

Mr & Mrs K Khistria

Breckside Park Residential Home

Inspection report

10 Breckside Park
Anfield
Liverpool
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L6 4DL

Tel: 01512606491

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection of Breckside Park took place on 15 & 19 June 2016.

There was a manager in post who was in the process of completing their registration with CQC. 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.

Breckside Park is a care home providing personal care for up to 26 older people. The home is situated in a residential area of Anfield in Liverpool. It is close to local shops and public transport links. Accommodation is provided over three floors and a passenger lift is available for people to access all floors.

The home was last inspected in April 2016. During this inspection we found the service was in breach of regulations relating to the safe care and treatment, staffing and governance. The overall rating for this service was 'requires improvement'. The provider sent us an action plan detailing how they would meet these breaches and we reviewed the action plan as part of this inspection. We found that the provider had taken action and improved in these areas. The service was no longer in breach of these regulations.

During our last inspection in April 2016, the service was in breach of regulations relating to the safe management of medications and the safety of the environment. This was because there was not adequate procedures in place to manage people's medication needs during the night. Also, there were fire doors wedged open, and razors left in communal bathrooms which could have caused people harm. We checked to see what improvements had been made. There were now staff trained to be able to support people with medication needs during the night. Medication procedures were well managed, however we did see one person not supported adequately with medication, which was addressed at the time of inspection. We found that the service was no longer in breach of this regulation.

During our last inspection in April 2016, the service was in breach of regulations relating to staffing. This was because there was not enough staff employed by the service to support people with activities or complete other tasks, such as the laundry. We checked what improvements had been made at this inspection. Additional members of staff had been employed since the last inspection, such as an activities coordinator and a laundry assistant. The service was no longer in breach of this regulation.

During our last inspection in April 2016, the service was in breach of regulations relating to the governance of the home. This was because records relating to people's safety were not always kept accurate and up to date. In addition, we found that quality assurance procedures were not robust and did not identify the shortfalls we found during our inspection. We checked what improvements had been made. We found that all records were accurate and completed, and quality assurances systems had improved and was no longer in breach of this regulation.

We looked at the Mental Capacity Act and associated principles and found some inconsistencies. Consent was not documented for people, and at least two people who lacked capacity had signed their own care plan without a best interest process being considered. We have made a recommendation regarding this.

Everyone we spoke with told us that they felt safe living at the home. Staff has all been trained in safeguarding and were able to describe the course of action they would take if they felt someone was being harmed. This included whistleblowing.

Staff were being recruited and selected safely, and only started working at the home once all references and checks had taken place.

We had received information prior to our inspection concerning the fire safety of the building. The provider had been set a list of actions from the fire service following a visit to the home. We saw that these actions had all been completed along with refresher training for staff. Emergency evacuation plans were in place, and these were also routinely checked. Other checks on the building and the equipment within it were regularly being completed. Some of the décor required updating, however there was an ongoing plan to address this, and since our last inspection some redecoration had taken place.

All staff training was completed. Staff told us they regularly engaged in formal supervision and had had an annual appraisal.

We received mostly positive comments concerning the food although one or two people were not overly satisfied. We ate lunch with the people who lived at the home and felt the food could do with some improvement. We highlighted this at the time of our inspection.

People were regularly supported to access healthcare appointments and medical intervention and referrals were made on people's behalf when needed. One medical professional we spoke with complimented the responsiveness of the staff.

There were some positive examples of person centred information in people's care plans, we saw this was a work in progress, as the manager had not long introduced new documentation. The new documentation was more in depth with regards to finding out more information about people, their likes, dislikes and how they wanted their support to be delivered. We saw an example of one that had been implemented.

There was a procedure in place to document and address complaints. Everyone we spoke with said they knew how to complain. The complaints procedure was displayed in the communal areas of the home.

Feedback was regularly gathered from people who lived at the home and their relatives and used to improve their experience of living at Breckside Park.

Everyone told us they liked the manager and there had been clear improvement in the service since they had been in post. A Health and Social Care professional we spoke with also said they had noticed the service had improved.

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.

Medication was managed well, however we saw one example of staff not appropriately administering medication, which was addressed at the time of inspection.

Staffing levels were consistent and people told us there were enough staff to meet their needs safely.

Safety checks took place on the building and the equipment within it.

Staff were recruited safely and only offered positions once thorough checks had been completed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were some inconsistencies in the application of the MCA. Consent was not documented and best interests processes had not been followed for some people. We have made a recommendation regarding this.

Training was in date, staff confirmed they had attended training courses and certificates were available for us to view in staff files. All staff had received formal supervision and appraisal.

There were some mixed responses regarding the food. People mostly told us they enjoyed the food.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff and we saw staff treating people with kindness throughout our inspection.

Most people told us they were involved in the planning of their care. Care plans we looked at confirmed people had been consulted with.

Records and confidential documentation were stored securely, in a lockable cupboard.

Is the service responsive?

Good ●

The service was responsive.

There was some person centred information in people care plans and we saw this was being further implemented and improved across the home.

There was a complaints process in place, and people we spoke with told us they knew how to complain.

Is the service well-led?

Good ●

The service was well-led

The manager had submitted their registration forms and were in the end of stages of registering with CQC.

Everyone we spoke with said the home had improved in the last few months.

Quality assurance systems had improved, and regular checks were being completed by the manager and the provider.

Breckside Park Residential Home

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.

This inspection took place on 15 & 19 June 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience with particular expertise in care for older people living with dementia.

Before our inspection visit, we reviewed the information we held about Breckside Park. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. This included information from the fire service who had recently conducted a visit at the property and had issued actions for the provider to address. As part of our inspection we looked at these actions and any ongoing actions to ensure the provider had responded appropriately.

We also emailed some Social Care professionals to see if they had any information they wished to share with us. We received positive feedback. We also received an email from a medical professional, which was positive. We accessed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We saw there had been a concern raised with us concerning the staffing levels at the home, so we checked this as part of this inspection.

During this inspection, we spoke with eight people living at the home, four members of staff, the manager, the provider, the chef, and the activities coordinator. We looked at six people's care plans and associated

documentation, four staff recruitment folders, and other documents relating to the safe running of the home.

Is the service safe?

Our findings

During our last inspection in April 2016 we found the service in breach of regulations relating to safe care and treatment. This was because medications were not always managed in way which was safe for people living at the home. Staff who were employed to cover night shifts did not have the correct medication training, therefore could not administer PRN (as and when needed) medication to people. Also we found numerous fire doors wedged open, and objects such as razors, in bathrooms which were accessible for people.

During this inspection we checked how medicines were managed within the home. We saw that the team of night staff had undergone training from the pharmacy and had completed supporting competencies to ensure they were able to give PRN medication at night if people needed it. Processes were established for receiving and monitoring stock, and the disposal of medicines. Medicines were held in two locked trolleys. Medicines were administered individually from the trolleys to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored, however the staff were not always monitoring the temperature and there were some gaps. When we returned for the second day of our inspection we saw that new paperwork had been introduced as part of the handover procedure to ensure staff were completing this check. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

When we arrived in the morning of our first day, we noticed that one person still had their tablets in the medication pot, however this person's MAR chart had been signed to confirm they had taken them. We spoke to this person who told us they were going to take them, they told us they had just not taken them yet. We spoke to the manager about this, as we were concerned that administering medications and signing the MAR chart before the person had taken them is unsafe, as it means that staff member could not say for sure the medication had been taken, and this may have an impact on the person's health. Also we were concerned in case the medication was passed on to another person without staff knowing. Our conversation with the person indicated that they fully understood why they needed their medication, and their care plan

stated there was no issues around the person's capacity. Once this person was reminded, they took their medication straight away. One the second day of our inspection we saw that the manager had addressed this issue with the staff member involved.

We discussed the safety of the environment. All fire doors had automatic closures fitted to them and were not propped open. Also bathrooms were clear of toiletries and other harmful objects such as razors. The provider was no longer in breach of regulations relating to safe care and treatment.

During our last inspection in April 2016, the service did not have enough staff to be able to meet people's needs and were in breach of this regulation. This was because as well as providing care and support, staff were also completing laundry tasks and trying to plan activities. Following this inspection the provider sent us an action plan detailing how they were going to ensure this breach was met.

We saw during this inspection that additional staff had been employed to work in the laundry. There was also an activities coordinator in post. This meant that staff no longer had to prioritise these roles and could spend more time supporting and caring for people. The providers PIR stated 'We have recently employed an activities coordinator and laundry assistance to help care to gain more time to spend with the services users.' When we spoke to staff they said they felt they had enough time to spend with people as a result of this change. People told us there was enough staff, and the staff we spoke with raised no concerns around staffing levels. Call bells were answered promptly. The service was no longer in breach of this regulation.

Everyone we spoke with told us they felt safe living at Breckside Park. Comments included, "They have two staff on at night". Also "It is safe here, there's always people around" "You're surrounded by people, and they're always there when you want them" and "It's good here and so are the people". Someone else said, "I've got my own room and the staff are very attentive", "The staff keep a check on you".

Staff records we saw demonstrated the manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

We had received information from the manager relating to a recent fire safety inspection at the home. The service was issued actions, which they had a set timeframe to complete. We checked this action plan and spoke to the manager at length about the safety procedures at the home relating to fire. The actions from the action plan had all been completed. We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. PEEP's (personal emergency evacuation plans) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. All of the staff we spoke with told us they had recently completed face to face training from the fire department and they enjoyed it. We spot checked some of the other certificates for PAT (portable appliance testing), electric, gas, and checks on the other equipment such as the hoists. These were all in date.

Risk assessments were in place for people relating to falls, nutrition, mobility and pressure care. We saw risk

assessment in place to help staff support people to manage their emotional needs. For example, we saw that one person could become 'disconnected' with staff and other people in the home. The risk assessment guidance for staff to follow stated that they needed to reassure the person in clear concise language and encourage them to participate by using complimentary language. We saw that one person who had mobility needs had a specific care plan in place to support them with their moving and handling needs, including what equipment was used and how the staff should position themselves when assisting them. We also saw that people who required their food and fluids to be monitored, and support with repositioning, had the appropriate documentation in place, and this was being completed by staff.

Staff were able to describe how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. We saw information regarding safeguarding for people who used the service and relatives was readily available in the communal areas of the home and the office. People we spoke with confirmed they knew how to raise concerns should they have any.

There was a procedure for documenting, discussing and analysing incidents and accidents. This is important because it allows the manager to look for any patterns or emerging trends, enabling the service to take action to minimise the risk of re-occurrence.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. We saw that applications had been to the local authority to deprive people of their liberty in their best interests and these were being monitored by the manager and further applications had been made when needed.

We discussed the MCA with the manager as part of our inspection. It was evident that there was a good amount of knowledge in relation to the MCA, and staff had received training around the MCA, as they were able to explain the key principles of the act. However, there was some inconsistent information in people's care plans relating to the MCA and best interests, which needed further clarification.

For example, we saw that two people had a mental capacity assessment in place, which clearly stated that they would not be able to make key decision regarding their care and support due to their level of cognitive ability. However, when we looked at the care plans we saw that they had signed all sections of their care plan in agreement, even when changes had occurred, and a best interest processes had not been considered. Also we did not see consent documented anywhere in people's care plan's, however we did hear staff ask for verbal consent throughout the day. We recommend that the provider further improves their processes and refers to the appropriate MCA guidance.

We received some mixed comments concerning the food. Most people we spoke with told us they enjoyed the food, comments included, "I love the food." "I get enough" "It's very nice," However, one person said they did think the meat at lunchtime was 'tough' and was not as good as usual. We sampled the food at lunch time and found the food was bland. The chef had not been in post long, and was unsure of some people's needs. They were able to tell us people had food allergies or special diets. We observed one person at lunch time did not like either choice of food, so the staff offered them a sandwich, which they were happy with. Menus were completed four weekly with the involvement of people who lived at the home.

Staff training records showed that staff had attended courses as required by the provider's training policy. Mandatory training was a mixture of e – learning and face to face training sessions. Staff progress with regards to their training was tracked using a training matrix and all certificates for completed courses

attended were stored in staff files. New staff completed an induction aligned to the principles of the Care Certificate. The Care Certificate is a twelve week programme designed to help newly appointed staff working within the health and social care sector develop their skills within the role. This can then be signed off by a senior colleague when completed.

People were supported to access medical care when they required it. Each person had a health record in their care plans detailing their last appointments with GP's, District Nurses, Opticians and Chiropodists. We received information from a medical professional after our inspection who was complimentary regarding the running of the home and responsiveness of the staff, they said "Staff are vigilant over the residents wellbeing and refer to our teams in a timely and appropriate way".

The building was adequately adapted to meet people's needs. There was directional signage in place to support those living with dementia, and various parts of the home had been redecorated. The provider, who we met on day two of our inspection, informed us that plans were ongoing to further improve the building and environment for people.

Is the service caring?

Our findings

Everyone we spoke with commented on the caring nature of the staff. Comments included, "They're kind". "The staff are alright". "Very good, they fuss over me, they're kind". "They're good". "They're alright, kind," Also "Very attentive and you can have a laugh with them, they're kind". "They're good, kind".

We looked at the providers PIR to see how they felt they met the caring domain, they said (quote from PIR) 'We like to think that the atmosphere and environment of the care home is homely and relaxed. We find that our service users respond well to this kind of environment more so compared to a clinical setting. We also encourage our services user's to make their own room personalized to their own taste.' We saw that people's rooms were decorated with their own furniture and belongings.

We observed staff treating people with kindness throughout the duration of our inspection. Our conversations with staff demonstrated that they knew people very well. When we asked the staff what they liked the most about working in the home, all of the staff said, "The residents."

We asked people if they had seen their care plans, and some people could not remember. However, care plans demonstrated that people had been involved because they were signed by people who had the capacity to do so.

We asked the staff how they ensured people's dignity and privacy was protected and staff told us they made sure they closed doors and windows before helping people undress or wash. We saw that the room which held people's confidential information was kept secure throughout the duration of our inspection.

There was information provided for people with regards to the local advocacy agency. There was no one making use of this service at the time of our inspection.

People said that visitors could come as often as they liked, there were no visitors on the day of our inspection. The PIR stated (quote from PIR), 'At Breckside Park we like to have an open door policy, we do not have set visiting times and we always ensure that we encourage service users and there representatives always feel free to discuss the care and service we provide.'

Is the service responsive?

Our findings

People we spoke with told us they knew how to complain. Comments included, "I've nothing to complain about". "I haven't made a complaint, there's not a lot to complain about, I'm well looked after". We saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. We tracked one of these complaints through to ensure the manager had followed the process, we saw that they had.

We saw that there was a full and varied programme of activities at the home. On the first day of our inspection the service was preparing to host a family fun day in the grounds. On day two of our inspection we saw photographs of the event because it has taken place over the weekend.

People told us they liked the activities at the home, comments included, "I join in the activities, I like the card games and pictures to paint and crayon". "I join in the games now and again". "I enjoy the activities when there's something going on". "I love sport, so I watch it on television". Staff we spoke with said they felt there was enough going on throughout the day to help ensure people were not bored. Activities consisted of board games, quizzes and films. There was a timetable of activities displayed in the communal areas of the home.

Before people came to live at the home, full pre-assessment documentation was completed for each person with regards to what they liked, disliked and how they wanted their care to be delivered. This information was then used to develop the person's care plan.

We saw that most of the care plans contained a high level of person centred information. Person centred means based around the needs of the person and not the service. There was only one care plan which we saw that contained some out of date information. We raised this with the manager at the time of the inspection, and this was addressed. Care plans were written in a way which demonstrated the persons preferences were at the forefront of the support. For example, one care plan we saw stated, 'Always remind (person) when the hairdresser is in, always remember to compliment (person)'. Another person had detailed information in their care plan relating to how they liked to be washed and dressed, and what order the staff should do things. We saw that some care plans had a 'This is Me' document in place, although this was something that was in progress and had not been implemented for everyone yet. We saw that these care plans were being reviewed monthly.

People were referred to dieticians and the SALT (Speech And Language Therapy) team when needed. We saw that one person had been put on a regime which required them to be weighed weekly and weight to be monitored. We checked this for this person and saw they were being weighed, and their weight was consistent.

Is the service well-led?

Our findings

During our last inspection in April 2016 we found the service was in breach of regulations relating to the governance of the home. This was because some records were not accurate, and quality assurance systems were not robust enough to have highlighted these shortfalls. Following the inspection, the provider sent us an action plan detailing what action they were going to take.

We saw during this inspection records relating to the running of the home and peoples care plans were much improved. Quality assurance systems had been re-formatted and took into consideration medication, care planning, cleaning, health and safety and staffing. In addition to the manger completing these checks, there was also a 'keyworker system' implemented within the wider staff team which focussed on ensuring the information in care plans was correct. We highlighted that some information regarding the MCA was inconsistent and the quality assurance tool had not picked this up, so the manager assured us they would add this as part of their overall quality assurance processes. We saw this had been actioned on day two of our inspection.

The provider, who we spoke with on day two of our inspection also regularly attended the home and completed a provider audit. We saw that some actions, for example, a new floor which was needed in the hallway of the home, was implemented. The service had improved enough to no longer be in breach of regulations relating to governance.

There was a manager in post who had worked at the home for a number of years and who was in the process of becoming registered with the Care Quality Commission.

Everyone, without exception commented on the improvement in the home since the new manager had been in post. The manager supported us throughout our inspection and was transparent and open about some further improvements they still wanted to make and which we could see were a working progress. All of the staff said they would not hesitate to recommend the home to family and friends, and felt they could approach the manager for support and guidance.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We saw that all notifications had been reported to the Care Quality Commission as legally required by law, and the manger had also kept us up to date with other information, such as the fire actions.

The service had also developed good systems for getting feedback from people living at the home and their relatives. We saw a series of surveys and meetings aimed at seeking feedback about the home. We saw that feedback was regularly acted upon, for example, one person had asked if they could have Guinness with their meal, and we saw this had happened.

Team meetings and resident meetings took place every month and we were able to view minutes of these.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Breckside Park was displayed for people to see.

We asked people and staff if there was anything they would do to improve the home, and everyone either said 'No' or that they 'Couldn't think of anything.'