

# Borough Care Ltd

# Bruce Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Bruce Lodge on 21 and 23 March 2018. The inspection was unannounced, so this meant they did not know we were coming.

At the last inspection on 22 September 2016, the service was rated as requires improvement. We found two breaches of the regulations, as improvements were needed in the management of medicines, fire safety and the registered provider had not ensured good governance in the home.

Bruce Lodge is a purpose built care home situated in Stockport. The service provides care and accommodation for up to 47 older people, some of whom were living with dementia. At the time of our inspection 39 people were living at the home, with two people were receiving a day care service.

The home has four units, called Bluebell, Rose, Sunflower and Fern, which people can move freely between. The service has communal lounges, dining rooms and bathing facilities available. Accommodation is provided over two floors which can be accessed by a passenger lift. To the front of the building is a large secure landscaped garden and car parking is available. People in care homes receive accommodation and nursing and/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.

A registered manager was in place at the home. 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. We explained to the current registered manager that the previous registered manager of the home was still registered for Bruce Lodge. We were provided assurances that the provider would ensure an application to de-register the previous manager would take place.

The provider had not taken reasonable actions to ensure the safety of the premises. During our tour of the home we noted several potential safety hazards. For example, we found the sluice room on the ground floor was unlocked which stored hazardous substances, such as cleaning products. The premises had not been made secure to minimise the risk of people unintentionally touching or drinking the hazardous substances with the potential of causing themselves harm.

The management of medicines had improved which meant people would get the medicines that they required. Records in regards to medicines were accurate and there were care plans which provided staff with information to ensure that the right medication was given to the right person at the right time. However, we found the room temperature in the ground floor clinic was exceeding 25 degrees centigrade. Manufacturers advise that medicines are stored at a temperature below 25 degrees centigrade. If the temperature is above this medicines can lose their efficacy. The registered manager told us they were considering installing an extractor fan to circulate the air more and reduce the temperature in the room. We

found there were no plans, or 'when required' (PRN) protocols in place to inform staff when and how they should administer people medicines that were not required routinely. We signposted the registered manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

We examined staff training records which demonstrated that training relevant to their job roles was provided. The provider recognised they needed to adapt the training programme delivered to staff with the introduction of classroom dementia awareness training, which was due to be provided to the staff team to help staff gain a better understanding of supporting people living with dementia.

People told us that they were well cared for and in a kind manner. Staff knew the people they were supporting well and understood their requirements for care. We found that people were treated with dignity and respect. People were supported and involved in planning and making decisions about their care.

During our inspection we saw staff were attentive and responded to people who might need assistance in a timely way. There were sufficient numbers of staff on duty to provide people with the support they needed. However, we noted on occasions staff were not always visibly present in communal lounges for short periods of time. We have provided this feedback to the registered manager and area lead during the inspection.

The provider was not always acting in accordance with the Mental Capacity Act 2005. We found the provider had not always submitted deprivation of liberty safeguards (DoLS) applications for all people living at the home. We found 10 DoLS had not been applied for in a timely manner. This meant people were at risk of their liberty being restricted unlawfully.

Some staff when asked were not confident about their duties and responsibilities in relation to the MCA 2005 and DoLS. The registered manager advised us that she would arrange further staff training to help make sure staff confidence was increased in this topic.

The Care Quality Commission had not been sent all the required statutory notifications relating to the outcome of some the Deprivation of Liberty Safeguards (DoLS) that had been made to the authorising authority in a timely manner. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

People's social needs were met. This was because staff were encouraged to interact meaningfully with people and recorded their interactions.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the registered manager.

Care plans were based on the needs identified within the assessment, however we found four care plans did not have a dementia specific care plan in place, and therefore it did not reflect the current needs of these three people.

Whilst some improvements have been made to the registered provider's governance and auditing systems these were still not robust to ensure the safety of people was maintained. The registered provider had failed to ensure that the home had improved or sustained improvement in some identified areas.

This is the second consecutive time the service has been rated Requires Improvement.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe.

We noted a number of potential hazards during our tour of the home.

There were sufficient staff to meet people's daily needs. However, during the inspection we found the lounge areas were not always appropriately supervised by staff.

Improvements had been made to ensure a more robust management of medicines. However, further improvements were required to ensure people's 'when required' medicines was clearly recorded.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

The provider was not acting in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards. This put people at risk of unauthorised deprivation of liberty and decisions not being taken in their best interests. Staff had received training and supervision to enable them to develop further skills and knowledge.

We received positive feedback about the food provided. People received encouragement and support to eat and drink as required.

A range of healthcare professionals had been involved in people's care and support. People told us staff contacted GPs or other professionals promptly when required.

### Is the service caring?

**Good** ●

The service was caring.

The atmosphere in the home was calm and relaxed and we observed positive interaction between staff and people who used the service and their visitors.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

Staff respected people's wishes and preferences and people were involved in decisions about their care.

### **Is the service responsive?**

The service was not responsive.

Care plans were complete and were regularly reviewed. However, they lacked detail in areas such as how to effectively support people living with dementia.

Meaningful activities were in place to prevent people from feeling isolated. A dedicated activities facilitator helped people to continue hobbies and participate in the community.

There was a complaints process in place and people felt able to raise any concerns with staff.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

The registered provider had introduced an audit system. However, audits were not checked for accuracy and were not robust. They failed to highlight the areas of shortfall found during this inspection.

CQC had not been sent all of the required statutory notifications informing us of the authorisation of Deprivation of Liberty Safeguards (DoLS) made.

Regular staff meetings had taken place and staff told us they were supported and included in the service.

**Requires Improvement** ●

# Bruce Lodge

## 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.

The inspection took place on 21 and 23 March 2018. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service. The expert by experience had experience working with older people and people living with dementia.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications the provider had sent us about serious injuries and safeguarding. Statutory notifications are information the provider must send to the CQC about certain significant events that occur whilst providing a service.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

We sought feedback about the service from the local authority commissioners and quality monitoring team. Feedback received from the local authority quality monitoring team supported our inspection planning.

During the inspection we saw how the staff interacted with people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 13 people who were living at the home and four people's relatives who was visiting. We spoke with five care staff, the cook, activities coordinator, two deputy managers, registered manager and area lead for the home. We reviewed records relating to the care people were receiving

including four people's care plans and risk assessments, daily records, accident records and eight electronic medication administration records (EMARs). We also looked at records relating to the management of a residential care service including training records, staff supervision records, records of servicing and maintenance, policies and procedures and staff recruitment records.



# Is the service safe?

## Our findings

People told us they felt safe living at Bruce Lodge. They were confident that staff would provide them with the support they needed and that their belongings were secure. One person commented, "I feel very safe."

We arrived at the home at 8am and completed a tour of the premises. During our tour of the premises we were able to access an unlocked sluice room on the ground floor and noted hazardous cleaning products had not been securely stored. The premises had not been made secure to minimise the risk of people unintentionally touching or drinking the hazardous substances with the potential of causing themselves harm. We found a further two rooms that had also been left unlocked with one room containing alcohol and the second room was cluttered with chairs which was a potential trip hazard for people. Furthermore, we found confidential information had not been safely stored in this room. We discussed this further with a staff member on duty who ensured the rooms were made safe by locking them. During the inspection the registered manager provided evidence they had met with the senior night care worker who was responsible for ensuring the rooms were locked. The registered manager commented that a daily walk around audit of the home would now be implemented to ensure these rooms are always checked.

The provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in September 2016 we found the home was not taking reasonable measures in the management of fire safety, as we found people's Personal Emergency Evacuation Plans (PEEPs) only contained information around people's mobility and aids they used to mobilise. It did not indicate what level of assistance would be required in an emergency or the person's ability to understand the emergency evacuation procedure. We also found practical fire drills had not been accurately recorded. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found a number of improvements had been made, however the registered manager had not ensured the PEEPs file had been accurately updated to reflect the current number of people at the home.

A PEEP is usually a one page summary which includes the person's location in the home, how they mobilise and the number of staff they need to support them to do so and any other information emergency personnel attempting to evacuate the person might need to know. The fire manual contained a list of people at the home that would need to be evacuated in case of emergency. However, we found this file contained conflicting information as it contained three PEEPs for people no longer living at the home and we found no PEEPs had yet been devised for people receiving day care services at the home. In discussion with the registered manager they acknowledged the fire safety file should have been updated to ensure this information was accurate in the event of an emergency. During the inspection the registered manager updated the fire manual to ensure emergency information such as PEEPs was now accurate. The registered manager commented that a senior member of staff would be delegated this role going forward to ensure

people's PEEPs are updated when there has been a change in the home.

At the last inspection we found fire drills were not accurately recorded. There was no information to show the time the evacuation had taken place and some recording did not inform the number of participants. At this inspection we saw evidence of monthly fire drills, weekly checks of means of escape, visual checks of emergency lighting and call bell checks. The registered manager told us and we saw on the training matrix that all of the senior carers including the night staff had completed fire marshal training and all other staff completed fire training via eLearning sessions.

The provider employed a maintenance person who worked across other locations connected to Borough Care Ltd and we reviewed their records. These demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

At our last inspection in September 2016 we found the home was not taking reasonable measures in the management of medicines, as we found topical medication such as prescribed creams had not been accurately documented and we saw several gaps on the topical medication administration records. It was not clear from the records, if the creams had been administered and staff had failed to record. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, but we have made a recommendation for further improvement.

We checked the arrangements for the management of medicines in the two medicines clinic rooms on the ground and first floor with the deputy manager. We noted that only the two deputy manager's and designated senior staff were responsible for administering medication. We were informed and provided evidence that staff responsible for the management of medicines had completed appropriate training to help them understand how to manage people's medicines safely.

We saw from the daily temperature records that the temperature in the ground floor clinic was exceeding 25 degrees centigrade, with some temperatures recorded at 27 degrees centigrade. Manufacturers advise that medicines are stored at a temperature below 25 degrees centigrade. If the temperature is above this medicines can lose their efficacy. We discussed this with the registered manager who was aware of the high temperatures in the medicines room. They told us they were considering installing an extractor fan to circulate the air more and reduce the temperature in the room. There was also a long term plan to move the medicines clinic room to a larger room within the home. The registered manager told us this work would now be escalated with the provider's maintenance team.

The home used an electronic system for stock control and recording medicines administration. This system had been introduced within the last six months. We checked a sample of people's medicines and found all the medicines they needed were in stock. Medicines could be accounted for by comparing the amount of medicine received from the pharmacy and stock checks by the home's staff with the electronic administration record. We checked four people's medicines and the number of tablets remaining matched the records.

We found there were no plans, or 'when required' (PRN) protocols in place to inform staff when and how they should administer people medicines that were not required routinely. Whilst staff we spoke with

understood what people's medicines were required for, this would increase the risk that people would not receive medicines as they needed them consistently. In discussion with the deputy manager they confirmed people's when required protocols will be added to the Electronic Medicines Administration Record (EMAR) as a matter of urgency to ensure clear guidelines are in place.

We signposted the registered manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

We found a number of people were prescribed moisturising creams that were applied by carers. We looked at their cream charts and saw that the creams were applied correctly in line with the prescribed instructions. Medicines classed as controlled drugs were appropriately stored and recorded. Tablets were counted to ensure the correct number were in stock when they were administered. This minimised the risk of errors or misuse.

Staff had assessed potential risks to people's health, safety and wellbeing. People had 'holistic risk assessments' in their care files. These consisted of checks lists that prompted staff to consider a wide range of potential risks, such as risks arising from falls, social isolation, medicines and behaviours that challenge. Where staff had identified potential risks, we saw there were plans in place to help reduce the likelihood or impact of the person sustaining any harm. Staff we spoke with were aware of these plans. We also saw that when possible, people were asked to review and comment on their risk assessments. This is good practice as it helps involve people in managing risks to their own safety and wellbeing, and helps ensure measures in place to reduce risks are reasonable and not overly restrictive.

We saw staff reported any accidents or incidents to the registered manager by completing a standard form. The registered manager had reviewed these forms and had recorded any further actions that were required to help keep people safe. As part of this process, we could see from the comments recorded, that the registered manager had considered whether there could have been any reasonable actions that might have prevented the accident or incident occurring. However, we found a monthly log of accidents/incidents was not in place to provide a simple overview of the nature of the incident, actions taken following the event, and any lessons learned. The registered manager commented that all accidents were reviewed during the provider's quarterly management meeting, but acknowledged she will introduce an accidents and incidents tracker to provide a clear overview that will highlight themes and patterns.

We saw suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. All the staff we spoke with were confident that the registered manager would respond to any concerns that they raised. This should help ensure people were protected from abuse. One staff member told us, "If I saw a residents being abused I would report it immediately to my manager I would also try to stop it right there and then, if my manager did nothing I would go to head office."

There were enough staff to meet people's needs in a timely manner. However, one person's family member felt the staffing levels needed to be improved. Comments received from the people living at the home were positive, their comments included, "The staff are very pleasant, friendly, helpful and bring you a cup of tea. They come quickly if you press the bell", "The staff are all nice. There seems to be enough staff, I'm definitely looked after", "The staff are very very helpful. You don't have to look for a member of staff", One person's relative commented, "The staffing levels are alright, but not enough staff mainly at weekends. It's got better.

Sometimes no-one turns up in the lounge for about half an hour at weekends."

The staff we spoke with felt there were sufficient staff to meet the current needs of people living on the units. Comments from staff included: "We have good and bad days but overall I feel it's manageable", "There's always enough staff to ensure the equipment is used properly so people are moved safely", "I think the staffing levels have improved since we moved to 12 hours shifts" and "I feel we have enough staff on duty."

During the inspection we found on two occasions staff on duty were not always available on the ground floor lounge for short periods of time. The registered manager informed the inspection team the home deployed a floating member of staff who was responsible for ensuring the lounge had a staff presence at all times. The manager confirmed they would be discussing the importance of this with the staff team as a matter of urgency.

We looked at arrangements for ensuring safe staffing levels. During the day, there were two deputy or senior staff and six carer workers on duty from 8am to 8pm. At night there was one senior and four to five care workers. The registered manager and deputy manager were also present most days and were not included in staffing numbers. A member of the management team was on call outside of normal working hours should staff need assistance or guidance when the registered manager was not present.

During our two day inspection we found no evidence to suggest people were not attended to within acceptable timescales. The atmosphere during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when rang, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

The provider had developed a recruitment and selection policy to provide guidance to management responsible for recruiting new staff. We looked at a sample of three staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were: application forms; two references; medical information; disclosure and barring service (DBS) checks and proofs of identity including photographs. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Bruce Lodge. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

Communal areas and bathrooms were clean and tidy. Cleaning equipment was securely stored when not in use in a locked room. Throughout the day we saw housekeeping staff cleaning communal areas, bathrooms and people's rooms.

## 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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were provided with a DoLS tracker by the registered manager. We found from this tracker that 10 people the home identified as lacking a mental capacity had not yet had a DoLS application completed, considering some of these people had been at the home for a number of years. We found only three applications for a DoLS had been made in the last six months, since the registered manager had been in post. Due to the nature of the service supporting people living with dementia, we asked the registered manager about the low number of DoLS applications. They acknowledged that the number was low and commented that these had not been completed by the previous manager in a timely manner. The provider had best interest and mental capacity act guidance, but the registered manager advised this was not currently being used in full. This meant people were not always assessed in line with the MCA to determine whether a DoLS application should be made, so we could not be sure people were being restricted with legal authority. The registered manager told us they would review each person to establish if a DoLS application was necessary.

The staff we spoke with had little knowledge regarding MCA and DoLS. Although we found eLearning training had been provided to staff we found their understanding in this area needed improving. However, staff demonstrated that they understood the importance of consent, offering choice, and helping people to make decisions. During our inspection we witnessed this in practice as we saw staff checked people's consent to the care they were providing.

In most cases, where it was considered that people lacked capacity to consent, consent forms were included in the care plans in relation to photographs, medication and being weighed. These were signed by a member of the person's family. However, it wasn't clear if the family member's signing the forms had legal authority to provide consent on their family member's behalf, such as a Lasting Power of Attorney (LPA) for health and wellbeing. We found the home used consent forms in an inconsistent manner. One person, who was considered to lack capacity to consent, had signed their consent forms for their care and treatment. However, we explained to the registered manager that the person may have not been aware of what they were signing due to them lacking capacity.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider used a computer based system for staff training. Each staff member had a training profile which provided an up to date record of courses completed. First aid and moving and assisting were delivered in a face to face workshop, while other training subjects were accessed online. The computer system showed a high level of staff compliance with training. During the inspection we were informed by the registered manager that the provider was looking to adapt the training programme delivered to staff with the introduction of classroom dementia awareness training for staff, which would provide the staff team with a better understanding of supporting people living with dementia. We will review the progress of this at our next inspection.

During the inspection we noted the home was supporting two people in relation to their pressure area care. However, we noted no training had been provided in respect of wound care or pressures sores management. During the inspection we spoke to two visiting district nurses who provided positive feedback in respect of the care staff and management, that people's pressure wound care was well managed and monitored by the home. The district nurses commented that they were looking to arrange wound care training for the staff team. The registered manager confirmed these discussions were taking place and the home was waiting for confirmation of training dates.

We saw additional induction training was provided via the Care Certificate and a nationally recognised qualification in care such as a Qualification and Credit Frame (QCF), which was previously known as the NVQ. The Care Certificate is a professional qualification which aims to equip health and social care staff with the knowledge and skills they need to provide safe compassionate care to people using the service. When we looked at five individual staff training records we saw training certificates to show the care workers had received appropriate training to carry out their roles effectively. Care workers we spoke with confirmed they had received training in topics such as safeguarding and whistle blowing and knew who to report to if they suspected or witnessed abuse or poor practice.

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which organisation provides guidance and support to staff. From the records we looked at we could see that these meetings were used to discuss any support needs the staff member had, as well as confirming their knowledge and performance over a period of time. Records confirmed regular supervisions and appraisals were taking place.

Assessments of people's needs were completed before they moved into the service. This was done to ensure that the service could meet their needs. Before people moved in they were also encouraged to visit the service, look around and meet the other people currently using the service. This ensured people had a good understanding of how the service operated before choosing to move in. It also gave people an opportunity to observe staff interacting with people and gain an understanding of how the service operated its rules and procedures.

People's dietary needs and preferences were recorded in their care plans. We saw this information was also displayed in the kitchen. The chef was able to tell us how they would meet the dietary requirements of people living at the home.

The provider used a catering company that was based on site in a large purpose built kitchen. The catering company had been provided with details of people's nutritional needs so they could adapt meals accordingly. We were informed by the registered manager the provider was in discussions with an external catering company to take over the contract for the meals at the home. We were provided with evidence from residents meeting that this was discussed with people and their families. People spoke positively about the food on offer, and told us they received plenty to eat and drink. Comments included, "The food is alright.

They give me something else if I don't like the food. There are plenty of cups of tea", "Food is not bad. Could be better. There's a choice", "Food's average", "Food's alright" and "The food was nice yesterday."

Staff provided people with assistance and encouragement to eat and drink as was needed over mealtimes. Staff supported people who required assistance to eat and drink in a patient and respectful way. For example, we heard staff reminding a person what their meal was, and they sat by their side to support them.

Each person had their own room and all were en-suite to aid people's privacy. People could bring in their own furniture and belongings to personalise their room. Furniture was placed in bedrooms where people wanted it and to aid people's mobility and provide space for staff to use any equipment that was necessary.

An effective environment was provided. There were secure garden areas and patios as well as balcony's so people could enjoy the outdoor space if they wished. Signage was present throughout the home to help people find their way to toilets, dining rooms, lounges and their own bedrooms. Some people had memory boxes which contained personal items which they remembered to help remind them where their bedroom was. Lighting, décor, flooring, curtains and carpets were considered on an individual basis. A hairdressing salon is available for people to use, and the home adapted a room called the 'old style sweet shop', but we found this room was not being used much and was due to be converted back in to an office. The reception area had recently been decorated in 1960s style and has recently been made into a café area. This café area has a hats/coat stand, with a traditional red telephone box and post office memorial on the wall. During the inspection we found observed people regularly accessing this part of the home.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.



## Is the service caring?

### Our findings

People told us they had good relationships with care staff. We observed frequent friendly and light hearted conversations between people living at the home and care staff. It was apparent from our discussions with staff, and these observations that the staff on duty knew the people living at the home well. Comments we received included, "I get on brilliantly with everyone", "It is very clean; I can't fault them" and "The care staff here are lovely people."

During the inspection we saw staff treated people kindly and with dignity and respect. We saw that staff responded promptly to people who were in discomfort, or who needed assistance. For example, one staff member responded with compassion when one person was observed as getting upset. The staff member sat with the person and redirected them by talking about hobbies and interests the person enjoyed.

We observed that staff had time to spend with people to meet their needs and interact socially. However, we also observed occasions where there were missed opportunities for interaction with people living at the home. For example, we observed staff sat talking with each other in the dining room. At this time the smaller lounge was not supervised and there was little taking place in the way of activities for people.

Staff told us they would involve people in their care as much as possible, by continually offering choices to people, such as in relation to the meals they had. They commented that it was important to remember 'it is their home'. Relatives we spoke with told us they were made to feel welcome by staff at the home. One relative told us they had been provided with the opportunity to be involved in reviewing their family member's care plan, which they felt good about.

Staff supported people to be as independent as possible. People's care plans detailed the support they needed, and also what they were able to do for themselves in relation to their care and daily routines. Staff told us they would encourage people to wash and dress themselves when they were able to do so, which was confirmed by the people we spoke with. One relative told us their family member was encouraged to eat and drink independently.

The deputy manager told us no-one living at the home had any specific support needs relating to their culture, religion or any protected characteristics. We saw the assessments in people's care plans led staff to consider people's religion and any culturally significant events that they might need to be aware of in order to provide them with effective, person-centred support.

We saw that there was a 'procedure to support service users to access advocacy services'. Although they did not display any advocacy contact details the deputy manager said they would be available on request. Such a service supports a person who may need help in making decisions about important aspects of their life and to support them in making sure their individual rights are upheld.



## Is the service responsive?

### Our findings

We looked at four people's care records to assess if staff were provided with the information they needed to provide appropriate care and support for people when they moved into the service. Care records contained detailed information and guidance about how to support people based on their individual health needs and preferences about how they wished to receive their care.

The registered manager told us that they had focused on the development of people's care plans and they were now up to date and reflected people's individual needs. The care plans reviewed included initial assessments, risk assessments and care plans. We saw that appropriate risk assessments had been undertaken and included areas such as falls, nutrition and pressure ulcer prevention. Reviews of care plans had been undertaken on a monthly basis. People told us that they had been involved in the development of their care plans and involved with reviews of their care. One person told us that staff had asked them about their favourite foods and preferences at breakfast time.

However, we found people's care plan required further development, as we found people's assessed needs was not always recorded in great detail. For example, we found no care plans that included personalised details of the support people required for aspects such as living with dementia and epilepsy. This meant that the correct level of support required by people was not assessed and documented so that care staff would understand how to meet their needs. We discussed this area with both the registered and deputy manager, who acknowledged this observation and confirmed the home was due to introduce electronic care planning that will replace the current format and ensure people's assessed needs had been fully captured to guide staff. During the inspection we were provided with an updated copy of a person's epilepsy care plan to ensure this person's assessed needs was now accurately recorded.

We asked care workers how they knew what people's care needs were. One care worker said that they would find out by getting to know the person and following the care plan for that person; another care worker said that the managers would inform the staff during meetings if people's care plans had been updated.

No-one living at the home was receiving end of life care at the time of our inspection. At our last inspection the previous registered manager told us they intended that staff would complete training in the gold standards framework for end of life care. At this inspection the registered manager told us the home was in the process of registering senior care staff to complete training in Six Steps. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

We saw basic information about funeral arrangements and end of life care wishes had been recorded in one person care file. The registered manager commented that this area will be developed further going forward once the electronic care planning system has been introduced. We will review the progress of this area at our next inspection.

People were supported to access activities which they enjoyed. The home employed a full time activities

lifestyle facilitator (ALF) who specialised in dementia care.

A monthly programme of activities and notices were produced for people using the service to view which were displayed around the home on notice boards. On the first day of our inspection we observed people in the lounge being entertained by two singers. We observed two people were dancing to the music and others were clapping along. People were supported to take part in hobbies and interests and this information was recorded in their care records and their individual activity file. Records such as what particular activities the person liked to do before they moved into Bruce Lodge, their lifestyle, past employment, and appearance were recorded. Any artwork or photographs of the person taking part in an activity were kept in the person's activity record for future discussion with the person and shared with the person's relative.

Daily activity session sheets were completed following activities that were led by the ALF. They told us external entertainers visited the home and we looked at a comprehensive list of the activities offered to people and planned for the coming weeks. People were supported to continue taking part in their hobbies and interests or seek new pursuits and this information was recorded in their care records. Individual and group activity plans for people who used the service were kept in people's individual care records and included different daily leisure activities.

People and their relatives were aware of how to make a complaint. The organisation's complaints procedure was on display in the service. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. We saw that the registered manager had a system to document any complaints, and record any actions taken to investigate and resolve them. We saw that the registered provider had received four complaints in the last 12 months. Examination of records and discussion with the registered manager confirmed action had been taken promptly in response to the concerns raised. This confirmed that feedback received was listened to and acted upon.

## Is the service well-led?

### Our findings

People and their relatives spoken with were positive about the management of Bruce Lodge. Everyone we spoke to knew who the manager was and people's relatives told us, "'Since [registered manager's name] took over it is a lot better. Little issues but gets sorted" and "[Registered manager's name] has done amazing and staff are a lot happier."

All the staff we spoke with were supportive of the registered manager. They told us; "The manager has been great for the home , really supportive", "I find [registered manager's name] supportive, but sometimes I think the deputy managers could be more supportive" and "[Registered manager's name] is great, she has improved this home so much in such a short time."

At our last inspection in 22 September 2016, we told the registered provider to make improvements in the way they assessed the quality of the service. The registered provider had not ensured effective systems were in place to monitor and improve the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made, but during the inspection we found a number of shortfalls, which meant the quality assurance systems were not effective.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as health and safety, aspects of the medicines management, care planning, and adhering to the MCA 2005. We found these checks had been completed inconsistently and did not pick up on the issues found at this inspection. For example we found the provider's 'quality and compliance audit' dated February 2018 had failed to identify the above shortfalls. This audit did not pick up on the high number of Deprivation of Liberty safeguards (DoLS) applications that had not been applied.

The Care Quality Commission (CQC) had not received any DoLS statutory notifications in 2017. The registered manager confirmed that the authorisation of the applications had been missed by the previous manager, and when she became aware of this the registered manager submitted a large number of DoLS statutory notifications to CQC in February 2018. Providers must notify CQC about applications to deprive a person of their liberty when the outcome is known about any applications they make under the Mental Capacity Act 2005 (both by use of the DoLS process and by applying directly to the Court of Protection) and about the outcome of those applications. The registered manager has provided assurances future DoLS statutory notifications will be notified to CQC in a timely manner going forward.

Over the past two inspections since 2016 we have found several breaches of the regulations. We found the same or similar breaches in regulations where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

The provider did not have robust processes in place to ensure the safety and quality of the service was

adequately monitored and improved, and to ensure known risks were acted upon. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw feedback had been collected from people using the service through questionnaires they had been given. The registered manager commented that a number of questionnaires were sent out to people's relatives, but only three had been received. Although a small number had been returned we found no evidence that the findings of these questionnaires had been analysed, or that the feedback people gave had been used to develop and improve the service. However, relatives and people we spoke with told us they were given opportunity to attend regular 'residents/family meetings'. These would provide them with an opportunity to give their feedback and thoughts on the running of the home, as well as be provided information on any developments. The registered manager produced an action plan from the meeting in September 2017, which highlighted areas in need of improvements, such as the hygiene of the home, visibility of staff, laundry service and general comments about the premises.

Staff told us they felt the staff team worked well together, and that morale within the team had improved since the introduction of the registered manager six months ago. We saw staff had attended team meetings, with the most recent meeting being in January 2018. We saw topics discussed included policies and procedures, confidentiality, infection control, safeguarding and rotas. We also saw the registered manager discussed good practice with staff and discussed issues raised by other professionals with them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not following the principles of the Mental Capacity Act 2005. We found 10 Deprivation of Liberty Safeguards (DoLS) had not been applied for in a timely manner.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service's quality assurance system was ineffective in identifying when quality and safety was being compromised.</p>