

Golden Age Care Ltd

Breach House

Inspection report

Holy Cross Lane
Belbroughton
Stourbridge
West Midlands
DY9 9SP

Tel: 01562730021

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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

Breach House is registered to provide accommodation for up to 26 older people. There were 24 people living at the home at the time of our inspection. This included one person who was staying at the home for a short period of time.

This inspection took place on 23 March 2017 and was unannounced.

A registered manager was in post at the time of our inspection. 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.

At the last comprehensive inspection on 17 March 2016, we found improvements were required in recreational opportunities for people and that the manager and staff were not consistently following the Mental Capacity Act 2005(MCA). We also received mixed views from people about their mealtime experiences, and the opportunities for staff to develop their skills and knowledge needed to care for people. At this inspection, we found improvements had been made.

People were positive about the ways staff met their safety needs. Staff understood people's individual risks and cared for them in ways which promoted their safety. Staff knew what action to take to protect people from the risk of potential abuse. There were enough staff employed to care for people so they received care promptly and the risk of people feeling isolated was reduced. Where people needed assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving care from staff with the knowledge and skills to care for them and staff recognised people's rights. People enjoyed their mealtime experiences, and had enough to eat and drink to remain well. Staff took action to support people if they required medical assistance, and advice provided by health professionals was followed. As a result, people were supported to maintain their physical health.

Positive and caring relationships had been built between people and staff. People and their relatives were complimentary about the staff that supported them. Staff knew people well and took action so people felt included and at home. Staff took time to chat to people and reassured them when this was needed. People were encouraged to make their own day to day decisions about their care, with support from staff where this was required. People's right to privacy and dignity was taken into account in the way staff cared for them and they were encouraged to maintain their independence.

People and their relatives were involved in deciding how care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. Relatives and staff gave us examples of how staff adapted the care provided as people's needs changed. People and their relatives understood how to raise any concerns or complaints

about the service and were confident these would be addressed. Systems for managing complaints were in place, so any lessons would be learnt.

Positive comments were received about the improvements introduced by the registered manager, so people had more interesting things to do. People, relatives and staff found communication with the registered manager to be open and were encouraged to make suggestions to developing care further. Staff knew how they were expected to care for people and were encouraged to reflect and improve on the care provided.

The registered manager and provider checked people's experience of living at the home. People and their relatives were encouraged to give feedback on the care they received, so improvements would be driven through and people would continue to consider Breach House as their home.

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.

People received the support they needed to manage their individual risks. There was enough staff available to care for people. Staff understood how to raise any concerns they had for people's safety so these would be responded to. Where people needed assistance with their medicines they were supported by staff that had developed the skills to do this.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to the way people's rights were promoted and staff consulted people and their representatives in decisions about people's care. People were supported by staff that had the skills and knowledge to care for them. People were supported to have enough to eat and drink in ways which promoted their safety and made mealtimes enjoyable. Where people needed care from health professionals this was arranged so people would remain well.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff the staff that supported them. Staff understood people's preferences and histories. People received the support they needed from staff to make day to day decisions about their care. People's rights to dignity and privacy and need for independence was understood and promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People had opportunities to do things they enjoyed and experienced a greater well-being as a result of this. People's care was planned in ways which took their individual needs, life histories preferences into account. Staff listened to people's and

their representatives' views when planning people's care. Systems were in place so any complaints made would be investigated and any lessons learnt.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were positive about the way the home was managed and had opportunities to make suggestions about the care provided. Checks on the quality of people's experience of living at the home were made by the registered manager and provider. New ways of working based on recognised best practice were explored so people would benefit from living in a home which developed further.

Breach House

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 done to check that improvements to meet legal requirements planned by the registered manager after our focused inspection on 28 April 2016 had been made. This inspection was also done 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 took place on 23 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

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 requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with six people who lived at the home and five relatives and one person's friend who was visiting them.

We talked with two provider representatives, the registered manager, two senior staff members and three care staff. We also spoke with a GP and a health professional who were visiting the home during our inspection.

Is the service safe?

Our findings

People told us because of the support they received from staff helped them to feel safe living at the home. One person said, "They [staff] give me advice about moving and tell me to take my time." Relatives and the visitor were positive about the support people received to stay as safe as possible. One relative highlighted how the care staff provided helped their relative to enjoy the best physical safety possible.

Staff understood how to recognise if people were at risk of abuse and knew what actions to take if they had any concerns for people's safety. All the staff we spoke with were confident senior staff would work with other professionals with responsibilities for helping to keep people safe, so plans would be put in place, if any concerns were identified.

People told us staff understood what support they needed so they would be able to remain as safe as possible. One person explained staff had made sure they had the equipment they needed so risks to their health would be reduced. Staff told us they found out about people's safety needs by checking people's risk assessments and care plans, and through communicating information on people's needs with other staff, as these changed. By doing this, staff could be sure they understood the care required to help people to stay as safe as possible. One staff member highlighted some people had additional risks when they ate. The staff member told us about the assistance one person received so they would be able to have enough to eat in ways which promoted their safety. Another staff member highlighted they knew people and their safety needs well.

People's care plans provided staff with details of people's individual risks and gave guidance to staff so their risks could be reduced. These included risks in respect of people's mobility, physical health and how people needed to be supported if they were anxious. We saw staff recognised when people became concerned or anxious and took prompt action to support people so their well-being needs were met. For example, when one person needed reassurance about when their family would visit them.

The manager and provider had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People and their relatives told us there was enough staff to care for them and meet their safety needs. One person said if they needed assistance, "There's always someone [staff] about to help you, you can't mistake that." Staff were positive about the number of staff available to support people, and gave us examples of when staffing levels had been increased, as people's needs changed. One staff member said, "Staffing levels do meet resident's care and safety needs." Another staff member gave us an example of when staffing had been increased, as a person had returned to the home after being in hospital. The staff member told us, "We do get more staff if we need them." We saw staff had time to provide people with the care they needed and to chat to them.

People told us staff supported them to have pain relief when they needed, and that they received their medicines regularly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked. One staff member said people's medicines were regularly checked, so the registered manager could be confident people were receiving these in ways which helped them to stay as safe as possible.

We saw staff took time to discuss people's medicines with them and to check they were happy to take them. We also saw people's medicines were within date and securely stored.

Is the service effective?

Our findings

At the last comprehensive inspection on 17 March 2016, we found the manager and staff were not consistently following the Mental Capacity Act 2005(MCA). We also received mixed views from people about their mealtime experiences, and the opportunities for staff to develop their skills and knowledge needed to care for people.

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.

At this inspection we found the improvements required had been made. People told us they made their own decisions when this was possible. One person said, "I make a lot of decisions myself." Another person said, "They [staff] always reassure me any decisions are mine to make." Where people needed support to make some decisions relatives told us they had been consulted and their view considered when decisions had been made in their family member's best interests. One relative explained how staff had consulted them to gain their views about decisions made in their family member's best interest, so they would remain as safe as possible. Another relative told us, "They [staff] look to see how [person's name] reacts to things."

Senior staff told us they had undertaken training so they knew how to support people in ways which promoted their rights, and this had been communicated to all staff. We saw staff considered if people needed support to make some decisions. Staff gave us examples of the actions they took to promote people's rights. These included seeking relative's views and involving other health and social care professionals when key decisions needed to be taken in some people's best interests. Staff explained how they checked that people who did not communicate verbally were making their own choices. For example, by checking people's physical reactions to the choices offered.

We saw staff gave people gentle encouragement and time to make their own decisions. People's care records showed that relatives had been consulted when decisions needed to be made in people's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The manager was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. Staff told us they were also able to obtain advice from senior where they needed to, so they could be sure they were caring for people in ways which promoted their rights.

People told us they enjoyed their meal time experiences, and there were opportunities to choose what they would like to eat. One person said, "The food is very good and you get choices." Another person told us, "The

food's really not bad at all and you can ask for what you want." One relative said, "We always ask if [person's name] has enjoyed their meals and they always do." Staff understood people's nutritional needs and food preferences. One staff member explained how much one person preferred a particular desert. The staff member said, "You get such a smile from [person's name] when you take them a second helping." Another staff member told us about the special support some people needed with their diets, so they remained well, for example, if people had diabetes.

We saw staff offered people meals and drinks to choose from, and supported people to decide what they would like to eat and drink. People's mealtime experience was not rushed, and was seen by people and staff as an opportunity to socialise. We also people tell staff how much they had enjoyed their lunch.

People and their relatives told us staff had the skills and knowledge to care for them. One person told us, "They [staff] know what they are doing, they are good at working out if you need help." Another person said staff recognised when they were feeling in a low mood, and spent time chatting to them when this happened, so their well-being needs were met. One relative told us, "I know staff have the skills needed, as they have kept [person's name] well and out of hospital."

Staff told us improvements had been made in the way they were supported to develop the skills and knowledge they needed to care for people. Staff gave us examples of the training they had recently attended. One staff member said, "The registered manager asked us about how we wanted our training to be organised, and what we wanted to cover. We've had some really good face-to-face training, and we share what we've found out at meetings." Another staff member said, "The training I have done has helped me to understand what people are going through, and to see everyone is different, so you think about what's right for them."

The registered manager had identified additional training for staff to undertake, so their skills would be further developed for the benefit of the people living at the home. This included additional training so people's rights and safety would be further promoted.

People and their relatives told us they were supported to see health professionals when they needed to. One person said, "They [staff] arrange for me to see the optician when I need it." Another person told us, "Staff see if you are not very well. They don't just walk away, they get you help." A relative told us, "Staff are proactive in contacting the mental health nurse when [person's name] needs it." Both health professionals we spoke with told us staff knew people's health needs well, and followed advice provided so people would regain their health as quickly as possible.

We found staff knew the risks to individual people's health and communicated information regularly so their care needs would be met. We saw people had been supported to see a range of health professionals so their health needs would be met.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff who cared for them and were kind. One person told us, "The staff can't do enough for you." Another person said, "They are the most friendly staff, and will come and have a chat. It's a family type of place." One relative told us how much their family member liked the staff. The relative said, "[Person's name] always has a joke and a laugh with the staff." Another relative said because of the way their family member was cared for and the relationships built with all of the staff, "I call them the dream team." Both visiting health professionals we spoke with were positive about the caring way staff supported people, and the relationships staff had built with people living at the home.

Staff spoke warmly about the people they cared for. One staff member said, "It's great to see a big smile on [person's name]. It's for these moments that you do the job." Another staff member told us, "You see them [people] more than your own family, and you do get attached to them." We saw that staff took time to talk to people and give them reassurance when they were helping them.

People and their relatives told us staff knew them well. One relative explained how their family member had been encouraged to let staff know what was important to them before they came to live at the home. Another relative explained as a result of the way staff chatted with their family member, "They [staff] know [person's name] better than I do, now."

We found staff knew about people's histories and preferences and saw staff spent time chatting to people so they felt valued. One staff member told us, "You get to know people through the admission process and by sitting and chatting to them, you ask them their preferences." We also saw people enjoyed the company of staff and other people living at the home. Staff spent time chatting to people about things which were important to them, so people were not isolated and their well-being was enhanced.

People were encouraged them to make their own day to day decisions about their care. This included how they wanted to spend their time and where they wanted to be. People also highlighted they choose what they wanted to eat and drink. Staff offered people choices and gave people time to consider the options, so people had the best opportunity to make their own decisions. We saw people making their own day to day decisions either independently or with support from staff where this was needed.

People and their relatives told us staffs were respectful and understood people's rights to dignity, independence and privacy. One person told us, "It's impressed me that they [staff] always knock before they come in." One staff member explained, "You knock because it's their [people's] doors, it's their room and their front door. You see if they are happy for you to go in." Two other staff members explained the actions they took so people's information was securely stored, so they would have their privacy respected. Another staff member told us how they encouraged people to be as independent as possible, for example, with elements of their personal care, where people were able to do this.

We saw staff were discreet when talking to people about their personal care requirements and tactfully

supported people so their privacy and dignity needs were met.

Is the service responsive?

Our findings

At the last comprehensive inspection on 17 March 2016, we found improvements were required in recreational opportunities for people. At this inspection, we found improvements had been made.

People told us they enjoyed spending time with the staff member with responsibilities for arranging fun and interesting things to do. People said they had regular opportunities to do things they enjoyed, such as gentle exercises to music, or watching dance and movement. One relative said, "The activities have improved a hell of a lot." Another relative told us, "I was amazed to see [person's name] taking part in quizzes, and what [staff member's name] has got them to do." A further relative told us about the events put on for family members by the "Friends of Breech House". These included events such as bonfire night and Christmas celebrations, which people to enjoyed. Another relative told us about the fun things their family member was supported to do and said, "It's so lovely to see [person's name] taking part, sitting out in the sunshine. It did my heart good."

Staff we spoke with gave us examples of how people's well-being had improved as a result of the quizzes and music events introduced at the home. We saw people smiled when they watched dance and movement events and when taking part in gentle exercise routines. Staff recognised some people liked to do activities on their own, rather than in groups. One staff member explained how they had supported one person so they had chances to chat about and do cross stitch, which the person enjoyed.

The registered manager explained how all the staff team were involved in supporting people to enjoy their leisure time pursuits, often on an individual basis. We saw people enjoyed having their nails painted and spending time chatting to staff and each other and their visitors. We also saw staff checked if people would like any music on, and people's smiles and foot tapping showed us how much they enjoyed this.

We saw people had been encouraged to make suggestions about more fun and interesting things for them to do, and that their suggestions had been listened to. For example, some people had indicated at residents meetings they would like to spend more time enjoying the grounds. Staff had purchased the equipment needed to do this. We also saw suggestions for social events to enjoy with each other, such as regular fish and chip suppers, had been acted on. Staff told us about plans for people to enjoy local community events, such as scarecrow festivals and to continue to hold a summer fete for people and the local community's enjoyment.

People told us staff spent time with them and their families to find out what care they wanted. One person we spoke with told us, "Staff talked to me about my room being decorated, so I could decide what I wanted." Another person said they had recently had a chat with staff so they could confirm they were still getting their care in the way they wanted when it was reviewed.

One relative we spoke with said, "We [person and family member] have been involved with the care plan throughout." The relative told us as their family member's needs had changed this had been reflected in the way care was planned and given, so their family member's needs would continue to be met. The relative

gave us an example of a suggestion they had made about their family member's care and said, "We are listened to." Another relative said, "We're definitely involved in decisions about [person's name] care, and I am really pleased about the care they get."

We saw staff communicated information at regular meetings so people's care needs were met as they changed.

Staff told us knowing people's life histories, individual risks and preferences helped them to give people the care they needed in the ways they preferred. One staff member said, "You talk to their [people's] families, you see what's in the care plan, but you don't assume. You ask them [people]." Another staff member explained how important it was for some people that their care was planned so they received care from a staff member of their preferred gender. By doing this, people were as relaxed as possible when receiving care. A further staff member explained how they had supported one person with sensory needs to maintain their independence when they ate. The staff member told us they had initially supported the person with the equipment they needed, and said, "We are enablers, and this has improved [person's name] self-esteem."

One relative told us their family member was treated with great diplomacy by staff, and gently encouraged to have the care they needed in ways which were best for them. One person's friend told us their friend had been involved in deciding which room she wanted. The person's friend told us this had helped them to feel settled quickly when they moved into the home.

We saw people's care plans and risk assessments provided the information staff needed to know so staff would be able to meet people's care needs in the way they individually liked. This included if people had any cultural or spiritual needs, and how people liked their privacy to be recognised.

Staff were provided with guidance on how to support people so risks to their health and well-being would be reduced and their independence acknowledged. These included risks to people's physical health such as risk when people walked, or when they became anxious.

People told us relatives and friends were made welcome when they visited and there were no restrictions on the time they could visit. One relative told us, "We drop in out of the blue, never seen anything we are concerned about and are always made welcome."

None of the people or their relatives we spoke with had needed to make any complaints about the care provided in the previous twelve months. One relative highlighted this was because they were encouraged to make any suggestions and raise any concerns informally with staff. The relative told us these were responded to. Staff we spoke with knew what action to take if relatives raised and concerns or complaints and were confident the registered manager would take action to resolve them.

We saw the registered manager had processes in place to address any complaints made, so they could see if any actions and improvements were required had been made, and lessons learnt.

Is the service well-led?

Our findings

People and their relatives were positive about the way the home was managed. One person said because of the way the home was run, "I like living here, because I feel at ease." Another person told us, "It's lovely living here, I would not want to go anywhere else."

A relative said, "[Person's name] always tell us how wonderful the place is. It's the staff and the caring nature of the place which makes us all feel this." Another relative told us about the positive changes which the registered manager had introduced. The relative told us, "It's nice to see choice increasing, I have no criticisms. I have been really impressed with what [Registered manager's name] is doing, [Registered manager's name] is capable and tries to sort things out." A further relative told us, "Since [registered manager's name] there's been a change of approach and the happiness of staff has improved."

We spoke with one person about what it had been like when they first moved in. The person told us, "I feel I fitted in quickly, and I don't want to leave here." The registered manager told us their goal was for, "People to feel like it's their home. I want people to be comfortable and happy and have a good quality of life." One staff member explained the whole staff team shared this approach and the way the home was led meant that people, their relatives and staff enjoyed open communication with the registered manager and senior staff. One staff member said, "Things are working really well at the moment, everyone [staff] gets on well and they [people] pick up on this." Staff told us the registered manager set clear expectations about how they were to care for people. One staff member said, "[Registered manger's name] always tells us when we have done a good piece of work."

Three relatives told us about the Friends of Breach House. The relatives explained the registered manager regularly came to meetings so the views of relatives would be listened to and plans put in place to develop the home further, for example, the introduction of more fun and interesting things for people to do. Two relatives told us the provider attended occasional, themed meetings so they too could hear the views of the people's relatives. One relative told us this had given them the opportunity to make suggestions about the extension to the home, so their family member would have the space they needed to enjoy their life at the home fully.

Staff told us they were encouraged to make suggestions for improving people's care through regular staff meetings. Another member of staff explained suggestions they had made regarding dementia friendly flooring had been adopted by the registered manager and provider. Another staff member said staff were encouraged to try new ways of supporting people so their needs were met. For example, so staff could find out the best way to help one person to move, so they were less anxious."

The registered manager explained they kept up to date with best practice through research and working with local health and social care providers. One staff member explained staff were encouraged to reflect of their practice at team meetings. The staff member said, "We had a paper on MCA and we talked it through at [staff] meetings. We also have a question of the month, so [registered manager's name] can check staff's understanding of things like safeguarding."

The registered manager told us about the checks they did to make sure people were receiving their care in best way for them. This included checks on the number of falls people had. The registered manager explained how they looked at the information so they could spot trends, and gave us an example of how this had led to the introduction of different equipment for one person. As a result of this, the number of falls the person experienced had decreased. The registered manager had other quality assurance processes in place so they were assured people received their medicines in ways which promoted their safety and that people were enjoying their meal time experiences.

We saw the registered manager had also checked what people's relatives thought about the quality of the care provided. This included checks on the level of dignity, health care and mealtime experiences their family members received. Relatives' comments had been positive and they had been encouraged to make suggestions to develop the service further.

The registered manager said they were supported by the provider, who had made arrangements for specialist advisors in relation to employment matters and through additional staff resourcing, such as a dedicated member of staff so people had more opportunities to do things they enjoyed. Checks were also undertaken regularly by the provider, so they could be assured people were receiving the care they needed.