Care Quality Commission

Blanchworth Care Homes Limited

Breadstone Care Home with Nursing

Inspection report

Breadstone
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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

This inspection took place on 17 and 19 April 2018 and was unannounced.

Breadstone Care Home with Nursing 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.

Breadstone Care Home with Nursing accommodates up to 35 people in one adapted building. There were 26 people living at the home at the time of this inspection. The service will be described as Breadstone throughout this report.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in October 2016. The service was rated as Requires Improvement and there was one breach of regulation in relation to person centred care at that time. People's care plans were not comprehensive, up to date or person centred. We found the provider had met the requirements of the regulation breached during this inspection. Care plans had been updated, reviewed and reflected each individual's needs. The service was rated as Good at this inspection.

Medicines were managed safely and people received their medicines as prescribed. Health and safety checks were carried out regularly to ensure the service was safe for people living there. There was a robust recruitment process to ensure suitable staff were recruited. The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events.

People were supported to access health professionals when required. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. People could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible.

People and their relatives were positive about the care and support they received. They told us there was sufficient staff on duty and staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred and detailed to support staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of

person centred care. People were treated equally and their differences respected, accepted and celebrated.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. From looking at the accident and incident reports, we found the provider was reporting to us appropriately.

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.

There were sufficient staff to keep people safe.

Medicines were managed well with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively. Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind. People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Care Quality Commission

Breadstone Care Home with Nursing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection visit we reviewed all the information we held about the home since the last inspection in October 2016. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 17 and 19 April 2018 and was unannounced. It included looking at records, talking with people who live at Breadstone, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with seven people living at Breadstone, the registered manager, the quality assurance manager of the service and six members of care staff. We spoke to three relatives who gave us feedback on the service provided at Breadstone. We spoke to three health and social care professionals who have regular contact with the provider.

We also reviewed records related to the management of the home. These included the staffing training records, five staff recruitment files, complaints records and minutes of staff meetings. We reviewed various audits, the last monitoring check completed by the registered manager.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel completely safe. I love living here." Another person said, "It's amazing. They treat us so well." One relative said, "We trust them with [the person] No doubt they are safe. It's a brilliant place."

The service followed infection control guidelines to ensure people were protected from the risk associated with hygiene standards. Following our previous inspection new carpets and flooring had been fitted and more robust cleaning schedules put in place. This ensured the environment remained clean and well maintained. One example of action taken to ensure the people's equipment remained safe to use was the purchase of 12 new commode seats within one month to replace the older ones which had become unserviceable and unhygienic.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. People were offered external support from agencies such as the advocacy service or independent mental capacity advocates (IMCA). These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people who used the service. People and their relatives told us they felt there were sufficient staffing levels within the service. Staff told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff. Throughout the inspection we observed staff responding promptly to people's requests for assistance.

We looked at the recruitment records of five members of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated to ensure suitable staff were employed.

Staff completed a three month probationary period which enabled the registered manager to assess staff competency and whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; care and support plans protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans such as falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment had been updated after they had become at risk of falls. The risk assessment had been regularly updated as the person's level of need changed. This was monitored every month or after each fall and control measures were put in place if required.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding incidents. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. Staff were able to explain to us what they would do in the event of a safeguarding incident. One staff member said, "I know about abuse, I would go to my manager or contact the safeguarding helpline."

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. One person had been refusing some medications recently and the registered manager was liaising with the GP surgery to look at other forms of medicines, which may be more acceptable to the person. The GP visited the home on the same day every week. All relatives were happy with medicine arrangements.

Health and safety checks were carried out regularly. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system and manual handling equipment such as hoists by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Good

Is the service effective?

Our findings

During our lunchtime observations we saw people had a more positive dining experience than our previous inspection. There were positive staff interactions and people did not have to wait long for their meal. People were supported to ensure they had sufficient food and drink. People spoke positively about the food provided. One person said, "It's very nice." Another person said, "No complaints about the food." People told us there was always a choice of meals and if they wanted something different to what was being served; the chef would provide an alternative meal option. The relatives we spoke with told us they felt the food provided was of good quality. We witnessed a lunch time meal and people were treated with dignity and respect when they were supported with their food. One staff member actively encouraged one person to use the serving spoon for the vegetables and told us it was easy for people to be served but staff encouraged people to do things for themselves where they were able to.

The service had made improvements to making the home more dementia friendly. There were signs to ensure people knew where to go and on doors and to communal areas and colour coded hand rails and specific bowls and cutlery for those who required it. Outside areas had been maintained to allow people living with dementia a safe and spacious place to access. The service had moved the dining area and reminiscence lounge around to allow people to have a safer and less isolated place to dine.

Training records confirmed that staff had received the provider's required training to support people effectively. Staff members had training in adult safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, dementia, first aid, behaviour support, person centred care and end of life care. There was a new and robust system in place to identify when staff training was due or had expired. All staff we spoke to told us they received adequate training and that it was informative.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff told us they had found the shadow shifts a 'good learning experience'. The registered manager told us they used an induction checklist to ensure all of the relevant parts of the staff induction had been completed to satisfactory level and fully understood by the staff. Newer staff were completing the care certificate in line with current legislation.

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said the registered manager was supportive. Annual appraisals were being implemented. One staff member who had recently had a supervision said, "I had some personal issues and they were very supportive. My rota was changed and the manager checks in on me to see how I am."

People's care records showed relevant health and social care professionals were involved with their care;

such as GPs, dentists and opticians. Specific health professionals such as; occupational therapists and cancer specialist nurses also provided support. We saw people's needs were monitored and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow. These included attending appointments and specific information for keeping healthy.

The registered manager told us they were pro-active in health professional support when required. If people were at risk of malnutrition, staff assessed the risks associated with this condition. A monthly nutrition report was produced to ensure those at high risk were being supported appropriately. Staff used the universally recognised Waterlow tool to identify and review the risks to people's skin health. One person had developed a pressure sore ulcer and records confirmed this had been treated appropriately.

We found the service was working within the principles of the MCA and DoLS legislation. The 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 where 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 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 are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. These assessments were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, best interest decisions had been recorded. The service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests.

People were able to access communal areas and spend time in their bedrooms if they wished. People were able to spend time with any relatives in either of these areas. There was a room available for people to listen to music and sit comfortably for some space or to attend meetings. There was an outside space for people to access in warmer weather. People were encouraged to help with planting bulbs and flowers in the garden beds which were accessible to those who had mobility issues.

Good

Is the service caring?

Our findings

People were treated with kindness and care. They had positive relationships with staff and were observed chatting amicably with them, enjoying their company and sharing a joke. There were positive comments about the staff from people and relatives and health professionals. One person said, "The staff are friendly. They help you with things when you ask them." Another person said, "I like them and they help me eat my lunch." One relative told us, "They are good, and some of them we've known for years."

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, 'The members of staff at Breadstone are a credit to the care system they provide. I recommend Breadstone to any family needing to place a loved one or relative into nursing care'. Another relative had written about their loved one who had sadly passed away, 'The family would like to thank your team for the care provided in making mums stay with you so happy and meaningful.'

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "Some of the staff have been here a long time. It's important as [The person] recognises them from the village". Staff commented on how they worked well as a team and were keen to support each other in their roles. One staff member said, "I've been here a while. The staff team are really good. We work so well together.". One nurse on duty told us, "I only came here for a few shifts but I took a full time contract, it just feels so right and how care should be."

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff had a very good understanding of people's gender identity and we found examples of highly personalised emphatic support being provided to enable people to live the life they chose.

People's spiritual, religious and cultural needs had been identified within their care and support plans and this was an area the registered manager was seeking to improve. The registered manager told us they were asking people and their relatives for suggestions on they could improve in this area. This would enable them to gain feedback on how a person's religious and cultural needs could be further met. One person wished to pray every morning and was supported to do this by staff. A local priest visited the home to give communion to those who wished to participate.

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment, prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and

support plans, in relation to their day to day needs. One health professional said, "I observed compassionate and caring interventions with lots of smiling and effective communication."

Good

Is the service responsive?

Our findings

During our last inspection in October 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans were not always detailed and complete. The provider sent us a plan of actions and told us they would make the required improvements by March 2017. At this inspection we found the provider had met the requirement of this regulation. We found care plans had been changed to a new format, were comprehensive, person centred and were reviewed regularly.

We saw that each person had a care plan to record and review their care and support needs and provided guidance on how staff were to support people. Care plans had been changed to a new format since our previous inspection. Each care plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. Each person's care plan had a page detailing their likes, dislikes and care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. People's care plans were person centred and gave staff relevant information on their life stories and what was important to them. One person's care plan stated they had travelled to seven different countries and enjoyed discussing their travel in earlier years. One person preferred to see staff faces when talking to them as they had limited eyesight.

Regular reviews of people's care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. The service had trialled a 'resident of the day' for the two months before our inspection. This meant each day one resident's care plan and associated documents were reviewed and updated. The registered manager told us this was an audit that was useful and that other care plans were updated when needs had also changed. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt staff responded well to people's needs. One health professional said, "The new folders are much improved and easier to read."

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care were communicated through the shift handover process to ensure they were responding to people's changing care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift, so that the staff working the next shift were well prepared.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed activities being provided in the mornings and afternoons. People took part in activities within the home such as; baking cakes, pamper sessions, nail painting, arts and crafts, music therapy, choirs and polishing brass ornaments. We spoke to the activities co-coordinator who told us people had access to

meaningful activities and there were future plans including; a dinner for the Royal wedding, a great British bake off, summer fete and trips out to museums and local parks. For those people who preferred to stay in their rooms 1:1 activities were arranged for them including; dominoes, games, puzzles, knitting and reading.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "I have no problems. I like being here."

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. People's care and support plans gave guidance on aspects of how they would like their end of life to be. One person's care plan stated they would like to offer their body to medical science. The registered manager was implementing advanced care planning through a local authority initiative and this was to involve people and their relatives if they chose to discuss their end of life plans.

Good

Is the service well-led?

Our findings

During our last inspection in October 2016 we found the provider and registered manager had not always identified shortfalls and areas for improvement when they had completed their quality assurance audits. It was clear that improvements had been made through implementing more regular and robust audits. The registered manager told us, "We have done a lot of work and made some great improvements now."

There was a registered manager and a service quality manager for the service. People, staff and relatives told us they felt well supported by the registered manager. One person said, "She is fantastic and is very supportive. She's very approachable also." One staff member said "We have a great team and we can always raise issues. The manager is great and we can always knock on the office door for support."

The service had monitoring systems in place. The registered manager and the service quality manager were responsible for completing regular audits of the service. These audits had resulted in some improvements being made since our last inspection. A compliance and improvement plan had been completed and all of the actions identified had been completed. For example, care and support plans had been reviewed and updated to a new format. The registered manager completed regular audits such as medication, care plans, infection control and maintenance on a weekly and monthly basis.

The service quality manager visited the service approximately once a month and completed quality monitoring audits. A new and more robust audit had been introduced in February 2018 and this had been designed to cover all of the CQC key questions such as; safe, effective, caring, responsive and well-led. The quality monitoring audit which was completed in March 2018 showed us actions had been identified and completed. For example, the chairs in the main lounge had been shampooed and the cleaning schedules updated. In February 2018 it had been identified that not all staff had been trained in end of life care. This training had been booked and the training matrix updated to reflect this.

Staff attended regular team meetings and briefings. There was a morning handover every day at 7.00am where the night staff would hand over to the day staff. The registered manager attended this meeting every day and staff told us this was appreciated and extremely supportive. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates.

The service was actively seeking feedback from people and relatives, through sending out questionnaires, talking with them and having regular meetings. The manager told us this was a way of ensuring everyone involved with the service had a voice. Quality assurance questionnaires had been sent out to people and their relatives in 2017 and covered areas such as; accommodation, care, food, activities and admission procedures. The results had been analysed and an improvement plan put in place for areas such as accommodation. Care and activities had gained a 100% positive feedback outcome.

From looking at the accident and incident reports, we found the provider was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of people or which affect the

safe running of the home.