

Ecce Cor Meum Limited

# Breadalbane Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Breadalbane Residential Home is a care home for up to 15 older people. It is a converted house which has been adapted and extended to provide accommodation over three floors.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People received support which was individual to their needs. Risks were minimised, wherever possible, whilst maintaining people's independence. Staff received good training and support which helped them be effective in their roles. People had choice and control of their own lives. The service provider's policies and systems were up to date and effective. We observed a relaxed atmosphere throughout the home during our inspection. The registered manager ensured the quality of the service was monitored, and improvements were made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Breadalbane Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection which took place on 7 December 2017 and was unannounced.

The inspection was carried out by two social care inspectors and an expert by experience who had experience with supporting people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with four people who used the service, three members of staff including the cook and the registered manager. We spoke to three relatives of people who lived in the home. We spent some time observing support given to people. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's care plans.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Oh, yes I do feel safe here. Another person said, "Yes I do feel safe here – that's why I moved here – I feel safer here than I did at home." One relative told us, "Yes my (relative) is treated very well."

The registered manager confirmed the service employed sufficient staff for operational purposes on both day and night duty. Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. We looked at the recruitment files for three employed staff and found all the relevant checks had been carried out prior to employment. People who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "Mostly, yes there are enough staff. Odd times they could do with another one, but they cope well and I never have to wait for anything."

We saw the provider had a policy for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. One member of staff said, "I would report to my manager if I had any concerns at all."

We observed there was specialist equipment in the home to make sure people were safe. For example we saw when people supported into a wheelchair, staff made sure footplates were used. We saw people were assisted by two care staff to walk into the dining room. This meant that people were moved safely.

We were invited to speak with one person in their bedroom and saw that their room was clean and had been personalised. The person had their own television as they told us they choose to spend a lot of time in their own room. They told us they did this because there were quite a few people who were living with dementia and they preferred the quietness of their own bedroom. The person also had photographs of members of their family on the wall and on the top of their wardrobe and explained to us with pride who their relatives were.

We saw accident and incident records were completed as required. . The registered manager had a good oversight of these and said lessons learnt were consistently addressed at team meetings. This was confirmed in our discussions with staff.

Medicines were stored securely and safely. Storage temperatures were checked daily and staff told us they would report any issues. Records were kept of fridge temperatures, and only medicines which required refrigerated storage were kept in the fridges. One person said, "The staff do the medication and I get them on time." A second person said, "The staff give me my medicines."

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct

intervals. Records also showed that fire fighting equipment had been serviced.

# Is the service effective?

## Our findings

People we spoke with confirmed they had access to health care services and that staff were trained well. One person said, "The staff get the doctor out when you become unwell. [Name of another person] is unwell at the moment. The doctor came on Wednesday to see them." A second person said, "I have had to have the doctor twice since being here. I ended up having to go into hospital for a week. I am better now." A third person said, "We have all had our flu jab – but we are all still coughing."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection six people had a DoLS authorisation in place and another three had been applied for.

Staff had received training and understood the requirements of the MCA and DoLS. The registered manager told us about the people using the service who had a DoLS authorisation. We saw mental capacity assessments and best interests decisions recorded in people's care files. We saw people's relatives and advocates had been involved in the decision making process. We saw evidence in care plans in relation to involvement from outside professionals.

Staff we spoke with told us they received supervision and felt supported by the registered manager to do their work. We saw evidence of regular supervision and on going appraisals in the staff files we reviewed. We saw training was identified and completed by staff. One member of staff said, "I like doing a lot of training. I also ask to help me improve my practice."

We observed lunch time in the dining room. We saw that everyone had the same meal even though we heard staff asking different choices. We did not see menus anywhere until this was pointed out to us by the cook. We spoke to the registered manager about this who told us they would look at ensuring menus were on all the tables. One person said, "The food here is good." Another person said, "I enjoy the food here. I enjoyed my lunch today. Getting proper meals and being looked after well – I have improved." A third person said, "The food is good here."

We saw throughout the day that people were asked if they wanted drinks as a drinks trolley was taken around. People were also offered biscuits. We saw that there was plenty of good interaction between people living at the home and care staff. People were having conversations between themselves and staff and there was some joking and laughter between staff and people.

## Is the service caring?

### Our findings

Everyone we spoke with told us they were well looked after by staff at the home. One person said, "The staff are wonderful. They [staff] are all very nice, helpful and friendly. The staff listen to me." A second person said, "The staff here are good." A third person said, "All the staff are very nice."

We did discuss visiting times with people who lived at the home. People told us their relatives and friends could visit at any time and that they were unaware of any restrictions. One person said, "Family can come at any time. There are no restrictions for visiting. "I can go out as and when I want, but I do let them know when I do go out."

There was good interaction between people living at the service and the staff. We observed people laughing and joking with staff. We did not see any poor interaction as everyone appeared to be relaxed in their surroundings. One person we spoke with told us they did not need any help with dressing and only required some assistance with bathing. Another person told us, "I am quite independent. I can wash and dress myself." A third person said, "The staff help me get washed and dressed. They [staff] are all very good."

We spoke with one member of staff who told us, "We do knock on people's doors before we enter, I would not like someone coming in my room uninvited."

We saw evidence in the three care files we looked at to show the person and family had been involved in their care plans and relevant documentation. One person said, "Yes I do remember looking at my care plan with the staff to make sure I was happy with it, and I was."



## Is the service responsive?

### Our findings

People we spoke with told us they were able to get up and go to bed as they wished. People also told us they went out into the community to attend various activities. One person said, "We are playing bingo this afternoon. It's nice here in the summer when we can sit out in the garden. I get the local paper to read [Pontefract/Castleford Express]. I used to go to college on a Monday. The bus used to pick us up to take us. It has finished now until next September. You get to meet other people. I have my certificates somewhere. [We saw these certificates which were [Craft Skills – Wakefield Adult Community Education Centre]. They finished off by saying, "You are never too old to learn."

People's preferences were well documented. For example, Plans were reviewed regularly to ensure they remained up to date and responded to changes in people's needs. We saw people participated in this process. Where people preferred to have additional support from family and friends, we saw this was respected. We asked people about if they had access/knew about their care plans. One person told us they knew they had a care plan. A second person said, "I am aware of my care plan, but I haven't seen it I don't think. I can't remember if I have agreed and signed it."

We observed some activities taking place during the visit. There were 12 people in the lounge in the afternoon. Two people were asleep. We observed 10 people playing bingo.

People we spoke with knew who to speak to if they had a complaint or any concerns. One person took out a copy of the homes complaints procedure when asked if they knew how to complain. They told us, "No I have not made a complaint since being here." Another person said, "I would speak to [name of manager]." One relative told us, "I know how to make a complaint but I never have had to."

We saw in people's care plans information on end of life. People and their relatives were actively encouraged to complete and discuss information relevant to the person. The registered manager said, "We try as much as possible, some people do not want to talk about it. We will review this again when we complete a review of the care plans."

## Is the service well-led?

### Our findings

At the time of inspection there was a registered manager. 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.

Overall most people living at the service told us they were satisfied with everything. One person said, "I have not really settled. [Name of resident] drives me mad. I do regret in moving from my previous care home in [name of place] as it was 'posh' – not as many people had dementia. When asked what they thought the best bit of living at the home was they said; "Only being near my daughter. Another person said, "It's nice living here. It's like home from home. It is the best thing I ever decided to do was to come here. I would recommend it to anyone." A third person said, "Yes, I do like it here I am looked after well."

Without exception, everyone spoke highly of the registered manager. Everyone knew the registered manager's name and felt able to talk to them.

We saw evidence of staff meetings where staff had been involved in the on going work in the home. These included any care issues, maintenance, activities and general wellbeing of the people and staff. Staff told us they were supported and encouraged to make suggestions in the home. One staff member said, "I feel valued I love my job and my manager is brilliant."

We saw surveys had been completed in November 2017 which showed staff, people, relatives and outside professionals agreed with how the home was well run. One relative stated, 'Excellent care, just continue what you are doing'. An outside professional said, 'Always feel welcome. The provider is very good'. People who lived in the home all said they received good care. One person said, 'Care very good you can't get better'. All the staff who had completed the survey all said they liked their job.

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards forward. Audits included accident and incident analysis, medication audits, walk round and supervision and training. Where issues were identified, action was taken. For example, the registered manager discussed previous missed signatures with staff in supervision. The registered manager said, "We are always looking at new ways to improve the care we provide as we want people to have the best care they can."