

Mrs Saima Raja

Braemar Lodge Residential Care Home

Inspection report

481 Victoria Avenue
Sothend-on-Sea
Essex
SS2 6NL

Tel: 01702302914
Website: www.braemarcare.co.uk

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Braemar Lodge is a residential care home providing personal and nursing care to 12 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

People's experience of using this service and what we found

The provider had missed some areas within the environment that posed a potential risk to people's safety, and fire safety arrangements needed strengthening. We have made a recommendation for the provider to seek guidance in relation to health and safety within a care home and apply it.

The premises were clean but there were no facilities or arrangements in place to support effective cleaning of commode pans and urinals. We have made a recommendation for the provider to consult guidance in infection control and prevention. The provider informed us the day after the inspection what action they were taking to address these issues.

The atmosphere in the home was warm and welcoming and staff were friendly and considerate. They had formed positive and trusting relationships with people they cared for and were responsive to their needs. Staff had a full awareness and understanding of abuse and their responsibilities to protect people. The provider carried out safe recruitment practices. There were enough numbers of staff with the right skills and competencies to meet the current needs of people using the service.

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 treated people with kindness and respect; they understood each person's needs, preferences, and what was important to them.

People's wellbeing was promoted; staff provided a range of group activities which encouraged engagement and stimulation. We have made a recommendation about promoting an enabling environment for people living with dementia.

The staff worked well with external health care professionals and people were supported to access a range of health services as and when they were needed. People received their medicines as they should, in a safe and supportive way.

The service was well led, the registered manager provided clear and consistent leadership. People and staff felt well supported. Systems were in place to monitor the quality and safety of the service. The provider had an improvement plan in place which they were progressing to address and improve the quality and safety of the environment.

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 (30 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about poor care practices and low staffing levels. A decision was made for us to inspect and examine those risks.

We did not find people were at risk from poor care practices or that staffing levels were insufficient. We have found evidence that the provider needs to make improvements. Please see the safe section of the full report.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Braemar Lodge Residential 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

Braemar Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 it was registered. This included information of concern received from members of the public and whistle blowing from staff. We reviewed details about incidents the provider must let us know about, such as safeguarding concerns; and we sought feedback from the local authority and other professionals involved with the service. We used all of this information to plan our inspection.

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 the registered provider, the registered manager, three care staff and the administrator. People living in the service could not easily give their views and opinions about their care. To help us gain a better understanding of people's experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care and medication records, three staff recruitment, training and supervision records and a variety of records relating to the management of the service.

After the inspection

The day after the inspection the provider submitted an action plan with timescales telling us, based on our feedback after the inspection, improvements they were making.

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.

Assessing risk, safety monitoring and management

- Aspects of fire safety arrangements needed improvement. Staff had received fire safety training by e-learning but they had not received any practical training in the use of evacuation equipment or the use of fire extinguishers. The provider informed us the day after the inspection that they had booked this training for staff.
- People's individual fire risk assessments and evacuation plan had not considered all factors that may affect a safe evacuation such as night sedation or heightened anxieties with associated behaviours. These factors may indicate a person requires a higher level of support in an event such as a fire, particularly at night. The provider informed us the day after the inspection that the assessments and plans will be reviewed and completed by 31 June 2019.
- Not all windows had a window restrictor that would withstand foreseeable force applied by an individual and the risk of falling out of windows had not been assessed for people. The provider informed us the day after the inspection new window restrictors will be sourced and applied by 31 June 2019.
- Wardrobes were not secured to the wall and in some cases were unstable. The risk of wardrobes being pulled over by individuals had not been assessed. The provider informed us the day after the inspection that all wardrobes will be secured to the wall by 31 June 2019.

We recommend the provider considers current guidance in relation to health and safety in care homes.

- People were protected from risks associated with their care needs. Assessments identified risks related to mobility, nutrition and skin condition. Management plans provided guidance for staff on how to support individuals in a safe way and reduce any risk identified.

Preventing and controlling infection

- The service did not have sluicing facilities or a suitable system in place for the emptying and washing of commode pans. The provider told us after the inspection they had identified an area to be developed for this purpose and it will be completed by 31 July 2019.

We recommend the provider considers the Code of Practice for the Prevention and Control of Infection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.

- Staff had received training on this subject and understood their responsibilities to act and report any concerns.
- The registered manager liaised with the local authority about safeguarding issues, and where concerns had been raised these were managed well.
- Interactions observed between people and staff showed they were relaxed and comfortable and felt safe within their environment.

Staffing and recruitment

- Pre-employment checks were undertaken before new staff began work to ensure new staff recruited were suitable and safe to carry out their role. Gaps in employment and any discrepancies identified from checks were explored further and risk assessments put in place.
- At the time of our visit there were sufficient numbers of staff on duty to keep people safe and meet their needs.

Learning lessons when things go wrong

- When something goes wrong, lessons were learned and communicated.
- Following a safety incident where a person who lacked capacity left the building alone; actions were immediately taken to improve security of the back gate and visitors were no longer permitted to use it.

Using medicines safely

- People received their medicines as prescribed.
- There were systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.
- Staff were trained and competent to administer medicines safely and medicine administration records were completed correctly.

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 with a rating of good.

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

- Assessments of needs were carried out for people and care and support was planned accordingly. People's care and support was regularly reviewed to ensure it still met people's needs effectively.
- People were at different stages of their dementia ranging from early onset to advanced stages; the provider told us the service was working closely with health and social care professionals to develop in this area and ensure care and support was right, met people's needs and reflected best practice.

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

- The service had a conservatory added to each of the communal lounge areas. The conservatories were used as dining area. We noted the conservatories lacked heating for the colder months and had insufficient shading to protect people from the bright sunlight and to reduce heat in the warmer months. Bright sunlight causes discomfort to people with eye conditions common to older people. The provider told us that this had been recognised and was included in their improvement plan.
- Two people who used the service liked to go out into the garden to smoke; there was no shelter provided in the garden to meet their needs and protect them from the rain. The registered manager told us that there were plans in place for the maintenance person to build a shelter.
- The management had started to make subtle changes to the premises to help to reduce distress for people living with dementia. This included smaller communal areas and seating arrangements and redecoration that reduced patterns and introduced plain softer colours.

We recommend the provider uses a reputable source to support them in promoting an enabling and stimulating environment for people living with dementia.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

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.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience

- All new staff were provided with induction training which included if necessary, support to undertake the Care Certificate. The Care Certificate identifies a set of standards and introductory skills that health, and social care workers should consistently adhere to and includes assessments of competency. The service had their own internal qualified assessor for the Care Certificate.
- Staff training was managed and monitored effectively. Staff received training in core subjects relevant to their role and specific to people's needs by e learning or face to face delivery, with competency assessments.
- Staff received regular supervision which provided them support in their day to day work and an annual appraisal to address their performance, skills and development.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition appropriate healthcare professionals were consulted for support and advice.
- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat. They were aware of people's dietary needs and any support they required to maintain a healthy weight.

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

- People were supported to maintain good health. Staff knew people well and were able to identify when people's needs changed and sought professional advice accordingly. We saw evidence of dietician, district nurse, diabetic nurse, dementia nurse and GP involvement.
- Staff worked in partnership with health and social care organisations. They shared information about people to ensure care and support delivered was correct and effective, and ensured best outcomes.

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, good.

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

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. People were at ease with staff and they smiled and laughed with them.
- Staff had a good rapport and interacted equally with people; they demonstrated warmth, understanding and kindness.
- People were continually engaged with a member of staff, in a meaningful way. Staff had a good knowledge about individual's needs, strengths, anxieties and how they communicated.

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

- Staff adapted their approach and conversation with people to meet their individual needs.
- Staff knew people well and understood their preferred routines, likes, dislikes and what mattered to them.
- Staff involved people and facilitated choice such as when they got dressed, what they had to eat and the activities they wished to participate in.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's dignity, privacy, independence and diversity at all times.
- Staff spoke about people in a respectful and courteous manner.
- People's care records and personal information were kept confidential and secure and complied with General Protection Data Regulation (GPDR).

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 has 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

- Staff knew people's likes, dislikes and preferences and used this information to deliver care and support in the way a person wanted.
- Care plans reflected people's health and social care needs.

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 assessed systematically as part of the service's needs assessment and care planning process. Care plans informed staff of people's preferred method of communication, but lacked detail on how they could support people more effectively. For example 'use hand gestures and body language' is not specific enough to ensure consistency in communication.

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

- The service supported people to maintain contact with friends and family. On request the service was organising a social event for families and friends to attend.
- An activity co-ordinator provided interactive group and one to one activities each afternoon which people enjoyed. They were due to undertake training to further develop their skills to work effectively with people living with dementia and how best to use resources designed to stimulate and engage with them.
- People's life histories helped staff understand the person and provide links for conversation. A staff member found they used to live in the same part of London as one individual. They had printed off photographs from the internet to see how the street looked then which stimulated memories and happy conversation.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. Any concerns raised verbally were acted on but not always recorded. The registered manager told us they would, in future, record all concerns for auditing purposes.
- Responses to people showed the service was open to concerns and complaints.

End of life care and support

- At the time of our inspection, no one was nearing the end of his or her life. Several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.
- It was evident from care records the service had explored where they were able people's preferences and choices in relation to end of life care.
- We saw compliment cards received from relatives following the death of their family members thanking staff for their kindness and support at that time.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The registered manager had created an inclusive culture that put people at the heart of the service. They were visible within the service and knew each person well. The registered manager spoke with them, and staff, continually throughout the day, and provided a good role model.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and understood what management expected from them.
- The provider and management regularly carried out a range of audits to check and assess the quality and safety of the service. The registered manager analysed identified trends and information and put actions in place to drive improvement.

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

- There was a strong commitment to equality and inclusion and the provider and management respected and valued their staff.
- There were arrangements in place working with local support organisations and positively engaging with external agencies to keep up to date with developments in dementia care and drive continuous improvements for a quality service. The service was working towards an accreditation with Southend Borough Council in dementia care
- The management team had set up and maintained good links with the local authority and with other healthcare professionals which people benefited from.

Continuous learning and improving care; 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 duty of candour. They had been open and transparent with the family of a person following a recent incident, where they fortunately did not come to any harm. They gave an apology and put measures in place to avoid any reoccurrence of the incident and

ensure people's safety.