

Somerset Care Limited

# Cary Brook

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Cary Brook is a residential home providing personal care and accommodation to 45 people. The service specialises in support for older people living with dementia. At the time of our inspection, 36 people were using the service.

The home is purpose built, set across two floors. There are communal areas such as dining rooms and lounges. There is level access to secure outside area.

### People's experience of using this service and what we found

The provider's systems for sharing learning had not ensured information was acted upon promptly following an incident in another service to make sure people were protected from the risks associated with hot pipes, in line with the provider's policy. The systems in place to monitor the quality and safety of the service were not always effective in ensuring shortfalls were identified and addressed in relation to environmental risks and medicines.

People were happy living at the home. Relatives spoke positively about the care and activities provided by staff. Staff worked as a team. There was a friendly and welcoming atmosphere.

The home was clean, tidy, and well maintained. There were infection prevention control measures in place. People could move freely around the premises. Positive feedback was received about recent refurbishment work.

Staff were recruited safely. The service was working to recruit to vacant positions. Equipment and fire safety systems were regularly checked.

The home was part of the local community. Meetings and events took place to engage and gain feedback from people, staff and relatives. Systems to communicate with staff and relevant others were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 13 September 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cary Brook on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to Regulation 17 (Good governance) at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor the information we receive about the service, which will help inform us when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cary Brook

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 2 inspectors and 2 Experts 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

Cary Brook is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cary Brook is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and for compliance with regulations.

At the time of our inspection, there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 3 people living at the service and 17 relatives. We spoke with 12 staff members, which included the registered manager. We reviewed 8 people's care records and 13 medicines records. We reviewed 3 staff recruitment records. We looked at various records relating to the management of the service, including policies, procedures and audits. We gained feedback from a health and social care professional.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

### Assessing risk, safety monitoring and management

- People had not been protected from the risks of hot pipes. We found multiple exposed pipes in individual and communal bathrooms, which had not been identified as a risk to people.
- A risk assessment had not been completed in line with the provider's policy to identify and manage risks from hot surfaces. Whilst environmental audits were conducted, this did not include checks on risks from hot surfaces such as radiators and exposed pipes.
- Following the inspection, the provider took action to identify and manage the risks. The property team was notified of all exposed pipes in the service.
- Individual risks to people had been identified. For example, falls, malnutrition and choking. However, we found guidance to reduce risks in relation to skin integrity was not consistent.
- For example, a person at very high risk of developing pressure sores was documented as bedbound and had an air pressure relieving mattress in place. There was no other information on how to monitor for skin damage or how often they would need to support the person to change position if required.
- Repositioning records did not always specify which position people had been supported into. For example, the left or right side.
- Equipment was regularly assessed and serviced. For example, lifts and mobility equipment. Checks were made on the safety of systems such as electricity, gas, and water. A business continuity plan was in place to manage unforeseen situations such as loss of power, water, and staffing.
- Regular checks were conducted on fire safety equipment. Staff received training in fire safety, and it was included in agencies staff's induction. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required if an emergency occurred.

### Learning lessons when things go wrong

- Organisational learning had not been implemented promptly to reduce risks to others. This is explained in the well-led section.
- Accidents and incidents were reported and recorded. Monthly reviews were conducted to analyse patterns and trends. For example, with falls.
- Information had been updated in relation to people's risks following a coroner's outcome. For example, guidance on procedures to follow when people had fallen and were taking specific medicines.

### Using medicines safely

- Medicines were not stored safely, as actions were not always documented when records demonstrated recommended temperatures of medicine cupboards and the medicine fridge were exceeded. Medicine

cupboards in people's rooms were monitored weekly, and therefore the provider could not be assured how long medicines had been stored outside of recommended temperatures.

- Protocols were in place for 'as required' (PRN) medicines. However, these were not detailed, or person centred. PRN protocols did not demonstrate how people may present or communicate additional medicines were required. For example, a protocol for a medicine prescribed for 1 person said, "Take one daily as required for agitation." There were no further details.
- The effectiveness of PRN medicines administered was not always recorded in line with the provider's policy. This meant it would be difficult to assess if people needed their medicines reviewed.
- Staff had been trained in medicine administration. Medicine administration records (MAR) were completed accurately.
- Topical medicines had been labelled and dated when opened. Body maps and written information indicated when and where to apply topical creams and lotions. Records of application were accurately kept.
- Medicine audits were completed, but these had not identified where improvements were needed with storage temperatures and PRN protocols.

#### Staffing and recruitment

- Rotas demonstrated staffing was kept in line with the numbers deemed safe by the provider. We observed staff were visible and responded promptly to people's needs. A relative said, "Staff respond if people need help."
- There were current staff vacancies, which were being actively recruited for. These hours were being covered by agency staff. There was a high level of agency use at the service. Staff commented, "We have enough staff with the agency, but it would be better if they were our own staff, but they have been recruiting," and, "We use a lot of agency staff, which makes it harder for us. They are all really nice, but they just don't know the residents as well."
- Other comments included, "Staff are fine." A relative said, "Some staff are agency, but I have not noticed any difference in the care they offer." Another relative said, "Plenty of staff and no difference between the permanent and agency staff."
- The service followed safe recruitment processes. This included checks on identity, previous employment, right to work and Disclosure and Barring Service (DBS). DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People and their relatives told us they felt safe living at the service. A person said, "I am happy. Yes, I feel safe." A relative said, "Safe, definitely, staff can immediately defuse any difficult situation, incredible skills, they are aware of everything and are on it immediately."
- Staff received training in safeguarding adults. The staff we spoke with knew what constituted potential abuse and how to report and escalate any concerns. A staff member said, "If I saw any unexplained bruising, it could be a sign of abuse, so it's important to report it."
- The service had reported safeguarding concerns to the local authority as required. However, we found two concerns which had not been notified to CQC. These were submitted retrospectively.

#### Preventing and controlling infection

- The home was clean, tidy and well maintained. A relative said, "The home is very clean and well maintained, very impressive." A health professional said, "The home is always clean and tidy and to a good standard."
- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visitors in line with government guidance at the time of the inspection. A relative said, "I can visit anytime."

#### 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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place or had been applied for to deprive a person of their liberty. The service monitored applications and progress.
- Capacity assessments had been undertaken as required for specific areas of care. Where best interest decisions were made, relevant people were consulted. A relative said, "I'm included in decisions as we go along."
- Staff we spoke with understood the MCA and reflected the principles in their practice. For example, we observed staff offering and respecting people's choices.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems had not ensured there was prompt learning and actions following an incident at another of their services in February 2023 in relation to the risks from hot surfaces.
- The radiators and hot surface policy had been highlighted to all services in March 2023 in a bulletin. However, this had not ensured the provider had checked similar risks to people in other services.
- A risk assessment to identify potential risks of burning from hot surfaces in line with the provider's policy had not been completed at Cary Brook.
- There were systems in place to monitor and improve the quality and safety of care provision. However, these systems were not effective in ensuring shortfalls were identified and addressed.
- Environmental audits did not check the safety of risks from hot surfaces. Medicine audits had not identified where improvements were needed with storage temperatures and PRN protocols.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider shared learning about the incident in February 2023. Hot pipes which posed a risk to people were identified and reported to the maintenance team to be addressed.
- Following a coroner's outcome at the service, reflections and learning had been considered with the senior staff team. Actions had been taken. For example, a falls prevention group had been established, and risk assessments had been reviewed.
- Not all staff we spoke with were clear on the findings and actions the provider had taken. Comments from staff included, "I've not been informed," "Not told anything about this," "I had to ask about it. But not had any lessons learnt," and "[Registered manager] went to court and came back and explained we need to write things in more detail."
- Overall notifications were completed. A notification is information about an event or person which the service is required to inform CQC about. 2 safeguarding notifications had not been submitted to CQC. These were completed retrospectively. Other notifications from October to December 2022 had been completed by the service but not received due to a technical issue. The provider said they would monitor this going forward.
- Training had previously been provided on the electronic care planning system. However, further learning was required to ensure all staff were confident in locating necessary information in relation to managing people's risks. For example, in relation to skin integrity.

- The service had an action plan where identified areas for improvement were progressed. For example, in improving the environment of the home, completing staff assessments and sourcing additional training.
- The service had displayed its CQC assessment rating on its website and at the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff shared the impact the high level of agency staff had on their workload and the effect on staff morale. For example, in guiding agency staff and checking standards of care. However, the staff said they worked well as a team. A staff member said, "We are a very good team of staff." A relative said, "They are a tight knit team, staff tend to stay and work well together."
- We received some mixed feedback about how the home was led. Staff comments included, "The registered manager is nice to talk to, but problems are not always sorted," "Not always visible in the home." Relatives commented positively saying the registered manager was, "Friendly and approachable" and "Always has time for you and can prioritise what is needed."
- The home was calm, friendly and relaxed. We observed people being able to move around the home as they wished. A staff member said, "The atmosphere is very happy. Very calm." A relative said, "The atmosphere is lovely, it feels like a proper home, Residents are free to walk about as if it was their own home."
- People and relatives told us they could raise any issues. A person said, "I can raise any concerns. I would say." A relative said, "Any complaints I would phone or go to the Manager."
- Staff were recognised for their achievement and input to the service by the provider in a monthly staff award. A staff member said, "I am really happy working here."
- Refurbishment work had been undertaken to the environment. Décor had been considered in line with people's support needs. A person said, "My room is nice." A relative said, "Lovely environment." Another relative said, "It is light, airy and welcoming."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and department meetings were held. There were daily meetings to ensure staff knew of people's changing needs. Relatives could give feedback in a variety of ways. A relative said, "There has been recent survey, family meeting, quiz night and coffee mornings."
- A newsletter was circulated which shared recent activities and upcoming events, which people's friends and families were invited to. Where people and relatives had made suggestions, these were acted upon. For example, community outings and guest speakers.
- Relatives told us people were engaged in activities on offer which had been tailored to their needs. A relative said, "I'm very impressed with the activity staff, really pro-active, they think outside the box, which aids residents' stimulation, I applaud them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong. A relative told us about an accident their loved one had, "I was informed immediately, no other incidents or accidents."
- Relatives told us there was positive communication from the service. A relative said, "Staff are very open to chat to, very transparent and up front." Another relative said, "They keep me informed with any changes." Another relative said, "There is good communication by phone or email."

Working in partnership with others

- The service worked well with other health and social care professionals to ensure positive care and support for people. A health professional said, "Any directions given are followed by staff. I've observed positive care with people."
- The service ensured it was part of the local community. A local school had visited. Pupils had spoken with people about the Kings Coronation and reflected on their memories of the Queen's Coronation in 1953.
- Staff received training in supporting people living with dementia. We received positive feedback about how staff managed and interacted with people. A relative said, "The care is excellent. Very good interaction from them [staff] and this gives me so much peace of mind." Another relative said, "The staff are good at dealing with [Name of person] when they are distressed."

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor mitigate risks to people from hot surfaces and in relation to medicines management.  Regulation 17(1)(2)(a)(b)