the cleaning had been carried out. The acting manager told us that she did not formally audit or undertake checks of the standard of cleanliness in the home. This could account for some of shortfalls found during this inspection.

We saw there was a log of six wheelchairs that had all been ticked monthly on the cleaning as being clean but we saw a wheelchair on the first floor outside 'Cherry' lounge that had stains on the seat.

The above examples demonstrate a breach of regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection there was a team of workmen installing a new bathroom and staff room on 'Cherry' corridor on the first floor. We requested several times throughout the inspection to see the programme of works for this refurbishment and the risk assessment(s) completed for these works to ensure potential risks to people using the service and staff had been identified and appropriate action to reduce/ remove risks had been taken. We were told it was held off site. Two days following the inspection we received a copy of risk assessments that had been produced by the company undertaking the work. However to ensure the specific health and safety of people living at Bryn Haven, the staff and visitor's to the service risk assessments directly relating to minimising the risk to people during this building work must be completed, regularly reviewed and kept at the home for easy access.

The above examples demonstrate a breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a fire safety risk assessment had been undertaken on 3/09/15. We saw evidence of monthly fire drills, weekly checks of means of escape, visual checks of emergency lighting and call bell checks. The acting manager told us and we saw on the training matrix that all of the senior carers including the night staff had completed fire marshal training and all other staff completed fire training via eLearning sessions.

In the care files we looked at we saw a personal evacuation plan (PEEP) was in place and these plans provided information and directions to staff to follow in order to keep each person as safe as possible should an emergency evacuation of the home be required.

Requires improvement

Is the service safe?

We saw that the Health & Safety certificate was current and valid until July 2016.

We saw scheduled inspections by engineers of the lift, hoists and slings had been undertaken in March 2015, however there was no detail in relation to what action had been taken to remedy issues identified. For example An electrical engineer had completed the Portable Appliance Testing (PAT) on all appliances in March 2015 and identified two television cables as being faulty as well as the flex to the hot plate. We could see no evidence to indicate what had been done about these issues. The acting manager we spoke with acknowledged this and told us that one television had been replaced, another removed and we saw the flex had been replaced on the hot plate. The acting manager told us they planned to log any actions needed following any future audit so that any problems could be signed off when completed.

We asked the acting manager about the process in place to recruit new staff. We were told that applications were submitted to the provider's head office, who shortlisted candidates who they assessed as potentially appropriate for the role.

Managers then carried out interviews with the candidates using role specific, set interview questions and the responses given by the candidates were recorded. We saw evidence of this during our inspection as a person had attended the home for an interview. Keeping a record of the interview questions and answers demonstrated that the recruitment process was open, transparent and effective when selecting suitable people for the available vacancy.

We were told that pre-employment checks, such as applications to the Disclosure and Barring Service, obtaining references and assessment with occupational health were completed and held by the head office in Stockport. The Disclosure and Barring Service carry out a criminal record and barring checks on applicants who intend to work with vulnerable people. Such checks help to make safer recruitment decisions and to minimise the risk of someone unsuitable being employed work in the home.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained as safe as possible. All confirmed they had received appropriate training in safeguarding and we saw evidence of this on the training matrix. Staff had access to a safeguarding policy and a laminated 'safeguarding guidelines' displayed in the office which provided clear instructions on the action to take. The staff team also had access and a good understanding of the 'Whistle Blowing' policy and when asked, told us they would be confident should they need to disclose any issues of concern.

Relatives of people living at Bryn Haven all said they thought people were well cared for. One person said their relative was looked after "Exceedingly well" and said "This home is phenomenal". Another person said they had no concerns and felt sure their relative was safe.

In the four care files we examined we found that care files identified risks relating to people's health and wellbeing including poor nutritional intake, falls and development of pressure sores and the appropriate action for staff to take to minimises the risk. The risk assessments identified guidance for staff to follow about how to manage the risk(s) in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence wherever possible.

Care staffing levels in the home consisted of two senior care staff and six care staff during the waking day, two senior care staff and four care staff in the evening and one senior care staff and two care staff on waking night duty. The acting manager and deputy provided leadership throughout the day time and worked one day each weekend and one of them provided on call cover at all times when not in the home.

We looked at the staffing rotas which confirmed that levels of staffing were consistent on a day to day basis and feedback received from staff and visiting relatives confirmed there were sufficient numbers of suitably qualified staff on duty at any one time to provide safe care.

During our visit we saw that call bells were responded to quickly. One visiting relative told us "Staff come within seconds when the buzzer is pressed". This demonstrated that staff were responsive to people's requests for assistance.

Requires improvement

Is the service effective?

Our findings

Visiting relatives we spoke with told us they thought the level of care was very good. One person said "'X' is definitely well looked after. Other people to us they thought the food was very good and there was plenty of it. One person we spoke with said "The food here is excellent".

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental c apacity 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 there best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from the training matrix that the acting manager and the deputy manager had undertaken eLearning MCA and DoLS awareness training. However during conversations with them we found that they did not have a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in line with the Deprivation of Liberty Safeguards Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice. The acting manager was unaware that they had the responsibility for applying for authorisation of deprivation of liberty for any person who may come within the scope of the deprivation of liberty safeguards. There was no MCA assessment paperwork in the home and even though everybody living at Bryn Haven, with the exception of one person, had a diagnosis of Dementia only six applications had been made.

The acting manager told us six DoLS had been applied for and three of them had been authorised. We saw a system in place so the management team could track the applications made. CQC had received one statutory notification relating to this information. The acting manager confirmed that the authorisation of the applications came through just as the registered manager was leaving the home and this was why there was an omission of the notifications being sent to CQC. Following our inspection CQC received the relevant notifications. Providers must notify CQC about applications to deprive a person of their liberty when the outcome is known about any applications they make under the Mental Capacity Act 2005 (both by use of the DoLS process and by applying directly to the Court of Protection) and about the outcome of those applications.

This was a breach of Regulation 18 (4A) (b) of the Care Quality Commission (Registration) Regulations 2009 (part) 4

The staff we spoke with demonstrated a good understanding of capacity and consent issues around the day to day delivery of care, and were able to explain how they would support people who lack capacity to make meaningful choices. We observed that staff asked permission from the person before any care or interventions were undertaken and provided full explanations.. Staff spoken with were able to clearly describe the reason why consent should be obtained prior to any care or treatment being provided.

The training matrix we reviewed during the inspection demonstrated that out of the 42 staff employed only 12 had undertaken MCA training. However following the inspection we were sent an updated matrix demonstrating that all staff had undertaken MCA training.

The acting manager told us six people using the service had a Power of Attorney's (POA) authorisation in place and four of these included health and welfare as well as finances. We saw photocopies of these documents held on file. A POA or a LPOA is a legal document that appoints one or more people (known as 'attorneys') to help the person make decisions or make decisions on their behalf relating to finances and/or health or welfare.

However, for the people who did not have a POA we were told that mental capacity assessments had not been undertaken to determine if these people were able to consent themselves or make their own decisions. The preparation of a care plan must provide documented evidence of consent or where people lack capacity to consent to their care and support plan, there must be a clearly recorded assessment of capacity with supporting evidence. Although staff were able to verbally describe how they obtained consent from on a day to day basis the care

planning documents must demonstrate how any decisions made on behalf of a person who lacks capacity are made in their best interests. This was not seen in the care files looked at during this inspection.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider supported and trained staff to carry out their job roles effectively. All staff completed induction training when they commenced working at the home, including familiarisation with the policies and procedures for the service. All the staff we spoke with, with the exception of one person said that training was good because they would . That person told us they thought there should be more training in first aid. Another person when asked said "It's wonderful, excellent, we are always learning and the personal development is really good here". They told us, carers for example were actively encouraged to complete their vocational qualifications. We saw that out of the 42 staff employed 21 members of staff had achieved National Vocational Qualifications (NVQ) level two and six members of care staff had achieved NVQ level three. We saw that one member of staff was currently working towards NVQ level three and eight members of staff were working towards NVQ level two.

During the inspection we were provided with a staff training matrix that identified some of the training staff had completed included food hygiene, moving and handling, safeguarding adults, infection control, fire awareness and first aid. However we saw that the training matrix was not fully up to date and it was not clear how the training needs of all staff were checked and audited to ensure staff are supported and further develop them to carry out their job roles safely and effectively. A week following our inspection we did receive an updated training matrix.

Records seen, and staff spoken with, confirmed that staff received supervision although staff were unsure of the frequency. One person told us they did have supervision but not on a regular basis. The acting manager told us that supervision was undertaken every 6/8 weeks. However in the five staff files we looked at, although evidence was seen that supervision was taking place it was not as frequent as every 6/8 weeks. For example in one file we saw that supervision was undertaken five times during 2014 and twice during 2015. In another file we saw the person had supervision twice during 2015 and once in January 2016. In a third file we saw supervision had been undertaken three times during 2015. The acting manager told us that none of the care staff had received appraisals although the deputy manager and the senior care staff were due to undertake training to enable them to implement appraisals for the care staff. This meant that staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection, we carried out an observation over the lunch time period in the ground floor dining room. Lunch looked appetising and was well presented, with good portions.

There were two sittings for meal times, one for people who required assistance with eating and a second sitting for people who were more independent. We saw the dining room and dining tables were attractively laid out with table cloths, cutlery, napkins and flowers. We saw that lunch was a relaxed, unhurried experience for people. There were good levels of staff to support and encourage people with their meal. We saw that people were offered a choice of meals and drinks and people were asked if they would like any additional food. There was a large weekly menu on display outside the dining room which included details of alternative meals available. We spoke with the chef who confirmed that people could have any reasonable alternative to the main meal being offered. On the first day of our inspection there was a notice on display advertising a change to the menu as they were doing a Burns night feast of Haggis, neeps and tatteis.

Staff spoken with told us that food and drink was available on request and they said kitchen staff provided a good range of alternatives for people if they don't want what is on the menu.

We saw evidence that records of diet and fluid intake were kept if there were any identified issues or concerns, for example somebody who had a poor appetite or had experienced weight loss. We saw that people's weight was regularly monitored and recorded.

The care files we looked at showed people had access to a range of health care services and medical professionals to ensure they maintained good health and received appropriate treatment. We found evidence of involvement

Requires improvement

Is the service effective?

from health professionals such as their General Practitioner (GP), dieticians, opticians and the district nurses and people accessed hospital appointments. The GP we spoke with told us that the home made good and appropriate referrals to ensure any health concerns were addressed as soon as possible.

We were told by the staff spoken with 'handover' meetings took place at the start of each change of shift for the senior care staff to help make sure that any change in a person's condition was properly communicated and understood. In addition to the verbal handover a written handover sheet was available for staff to look at. Staff spoken with said they thought it would be beneficial for all staff to attend the meeting at the start of each shift. This was discussed with the acting manager who said she would implement this.

Good

Is the service caring?

Our findings

Visiting relatives we spoke with told us they felt confident about their relative living at Bryn Haven. All of the relatives we spoke with told us they were always kept informed about their relatives needs and praised the care the staff gave. One person said "The staff are exceptional and have great patience; I couldn't fail but remark on it. I've been around homes all my life but here is far superior I would say care wise". Another relative said "Overall care here is fantastic and I wouldn't [their relative] to be anywhere but here. I visit every day and they look after me as well". Another comment was "Staff always respect people's privacy and dignity and are kind and friendly with people."

All the visiting relatives we spoke with told us they could visit at any time, although they we asked to avoid meal times and they were always made to feel welcome.

A general practitioner (GP) we spoke with told us the care was "Excellent" they felt staff really cared about people. They added that they had witnessed good care and said that staff knew the residents' needs well as well as their families.

One staff member we spoke with told us they were confident the care was good. They said "I can go home at night knowing I've made a difference to a person's life. I don't worry about the care at Bryn Haven. I never worry about the care even with new staff, Borough Care have such great training". Another staff member said "I have no concerns about people's care I would have my own mother come to live here".

It was evident from the discussions with the management team and staff and from the interactions we observed, they knew the people they supported very well. This was confirmed by the relatives we spoke with. One person said "They look after [their relative] very well and they have got to know the real her".

During our inspection we heard staff speak to people in a friendly and kind manner.

We observed staff caring for people with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms and toilets. We saw no evidence that people had to wait very long before staff attended to their needs.

There was a relaxed, friendly atmosphere in the home and staff we spoke with told us they enjoyed working at Bryn Haven. One member of staff said "This is a caring, friendly home with a lot of laughter.

We saw that people's individual preferences and independence was promoted by the staff team and we observed and heard care staff encouraging people to make choices about their daily life style.

In the care files we looked at we saw they included details of people's likes, dislikes and personal preferences. Because the people living at Bryn Haven had a diagnosis of Dementia some of this information was obtained by talking to their relatives or gathered over a period of time as staff got to know the person.

We saw that there was a 'procedure to support service users to access advocacy services'. Although they did not display any advocacy contact details the acting manager said they would be available on request. Such a service supports a person who may need help in making decisions about important aspects of their life and to support them in making sure their individual rights are upheld.

The GP we spoke with told us that Bryn Haven provided good palliative care and managed the individual needs of the people very well. We saw that Bryn Haven had successfully completed the 'Six Steps to Success, the North West End of Life Care Programme for Care Homes".

We reviewed the care of one person who was very poorly and we saw staff had taken the necessary steps to inform and update the relatives, the GP and community nursing staff. The person was being nursed in a profiling bed and we saw up to date turn charts and fluid balance charts to help provide as much comfort as possible for this person. We saw staff offer drinks and spoke caringly and compassionately to the person.

The acting manager told us they were in the process of introducing new end of life care records which we saw were comprehensive and included documentation from the GP and the community nursing team, to prevent duplication of records, aid communication and ensure continuity.

The staff we spoke with confirmed they had all been trained in end of life care although none of the training had been recorded on the training matrix. We saw evidence of the acting manager's attendance at local palliative care meetings.

Good

Is the service caring?

In the office we saw an end of life philosophy of care and all the necessary contact details of the end of life care project facilitator should staff need to contact them.

We saw a letter of thanks from a mental health practitioner dated 15.01.16 that complimented staff for the end of life care given.

Good

Is the service responsive?

Our findings

Visiting relatives of people using the service told us that they felt their relative's needs were being met. One person told us, "Staff are very responsive to all 'X's' need and answer any queries we may have".

The acting manager told us and we saw in the care files we looked at that people had their needs assessed before they moved into the home. All the information gathered helped to ensure the home could meet all of the individual assessed needs of the person. The acting manager said if it was appropriate and the person was able they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in.

We also saw that on admission, each person received a 'service user information pack' that included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information.

We looked at the care records of four people who used the service. Each file, with the exception on one, had a photograph of the person and a care plan. The care plans that we looked at were clearly written, uncomplicated and centred on the person as an individual.

The care plans we looked at contained a 'map of life' which showed the preferred name to use to address the person, information about their previous employment, family life, social interests, friends, hobbies, pets and extended family. Another section of the record 'things I can do' described the person's personal appearance and their routines. A 'getting to know me' section contained details that highlighted what was important to the person, who supported the person and steps to enable the person to stay in control of their life. 'Things to remember' and 'triggers' for areas such as nutritional risks, dehydration prevention, leaving the building, favourite foods and special diets prompted the staff to check that these areas were treated as priority to help make sure the care plan balanced safety and effectiveness, reflecting needs and diversity. All sections of each care plan had been completed to help ensure the person's lifestyle, values, behaviours, routines and beliefs would be followed by staff during their stay at the home.

We saw care plans that included risk assessments for pressure area care, falls, personal safety, mobility and nutrition and how the risk should be safely managed.

On the first day of our inspection one of the senior carer's had reviewed the records of one person who uses the service and put in place a short term care plan, as the service users' needs had changed they had also contacted the relevant health care professionals.. The short term plan identified the need to increase the frequency of position changes for the person to prevent any further skin integrity breakdown. However the changes were not reflected on the risk management plan for this person. This was discussed with the acting manager. Despite this discrepancy in the care plan both the senior carers we spoke with were able to tell us in detail this person's history, the current picture of care and what the plans going forward were.

One of the senior carers we spoke with told us they were confident that the care the staff gave was personalised. They told us they made efforts to get information from families and build a personalised care plan around the individual. They were aware that the needs of people with a diagnosis of dementia could change and hence recognised the information from relatives may have changed. They told us they try to give as much choice as they could in relation to day to day routines. This was confirmed by our observations during this inspection.

We spoke with one relative who told us they were invited every 6-8 weeks to review and update their relative 'scare plan. Another relative confirmed they had been fully involved in the development of the care plans and were kept up to date with any changes that may affect their relative.

During our inspection we saw several family and friends visit the home without restrictions, which helped maintain relationships with their family members. Relatives told us, they were free to come and go as they pleased and always felt welcome. One person told us they visited every day and over Christmas shared Christmas Day and Boxing Day lunch with their relative. Also when it was their wedding anniversary the home organised a celebration party and made a cake, which they enjoyed very much. They told us they had received a formal invitation to attend a valentine's meal with their relative which they were looking forward to. This demonstrated that people were encouraged and supported to maintain relationships that matter to them.

Good

Is the service responsive?

We saw that meaningful activities were provided by the staff on duty and from visiting entertainers. Activities included arts and crafts, dominos and other participation games and one to one's with staff providing manicures with individual people or using reminiscence boxes that helped prompt thoughts, memories and conversation that would naturally arise through touching and seeing familiar objects.

Staff told us that during the summer months they had frequent visits to the local park. One of the relatives we spoke with told so about a trip to see Blackpool lights and Christmas meals out for the people.

We were told by the acting manager that a member of care staff had sent a letter of interest to head office to express an interest in applying for the post of activity and lifestyle facilitator which will be a full time post once a person is appointed.

During our inspection we reviewed the policy in relation to complaints, which was on display in the main entrance of the service and included in the welcome pack given to all people moving into Bryn Haven.

The acting manager said she operated an open door policy and actively encouraged people living at Bryn Haven, relatives, visitors and visiting healthcare professionals to raise any issues at an early stage so they could be promptly addressed. People we spoke with confirmed this. We looked at the electronic system for recording complaints back to June 2015 and saw there had been no complaints made.

All the visiting relatives we spoke with told us they had no complaints. One person told us "[named] the acting manager is great you can see her at any time and she answers any queries you have". Another relative said they had never needed to make a complaint but it was good that you can go to the office at any time if you need to. Another relative told us they had never had to complain and felt the atmosphere was very open with a 'transparent' management style approach.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. However the acting manager was due to take up post on the 1 February 2016. The home had been without a registered manager since September 2015. A registered manager had not been in post since the 20 November 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team for the service consisted of the acting manager and a deputy manager who was appointed in November 2015. The acting manager and the deputy manager were on duty on both days of our inspection. We saw there was an organisational flow chart in the service user information pack given to people when they were admitted to the home. This meant that people could gain an understanding of the management and staffing structure of the service. Staff and visiting relatives spoken with were all familiar with the staffing structure in the home.

During our inspection we saw that personal, confidential information was not protected in the "Hereford" kitchen/diner. We saw in an open box next to the kitchenette district nurse care plans and personal records relating to people's daily records and observation charts. In addition we saw a total of fourteen sets of care plans were on display in an open bureau. This meant that personal, sensitive information was easily accessible to anybody in the Hereford kitchen/diner. This was discussed with the acting manager and we saw on day two of the inspection that they had all been removed and stored securely.

There were systems in place to monitor and review the service being provided at Bryn Haven. Part of this system included a quality audit undertaken approximately every two to three months by the compliance manager from Borough Care's head office. We saw an action plan following a visit on 23/11/15 but there was no evidence that the action plan had been implemented although the acting manager verbally told us it had. We saw that following a visit on the 22/6/15 again an action plan had been implemented and although the acting manager could clearly describe the actions taken there was no documented evidence to confirm this.

As part of the systems in place to monitor and review the service provided we saw that a number of audits were completed, for example, audits of care documentation, medication, falls, complaints, call bells response times and hospital admissions.

It was of concern that the shortfalls found during this inspection in relation to medication administration, the risks associated with parts of the premises, personal, confidential information not being protected, the lack of statutory notifications relating to DoLS authorisation being made, the lack of staff appraisals taking place, the lack of knowledge of the acting manager regarding MCA assessments and the shortfalls in the cleanliness of the home meant that the quality checks undertaken were not robust enough to support effective management of the service.

The above examples demonstrate a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the two senior carers we spoke with that the transition of responsibility to the acting manager at Bryn haven had gone well. We were told the acting manager was supportive and approachable and always thanked staff for their work. One senior described the acting manager as "Excellent, has always been approachable and added they were "Implementing lots of new things to improve (the) quality of life for residents and the environment for staff".

Our discussions with visiting relatives, staff who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere. People told us they could talk to staff and management if they had any concerns. Staff were observed to be confident and at ease with the people living and visiting Bryn Haven and with each other.

We were told during our inspection that the acting manager had developed good links with the local community for example the manager played an active role in Redeeming Our Communities (ROC) and from this had become part of a befriending group. The outcome of this

Requires improvement

Is the service well-led?

was that people living at Bryn Haven were more engaged with the community and in turn people in the community who may be isolated and in need of more support were introduced to the services available at Bryn Haven.

A GP we spoke told us that Bryn Haven gave people a high standard of care and they always attended the 'care home forums' held at the local health centre to share good practice and learn from each other. This meant that they were interested in strengthening links within the local community and discussing issues of concern or ways of improving care.

One of the relatives we spoke with told us "Everybody who works here has a smile and the staff are very welcoming, friendly and professional". Another relative said "There is always a nice atmosphere and I would recommend it (Bryn Haven) to anybody".

We were told that the home operated an open door policy and we saw that regular staff meetings were held approximately every 3/4 months and minutes were available for staff to see. There was a care staff meeting on the first day of our inspection. This demonstrated that staff were given the opportunity to discuss the service provided Bryn Haven.

In an attempt to obtain people's views of the service we saw that in 2015 there had been two relatives meetings held and satisfaction survey questionnaires were sent out to people from an external company. We were told that the acting manager did not yet have the results from the questionnaires sent out to people.

In the main entrance it was noted that information leaflets were available for carehome.co.uk. This is website that welcomes comments about care homes and the comments are made available on their website. This demonstrated that people were encouraged to give feedback about the service.

The acting manager could describe a clear vision and set of values about the direction of the service and these formed part of the homes information given to people on admission to the home which included, obtaining or completing a comprehensive assessment of the service user to enable Bryn Haven to produce a structured person centred care plan, which meets service users physical and emotional needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 Regulation 12 (1) (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment We found that the provider had not protected people against the risks associated with the safe administration and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 (1) (a) (c) HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment Some areas of the service were not clean.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Risk assessments related to the ongoing building work had not been completed and implemented by the registered provider.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Regulation 18 (4) (A) (b) of the Care Quality Commission (Registration) Regulations 2009 (part 4) Notification of other incidents The registered person had not notified CQC of the authorised DoLS applications.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent Care and treatment must only be provided with the consent of the relevant person and if unable to consent because they lack capacity the registered person must act in accordance with the 2005 Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing Staff were not receiving regular ongoing supervision and no care staff had received appraisals.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

Good governance.

The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.