

Barchester Healthcare Homes Limited

Braeburn Lodge

Inspection report

Braeburn Road
Deeping St James
Peterborough
Cambridgeshire
PE6 8GP

Tel: 01778752500

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Braeburn Lodge is a nursing home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 60 people. Care is provided across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

The provider had ensured that staff were safe to work at the home. There were enough staff to meet people's needs. Staff were kind to people and had received the training they needed to provide safe care to people. This included training in the safe management of medicines and how to work to reduce the risk of cross infection.

People had been involved in planning their care. Care plans mostly contained the information needed to provide safe care, although at times they lacked some details. However, staff knowledge ensured that people received care that was tailored to their needs. Risks were assessed and care was planned to keep people safe.

People's needs at the end of their lives were recorded and the provider worked with other agencies to ensure they met those needs.

We found there were gaps in the recording of wound care and the management of percutaneous endoscopic gastrostomy (PEG). This is a tube which is used to place food directly into a person's stomach when they are unable to eat safely. We raised these concerns with the registered manager and area manager and they took immediate action to resolve the issues.

People were offered choices in their lives. 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. Staff understood how to provide care which protected people's privacy and dignity.

There were effective systems in place to monitor the quality of care provided and the manager took immediate action to rectify concerns that we raised. The culture of the home was open and people knew who the registered manager was and were happy to raise concerns with them. Complaints had been dealt with in line with the provider's policies. The provider gathered the views of people living at the home to understand how they may improve the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Braeburn Lodge

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 Care Act 2014.

Inspection team

The inspection was completed by an inspector, a specialist advisor who was a registered nurse 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

Braeburn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the area manager, registered manager, two nurses, the head of residential care, two care workers and the chef. 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 reviewed a range of records. This included eight people's care records and medication records. We also looked at variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at the home told us that they felt safe. One person told us, "Oh yes I feel safe here, yes no trouble at all." Another person when we asked them if they felt safe said, "Yes, staff are very good here." Relatives also felt their loved ones were safe in the home. One relative said, "Yes she is safe, there are always staff around somewhere, if she has a fall or needs help, they are there, I am quite happy"
- Staff were aware of the signs of abuse and said they would report any concerns to the manager or deputy manager. In addition, they knew how to raise concerns with external agencies.
- Staff told us they were able to raise concerns using the whistle blowing policy if they were not listened to when they raised concerns. Whistleblowing is the term used when a worker passes on information concerning wrongdoing. Whistle blowers are protected by law, they are not allowed to be unfairly treated because they raised a concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and reviewed monthly. This included nutritional risk (MUST), pressure ulcer risk (Waterlow), falls and choking. Actions to reduce the risks were identified in people's care plans. Risk assessments were also completed when people were unable to use their call bell to seek assistance and when bed rails were used to prevent people falling out of bed.
- Risks around the use of equipment were also assessed and monitored. For example, when bed rails were used, they were inspected monthly to check on functioning and safety. Pressure mattresses were checked multiple times during the night to ensure they were at the correct setting to reduce people's risk of developing pressure areas.
- Incidents and accidents were reviewed to ensure that lessons were learnt, and action taken to reduce the occurrence of similar incidents in the future. For example, one person had started to fall, incidents identified that the falls were happening at night and so in agreement with the person a sensor mat was used to alert staff when the person got out of bed at night.

Staffing and recruitment

- People told us there were enough staff to keep people safe and they were responsive to the bell when they needed support. A relative said, "Overall, I think staffing is okay. There has been the odd occasion when there has been a long wait, but staff usually pop in and say they are coming." There was a member of staff based in the dementia community lounge to ensure that people who may be unable to ask for help were supported.
- The provider had a needs-based dependency system to identify the number of staff needed to keep people safe and well. Records showed the home had more staff than needed to meet people's needs. The registered manager told us they had been flexible on staff numbers at present as they had people who

required nursing on a residential unit and so had increased the hours to ensure people's needs were met.

- The registered manager had recently redeployed the nurses so there was now a nurse on each floor, where previously both nurses had been based upstairs in the dementia and nursing communities. Staff told us they felt the workload for the nurse on the upper floor had increased substantially as a result. However, there was no evidence that the quality of care people received had been impacted. Relatives of people living with dementia told us that the change had made it more difficult to find a member of staff when they wanted to ask about their loved one's welfare.
- Staff had been required to share with the provider, proof of identity when they started work. In addition, the provider had completed checks with the disclosure and barring services to ensure staff were safe to work with people living at the home.

Using medicines safely

- People's medicines were stored in line with best practice guidelines and administered safely and in a way, which respected people as individuals. Records supported the safe administration of medicines. For example, they listed people's known allergies and prescription details. Accurate and complete records showed when people had received their medicines
- The registered manager investigated all medicines error and took action to keep people safe in the future. For example, following concerns they had given the responsibility of administering medicines to the nurses while arranging for further training for care staff.
- Protocols were in place for medicines prescribed to be given only as required to provide the additional information required to ensure they were administered safely and consistently. The staff worked with the GP practice to review the medicines people needed to take to ensure that they were not overmedicated.

Preventing and controlling infection

- Staff had received training in how to keep people safe from infection and used protective equipment such as gloves and aprons appropriately. Staff knew how to care for people with infections to reduce the spread of illness to others in the home.
- The environment was clean and there were procedures in place to ensure any equipment used did not pose an infection control risk. For example, each person had their own hoist sling and they were washed weekly.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant 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

- A pre-admission and admission assessment were completed when each person moved into the service. Basic information was collected to enable the service to ensure they could meet the person's needs.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies. Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.
- However, despite having policies in place we saw that the recording of wound care had not been completed in line with the policy. For example, the instructions section was frequently not up to date. In addition, the wounds were not photographed or measured, thus making it difficult to assess whether the wound was reducing in size or healing was progressing. We raised this with the registered manager who told us they had already arranged for some tissue viability training for the nurses and would take action to ensure that staff worked in line with the provider's policies.

Staff support: induction, training, skills and experience

- People living at the home and their relatives told us they thought the staff were trained well. In addition, a relative told us that the registered manager had organised training from a specialist nurse as their loved one had a condition that staff may not be aware of.
- When staff started to work at the home they received a four-day induction to the company which included face to face training. Following this they completed an e-learning package. Staff also shadowed an experience colleague and were monitored until they had been assessed as being competent.
- Staff had ongoing training and supervision to ensure their skills remained up to date. This was done through online learning and some face to face training. The provider's head office monitored the training and would highlight to the registered manager when staff were due to complete training. A clinical development nurse had been appointed by the provider for the locality and they were planning to undertake training in a range of clinical topics for the nurses in the home.
- Some people raised concerns about the staff's language skills as English was not always their first language. The registered manager had supported staff to access English language courses to improve their skills and to aid communication with the people they supported.

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

- People told us they were happy with the quality of food offered and that there was plenty to eat and drink through the day. Comments included, "It's very good, we have choices," and "The food is good, if I want more, they let me have it." We saw that people had access to hot and cold drinks through the day and these

were placed within the person's reach.

- Staff plated up each option and showed people the plates to encourage them to choose from the options available. Staff showed patience when people found this difficult and when they could not make a choice, staff suggested one of the options. When a person did not eat the option, they were given and indicated they did not want it, staff offered the alternative.
- Nutritional risk assessments were completed monthly and nutritional care plans were in place. They provided information on the person's support needs and any modified textures and allergies. When people were at risk of malnutrition, they gave instructions for staff to increase their intake through nutritional supplements or snacks between meals.
- The kitchen was well organised. The chef had received training in how to prepare foods for people with swallowing difficulties as well as providing nutritional support for people living with long term conditions or at risk of malnutrition. Any allergies people had was recorded for kitchen staff's information along with people's likes and dislikes.

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

- Relatives we spoke with were confident staff would identify any signs of ill health and seek medical advice as needed. One relative said staff had telephoned them when they had a concern about their family member and when their family member had a fall.
- A GP from the local practice visited the service weekly on a planned basis to review people staff identified as needing to be seen.
- Care records contained evidence of people's referral to a dietitian or speech and language therapist when they were losing weight or were at risk of choking. Instructions from professionals in relation to modification of diet and fluid textures was recorded in their care plans and staff were aware of the requirements.

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

- The environment was clean and tidy. There were different communal areas where people could spend time. In addition, there was a café style area in the front of the building where people could help themselves to hot and cold drinks and snacks. We saw this area was popular with people living at the home and their visitors.
- The home was laid out around a central courtyard and some of the downstairs bedrooms opened out into this area.
- The provider had invested in technology and Wi-Fi was available throughout the home helping people maintain contact with family and friends as well as giving them access to the internet. In addition, the provider had invested in systems which accessed the internet and these were used to play music in communal areas.
- Where needed specialist equipment was sought to ensure that people were safe, comfortable and had their needs met.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service

was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were completed and best interest decisions were recorded when people could not make specific decisions for themselves. DoLS applications were submitted and DoLS authorisations were in place when necessary. This was supported by a DoLS care plan.
- Where people had made plans for others to legally represent them when they were no longer able to make decisions for themselves, copies of the relevant documents were stored in people's care plans.
- Where care might prove to be restrictive on people, the least restrictive option was sought, for example, one person had been having frequent falls and had agreed to a sensor mat. However, as the falls had occurred at night the mat was only used at night meaning the person was able to move around during the day without constant monitoring which may impact on their right to privacy.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People living at the home and their relatives said staff that were working at the service were caring. One person told us, "Oh yes, they are very good I can't find fault." Another person told us staff were caring but were often too busy to stay and chat with them. A family member said staff looked after their relative well. They said, "Staff are very friendly; [Name] is liked here and staff will come over and give a hug or put their arms around them."
- While people were happy with the care they received at time we saw that people may require staff to be more observant. For example, staff had failed to notice one person was struggling at lunch time. Help was offered by staff but only when other people at the person's table had called for staff support.
- The provider had ensured that people had a pleasant mealtime experience. Tables were set with tablecloths, condiments and napkins. Staff offered people clothing protectors and only supported the person to put them on after receiving consent.

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

- People living at the home said staff had taken the time to get to know them and their likes and dislikes. People were supported to make decisions about their lives. For example, where to spend their time and what activities to participate in.
- Choices were communicated to people in a way they understood. For example, when offering lunch choices, people in the nursing and residential units were given a menu card with the choices. However, people in the dementia unit who might find it difficult to understand a description of food were shown two plates of food to assist them in making a decision.
- A family member said staff were patient with their relative. They said the person had difficulty in expressing themselves and staff gave them time to, "Communicate their wishes." They said their family member liked to have a shower daily and this was provided. They said they also enjoyed a bath each week.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that they had received training in supporting people's privacy and how they would ensure they knocked on doors before entering a room.
- Relatives said they could have private conversations with staff to ask about their loved one's condition.
- Records were securely stored and could only be accessed by people who had the right to look at them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in planning their care and care plans were regularly reviewed to ensure that they reflected any changes in people's care needs. Two relatives told us staff had discussed their relative's care plan with them when they were admitted to the home.
- Daily records of care were completed. These showed people received care in line with their care plans. For example, people were checked regularly and they were assisted to move their position in line with their tissue viability plan.
- Some care plans were variable in the amount of information included and were not always as detailed as they could have been. For example, information on which way was best to distract a person living with dementia did not give any indication of the person's interests or specific ways to distract them that had been successful previously. However, staff did know people's needs and we saw they they provided appropriate support to people who were distressed.
- Care plans did not always contain detailed information on the care people with a percutaneous endoscopic gastrostomy (PEG), This is a tube which is used to place food directly into a person's stomach when they are unable to eat safely. For example, what action staff would take if what staff needed to go if the tube became blocked or contact numbers of nutritional specialists for advice. However, the nurses on duty had all received training on supporting people with a PEG and knew what action to take if they had any concerns. The regional manager immediately looked into this and prior to the end of the inspection, showed us a link to a document they planned to use in the future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a variety of activities which included group activities and time spend with the activities coordinator on a one to one basis. Activities were advertised on a pictorial activity board so people

knew what was planned.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain but had never felt the need to raise any concerns.

Information on how to complain was available to people living at the home, relatives and visitors.

- A relative said they had had no reason to make a complaint but had been given written information about the service when their relative was admitted and thought this included information about complaints. They said they had had some minor issues initially and they had been responded to very well and the issues sorted out.

- Records showed that the registered manager had responded to complaints in line with the provider's policies and had resolved them to the satisfaction of the complainant.

End of life care and support

- The registered manager told us there was no one receiving end of life care at the time of the inspection. However, there were systems in place to support palliative care for people. The service had started to use ReSpect forms to record any decisions about resuscitation or other decisions about treatment

- People had care plans in place for their end of life wishes and who they wished to be involved in making decisions.

- The registered manager and staff worked collaboratively with other agencies to support people to have a pain free death at the end of their lives. Where needed anticipatory medicines were in place. These are medicines, such as pain relief medicines, arranged in advance so they could be administered as soon as they were needed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible in the home and all the people we spoke with knew who the registered manager was and would be happy to raise a concern with them.
- Staff were positive about the registered manager and felt they had the skills needed to manage the home. In addition, staff said that the registered manager was approachable and supportive about any concerns they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had taken action to comply with the regulatory requirements. They had ensured their rating was displayed in the home and had notified us about events which happened in the home.
- The provider had been open and honest with people and relatives about incidents which happened. They had ensured relatives were kept up to date with any concerns about people's care needs.
- The provider had audits in place to monitor the quality of care in the home. We saw that they had identified most concerns and the provider had taken action to improve the care people received. Where concerns were identified during the inspection, for example, around the recording of wound management the registered manager and provider acted immediately to respond to the concerns and rectified them immediately.

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

- People living at the home and their relatives had been invited to give their views of the care they received. For example, through regular residents' and relatives' meetings and surveys.
- Staff had their views heard during staff meetings and the registered manager used the meetings to discuss any concerns raised and share any lessons learnt with staff.

Continuous learning and improving care; Working in partnership with others

- The provider had recruited specialist staff in various areas, for example dementia. These worked with individual homes to provide guidance around best practice and changes that the registered manager needed to make to improve people's care.
- The registered manager was taking part in a dementia project to support high quality care and a dementia

friendly environment.

- The registered manager took action to keep up to date with changes in legislation and best practice. For example, by keeping their nursing educations and registration up to date and attending the provider's registered manager meetings.
- The provider worked collaboratively with health and social care professionals to ensure that people received care which met their needs.