Mr William O'Flaherty

# Bracken Lodge Care Home

## Inspection report

5 Bracken Road
Southbourne
Bournemouth
Dorset
BH6 3TB

Date of inspection visit:
06 January 2020
07 January 2020

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## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Bracken Lodge is a residential care home providing personal and nursing care to 11 older people, some living with a dementia, at the time of the inspection. The service can support up to 18 people. The accommodation was over three floors and included a passenger lift, in house kitchen and laundry, specialist bathrooms and a communal lounge and dining room.

People's experience of using this service and what we found
Systems in place to protect people from abuse or to mitigate risks to people's health and well being were not operating effectively. Information from accidents and incidents had not been reviewed which meant they had not been investigated or legal requirements of reporting to external agencies met. Governance systems had failed to identify that risks to people had not always been managed effectively or that legal reporting requirements had not been met.

People and their families described the care as safe. Staff understood risks to people and actions needed to reduce avoidable harm, whilst being respectful of people's freedoms and choices. Staffing levels met people's needs and enabled care to be flexible and responsive. Staff had been recruited safely, including employment and criminal record checks. People had their medicines ordered, stored, administered and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training and support that enabled them to carry out their roles effectively. The environment enabled people to have access to both private and social space and had signage that enabled people to independently orientate themselves around the building. People's rooms were personalised and reflective of our lives, interests and hobbies. Food was home cooked and provided well balanced meals. Special dietary requirements were known and met. People had access to health care for planned and emergency health needs. Collaborative working with other health professionals ensured good outcomes for people.

People and their families spoke positively about the care they received, describing staff as kind, friendly and responsive to their emotional needs. Staff had a good knowledge of people, their personal history and the people important to them. People had their privacy, dignity and independence respected by the care team.

Care plans gave clear guidance on people's care needs and choices and were understood and followed by the care team. Care plans were reviewed regularly and responsive to change. People were involved in end of life planning which reflected their cultural and spiritual needs. People's communication needs were understood by the care team which meant people were able to be involved in decisions about their day to day care. Activities were specific to people's interests and included daily newspapers, board games, books,

art and music.

People, their families and the staff team spoke positively about the management of the home, describing leadership as visible, friendly and approachable. People, families and the staff team felt listened to and able to share ideas and concerns and that the registered manager would take any necessary actions. There were opportunities to be involved in the service through informal conversation, social events, quality surveys and meetings. The registered manager kept up to date with best practice through attendance at local provider meetings and through professional bodies such as the Nursing and Midwifery Council.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 29 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to systems not operating effectively to safeguard people from abuse. Risks to people not being investigated and legal requirements of reporting accidents and incidents to external agencies not being met. Governance systems failing to identify that risks to people had not always been effectively managed or legal requirements met.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# Bracken Lodge Care Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Bracken Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service and three relatives about their experience of the care

provided.  We spoke with five members of staff including the registered manager, a nurse and three care workers.  We also spoke with a visiting mental health community nurse who had experience of the service.

We reviewed a range of records. This included four people's care files and medication records.  We looked at staff files in relation to recruitment, training and supervision.  A variety of records relating to the management of the service, including training records, fire and equipment records, quality assurance records and complaints were also reviewed.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place to protect people from potential abuse were not being operated effectively.
- We read an incident report and a daily care record that contained information that described potential abuse. The information had not been investigated by the registered manager or shared with the necessary external agencies. The registered manager agreed the incident met a safeguarding criteria. CQC submitted a referral to the local authority safeguarding team for consideration following our inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were protected from abuse. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training and understood their role in reporting concerns. Safeguarding information, including external contact details, was displayed on noticeboards around the home.
- People and their families told us they felt safe describing a friendly staff team that they knew well and felt able to talk to if they had any concerns about care practice.
- People were protected from discrimination as staff knew people well and were respectful of their individuality and lifestyle choices.

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

- Accident and incidents had not been reviewed which meant that investigations had not taken place or legal requirements of reporting to external agencies met. This included two incidents were people had sustained a fractured bone following falls. Five accident and incident forms for 2019 could not be located by the registered manager. The registered manager agreed there were shortfalls in processes for reviewing and actioning accidents and incidents and told us they would make immediate improvements.
- The home had an open staircase that provided access to the first and second floor. Some people at Bracken Lodge were living with mental health conditions and therefore may not be able to determine risks to their safety. Risk assessments for people using the stairs had not been completed. We discussed this with the registered manager who agreed and told us they would assess people's risk and take any necessary actions.

Systems were either not in place or robust enough to demonstrate risks to people's health, safety and welfare were monitored and managed effectively. This was a breach of regulation 12 (Safe care and

treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some risks to people such as falls, skin damage and malnutrition had been assessed and were regularly reviewed. Staff understood the actions they needed to take to minimise the risk of avoidable harm whilst respecting people's freedoms and choices. A visiting community mental health nurse told us, "They (staff) manage risk well and are very observant of (people)".
● People had personal emergency evacuation plans in place which meant that information was available to staff and the emergency services in the event of an emergency.
● Records showed us that equipment such as specialist lifting equipment, fire equipment and gas boilers were well maintained and serviced regularly.

Staffing and recruitment
● Staffing levels met people's needs and were able to be responsive to changes in the level of care a person needed. A care worker told us, "There's always enough staff and everybody helps each other; day and night we all work together".
● People were supported by staff that had been recruited safely. Records showed us this included employment history, criminal record checks and employment references.

Using medicines safely
● People had their medicines ordered, stored, administered, recorded and disposed of safely.
● Protocols were in place for medicines prescribed for as and when required (prn) ensuring they were administered appropriately.
● When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.
● Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection
● People were protected from avoidable risks of infection as staff had completed infection control training and were observed following safe practices.
● The home and equipment were clean and in good order. Staff had access to appropriate personal protection equipment such as gloves and aprons.
● Safe handwashing guidance was displayed around the home.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, their families and social care and health professionals with knowledge of the person had been involved in pre- admission assessments. Information gathered included details of a person's care needs and lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. Staff had opportunities to complete diplomas in health and social care.
- Training reflected the needs of people including dementia care. We spoke with a care worker who told us, "Some (people) can't always think for themselves and have a lot of repetition. I try and distract; offer them something they like. I stay calm, don't rush people, try and be nice".
- Formal supervision was limited but staff felt supported by the registered manager who worked alongside the care team supporting learning and development.
- Staff meetings had been used to support learning. An example included a discussion on professional boundaries and dignity.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the food. A relative told us, "It's nice food, plenty of choice and my (relatives) weight has stayed stable". We observed home cooked, well balanced meals being served to people and a range of drinks being offered throughout our inspection.
- People had their individual dietary needs understood including likes, dislikes and any special dietary requirements.
- When people needed assistance, it was provided at the person's pace ensuring their dignity. We observed people using sided plates and specialist beakers to aid their independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with district nurses for wound management and the community mental health team.
- People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs

● People had their own bedrooms with personal items that reflected their life history, hobbies and interests.

● A lounge and dining area provided space to socialise and meet other people. A small garden provided outside space. Signage around the home enabled people to navigate independently to key areas such as toilets and communal areas. Large clocks and signage aided people to be orientated to time, day and season.

● A passenger lift provided access to the first floor. Specialist bathing facilities were available for people when needed.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Records and observations demonstrated that people were involved wherever possible in decisions about their care. Where people had not provided their consent, this had been respected such as declining to take part in an activity.

● When people had been assessed as lacking capacity to make a decision records showed us best interest decisions, (BiDs) had been made on their behalf and included input from both families and professionals who knew the person well. Examples included personal care and administering medicines.

● Two people had authorised DoLs in place at the time of our inspection without any attached conditions. Records had been kept that identified expiry dates. The registered manager had not met their regulatory requirement in notifying CQC that authorised DoLs were in place and told us they would complete a statutory notification following our inspection.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families spoke positively about the care and emotional support provided by staff. One person told us, "Carers are brilliant, chatty and always smiling". One relative told us, "Girls (staff) have time to sit and chat". Another said, "When (relative) is upset they offer (name) comfort. (Name) can have outbursts, they comfort (name) and do what they can".
- We observed staff interacting with people in an unhurried, relaxed way, demonstrating patience and kindness. One person was repeatedly getting upset and low in mood. We observed staff repeatedly offering reassurance and talking with the person until they felt calmer.
- Staff were knowledgeable about people's history which meant they understood and were respectful of people's lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- People had their individual communication needs understood which meant staff were able to involve people in decisions about their care. A care worker explained how some people were not able verbalise their decisions. "We can show a couple of choices like clothes. Everything is written down, such as (name) only likes a certain colour on their nails".
- Interactions between staff and people were respectful and involved the person in decisions. We observed staff being thoughtful and checking with people their welfare such as whether they were warm enough, were they would like to spend their time or like to share an activity.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- We observed people having their privacy and dignity respected throughout our inspection. Staff knocked before entering rooms, enabled private time for people and their family, and maintained people's dignity when providing support. People were able to lock their rooms should they chose.
- Staff meetings had included discussions about dignity and the importance of calling people by their preferred name. We observed staff speaking to people in a respectful way and addressing them in an appropriate professional manner.
- Care staff were able to demonstrate a respect for people's independence such as when providing personal care, ensuring they only helped in areas a person was unable to manage themselves.
- Confidential data was stored in a securely ensuring people's right to confidentiality was protected.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans which reflected their personal care needs and lifestyle choices, were understood by staff and reviewed monthly. A care worker told us, "Everything is written down, so we know how to help people." A visiting mental health nurse told us, "I'll take my hat off to them, they are very person centred and they do care".
- People had their spiritual and cultural needs known and met including regular visits from a local place of worship where people were able to sing along to hymns.
- People had opportunities to be involved in activities that interested them such as board games, jigsaws and watching quiz games on the TV. Regular musical events took place which people and their families spoke enthusiastically about. We observed people reading daily newspapers and sitting completing art work.
- Family and friends felt welcome and were able to visit at any time. People were able to share social events with family and friends such as garden BBQ's, personal celebrations and Christmas events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans and shared with other professionals when needed such as a hospital admission. This included whether people needed glasses or hearing aids. The registered manager told us that information could also be provided in large print or picture form if required.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and details displayed around the home. People and their families were familiar with the complaints process and felt if they needed to raise a concern they would be listened to and any necessary actions taken. A relative told us, "I would feel able to make a complaint, but it never gets to that stage as staff are easy to talk to".
- No complaints had been recorded since our last inspection. The registered manager told us, "Most minor concerns are dealt with at the time such as missing clothes". We discussed with the registered manager recording minor concerns raised to provide an overview demonstrating actions taken to improve care quality to people.

End of life care and support

● People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

● Staff were responsive to people's deteriorating health and wellbeing and worked closely with community health practitioners, such as GP's, to ensure that anticipatory medicines and support were in place to maintain a person's comfort.

Requires Improvement

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems had failed to identify that some accidents and incidents required a statutory notification. This included two serious injuries, an allegation of abuse and an authorised deprivation of liberty safeguard. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Auditing systems had failed to highlight shortfalls found at this inspection and did not ensure risks to people had been effectively managed. The registered manager agreed auditing processes needed to be more robust.

Governance arrangements had failed to identify shortfalls in monitoring risks to people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The staff team, people, their families and external professionals spoke positively about the management of the home and the friendly, open, helpful nature of the registered manager. A relative told us, "I'm able to talk to (registered manager), she handles everything; sorts things out".
- The registered manager was visible, worked alongside care staff and had a good knowledge of people enabling person centred care. Staff spoke positively about the home and told us they enjoyed their job. One care worker told us, "It's (home) well organised and I know what's expected of me. I feel appreciated in everything I do".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families.

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

- People, their families and staff had opportunities to be involved in the service through informal conversation, social events, quality surveys and meetings. The registered manager explained how feedback

from families, through a quality survey, had led to the appointment of a part time activities co-ordinator. They told us, "It's been positive in engaging with people".

● The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included a 'Providers in Care' group. The registered manager told us, "Its help's keep me up to date".

● Publications from professional organisations such as the Nursing and Midwifery Council and the Care Quality Commission had been used to access best practice guidance.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were either not in place or robust enough to demonstrate risks to people's health, safety and welfare were monitored and managed effectively. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Systems and processes in place to protect people from potential abuse were not being operated effectively. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Governance arrangements had failed to identify shortfalls in monitoring risks to people. |