

Mrs S L Burcham

# Braceborough Hall Retirement Home

## Inspection report

Church Lane  
Braceborough  
Stamford  
Lincolnshire  
PE9 4NT

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Braceborough Hall Retirement Home is a care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 25 people. The service design is set out over two floors, with multiple communal areas and some shared room facilities.

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

The registered providers representative was unable to demonstrate formal systems and process to continually monitor and provide oversight to the service.

We recommended the provider representative follows through with plans to implement a formal quality assurance process to enable them to continually monitor and maintain oversight of the service.

The registered manager had effective processes in place to enable them to monitor quality, identify shortfalls in the service and address these in a timely way. People had care plans in place which were personalised to them. The service worked with health care professionals, who spoke highly of the care staff provide.

Risks associated with people's care had been identified, assessed and were being monitored. Environmental risks had been mitigated to prevent harm to people. Staff received safeguarding training and understood their responsibilities to keep people safe. There were safe recruitment practices in place. Medicines were managed well. Action had been taken following accidents and incidents to reduce reoccurrence. Infection prevention and control had improved and there were clear processes to manage restrictions relating to the Covid-19 pandemic.

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 (and update)

The last rating for this service was requires improvement (published 24 December 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 9 (person centred care), regulation 12 (safe care and treatment) and regulation 17 (good governance).

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 November 2019. Breaches of legal requirements were found. The registered manager completed an action plan after the last inspection

to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to gain assurance around improvements in the service. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

#### Follow up

We will request an action plan for 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 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?

The service was safe.

Our findings are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Our findings are detailed in the well-led section below.

**Requires Improvement** ●

# Braceborough Hall Retirement Home

## **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.

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 team consisted of two inspectors and one assistant inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers, and care workers. Also, we spoke with one visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing levels.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people received safe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had been made and there was no longer a breach of Regulation 12.

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

- Environmental risks had been assessed and were being managed to mitigate the risk of harm to people. The service had a large open stair case, which posed a risk of falls. Sensor mats were used at the top of the stairs during the night to ensure staff were alerted if people were attempting to access to the stairs and required support.
- Where people had medical conditions which could result in significant adverse effects, such as, Diabetes. There was information and guidance in people's care records to inform staff of symptoms and potential treatment required.
- Some people had experienced reoccurring falls. The registered manager was able to demonstrate action which had been taken to reduce the risk of further falls. For example, referrals to local falls teams and the use of equipment.
- Personal Emergency Evacuation Profiles (PEEPS) were in place, containing information on how evacuation can be achieved safely for each person. This information corresponded with a colour coded system which was displayed on people's bedrooms doors.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities to keep people safe.
- There was information available to staff, people and relatives about how to raise a safeguarding concern both internally and to local authorities
- Relatives told us they felt their loved ones were safe using the service. One relative commented, "I feel happy that she [relative] is here, I feel she is very safe. I cant fault them [staff]."

Staffing and recruitment

- People told us they were treated well and supported by enough staff. Records showed where shortfalls had been identified, agency workers were deployed to ensure staffing levels remained safe.
- We observed call bells being answered in a timely way and people's needs being met throughout the inspection.

- Safe recruitment practices were consistently used. The registered manager had ensured that all staff had references of character and a criminal record check had taken place. This was to ensure staff were suitable to work with people using the service.

#### Using medicines safely

- People were supported with the administration of their medicines by trained staff.
- Some people were prescribed 'as needed' medicines. There were clear protocols in place to guide staff on when and how this should be administered.
- Where people required medicine which had to be given in food to ensure they received their prescribed medicines for health conditions. Records showed the doctor had provided clear instructions to enable staff to do this safely.
- Controlled medicines (CD's) were stored securely and were checked regularly to ensure stock was accurate and the medicine was being administered in line with people's prescription.

#### Preventing and controlling infection

- There has been a significant improvement in relation to infection prevention and control practices. The service was clean and there were hand washing facilities available throughout the service.
- Personal Protective Equipment (PPE) was accessible to staff and was being worn in line with the national guidance. Staff had received training relating to infection prevention and control.
- Information was available to staff, people and visitors using the service about the Covid-19 pandemic.
- There was a clear procedure in place for relatives visiting people living at the service. This consisted of booking a visit with the management team, visitors having their temperature taken on arrival and using the visiting room. The visiting room was set up with chairs socially distanced and a Perspex screen between the two people.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective quality monitoring processes in place to ensure improvements in the service were identified and to ensure people's care plans contained information for staff to deliver person centred care. This was a breach of Regulation 17 (Good governance) and Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvement's and were no longer in breach of Regulation 17 and Regulation 9.

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; Continuous learning and improving care

- At our last inspection, we found the provider lacked oversight and did not have an effective quality assurance process in place. At this inspection, the provider representative was unable to demonstrate a formal quality monitoring process and how they maintain oversight of the service. However, they told us this was done informally. However, the registered manager told us they speak regularly on the phone to the provider representative and discuss how things are going in the service.

We recommended the provider representative follows through with their plans to implement a formal process to ensure continual monitoring of the service and to maintain oversight.

- The registered manager told us they felt supported by the provider representative and had regular conversations with them about the developments in the service.
- There was quality assurance processes undertaken by the registered manager. Audits had been undertaken, which identified the need for improvement. There was evidence these had been actioned and were now resolved.
- Following accidents and incidents in the service, the registered manager had open and honest conversations with people and their relatives.

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

- At the last inspection, we found people's care plans did not contain sufficient information to enable staff to provide person centred care. However, at this inspection, we found people's care plans were

personalised, which contained guidance and information for staff, so they could provide safe and effective care to people.

- People spoke highly of the registered manager and the staff team. One person told us, "Oh, they [staff] are lovely." Another person said, "The manager is amazing."
- People received person centred care in line with their needs. One person's care plan showed they required a texture diet due to a risk of choking, we observed staff support the person nutritionally in line with this.
- Staff knew people well and understood their care needs. One person was hard of hearing, so staff would sometimes write down the question to enable the person to understand and make a decision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with other agencies to enhance care for people. For example, the falls team, the SALT (Speech And Language Therapy) team and the community nursing team. A visiting professional spoke highly of the staff team and how they had a good working relationship with them.
- People's equality characteristics had been considered and there were records to show these had been identified during the assessment and admission process.
- Records showed staff had received supervision and appraisals.
- The service had strong links in the village community and the registered manager told us, previously, they had hosted the village summer fayre in the grounds of the service.