Mr William O'Flaherty

Bracken Lodge Care Home

Inspection report

5 Bracken Road
Southbourne
Bournemouth
Dorset
BH6 3TB

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18 March 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 15 and 18 March 2016. At the last inspection completed in January 2014 the provider was compliant with the regulations and quality standards we reviewed.

Bracken Lodge Care Home provides accommodation, care and nursing for up to 18 older people living with dementia in a small homely environment. At the time of the inspection there were 11 people living at the home.

There was a registered manager at the home at the time of the inspection. 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.

Relatives and staff were very positive about the standards of care provided at the home. People were treated compassionately as individuals with staff knowing people's needs.

On the first day of the inspection we identified hazards that could pose a risk to people and the registered manager could not provide an environmental risk assessment. By the second day of the inspection this had been carried out with an action plan to address the potential risks to people.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care and nursing was delivered safely with action taken to minimise identified hazards.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of such accidents recurring.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home. The home had a longstanding, loyal staff team who had worked at the home for many years.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines ensuring people had medicines as prescribed by their doctor.

The staff team were both knowledgeable and well trained and there were induction systems in place for any new staff.

There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines or nursing requirements.

Staff were well-supported through supervision sessions with a line manager and an annual performance review.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs.

People's care and nursing needs had been assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered people's overall needs. However, the plans we looked at in depth were not up to date and lapses in recording could have led to people's needs being overlooked and unmet. You can see what action we told the provider to take at the back of this report.

There were limited communal activities but steps were taken to provide individualised activities to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

The home was well-led. There was a very positive, open culture with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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

By close of the inspection the registered manager had assessed the environment for potential risks to people and had systems in place to make sure people were both cared for and nursed safely.

Staffing levels were pitched at a level that allowed for people's needs to be well met.

Medicines were managed safely making sure people were administered medicines as prescribed by their doctor.

There were robust recruitment procedures being followed to make sure competent staff were employed to work at the home.

Is the service effective?

Good

The staff team were both knowledgeable and well trained.

People's consent was sought about how they were cared for and the home was compliant with the requirements of the Mental Capacity Act 2005.

People enjoyed a good standard of food that was appropriate to their needs.

Is the service caring?

Good

The service was caring.

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

Is the service responsive?

Requires Improvement

The service was responsive.

People's care and nursing needs had been assessed; however, poor recording and updating of care plans could have led to

people's needs being unmet.
Activities were arranged based on people's individual interests and hobbies.

There was a complaints procedure in place that was well publicised.

Is the service well-led?

Requires Improvement

The registered manager provided good leadership and the home had a core of loyal staff committed to providing good care for people.

However, improvement was required in management of records.

There were systems in place to monitor the quality of service provided.

Bracken Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

This inspection took place on 15 and 18 March 2016 and was unannounced. One inspector carried out the inspection over both days. We met the majority of people living at the home; however, because people were not able to share with us their experience of living at the home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

The registered manager of the home assisted us throughout the inspection. We also spoke with four members of the staff team and two relatives who were visiting the home at the time of the inspection.

We looked in depth at two people's care, treatment and support records and reviewed all the medication administration records. We also looked at records relating to the management of the service including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits and policies, completed quality assurance forms and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

People appeared relaxed and comfortable in the presence of staff. Both relatives we spoke with were positive about the home and had no concerns for their relative's safety. One relative told us that they had peace of mind when leaving the home because they felt their relative was being well-cared for.

However, we found that there needed to be an improvement in the way the service was managed so that people were protected from avoidable risk of harm and their freedom supported and respected.

On the first day of the inspection the registered manager could not provide an environmental risk assessment of the premises. When we toured the premises with the registered manager we saw action had been taken to minimise the risk of some hazards. These included ensuring that window restrictors were fitted on windows above ground floor level, testing of portable electrical equipment, the fitting and testing of thermostatic mixers valves on hot water outlets and carrying out a fire work place risk assessment. However, we identified other hazards where action could be taken to minimise the risk of harm to people. These included uncovered hot radiators in the lounge, free standing wardrobes that were not attached to the wall and posed a risk of being toppled, a bathroom where the floor surface was not sealed, a sluice that required a deep clean, and work required in the laundry area to meet infection control standards. On the second day of the inspection, the registered manager had carried out a full risk assessment of the premises and set dates for when action would be taken to address the hazards we identified on the first day of the inspection and other issues. The new risk assessment also set a timescale for meeting recommendations set by the Dorset Fire and Rescue Service about the fire safety systems.

After the inspection the provider informed that the following action had been taken to address potential hazards; all fire doors had been fitted with intumescent strips to meet fire safety recommendations, bathroom floors sealed to reduce the risk of infection, radiators identified in the report as being unsafe, had now been safely encased and freestanding wardrobes securely fixed to the walls to prevent them from falling over.

The provider had systems in place to ensure risks were minimised in delivering people's care but again, improvements needed to be made. For example, some people were provided with air mattresses as a measure to prevent skin breakdown. When we checked the mattresses for these people, two mattresses were at the wrong setting for the person's weight. The registered manager agreed to introduce a system for care staff to check the mattress settings to ensure the correct setting was maintained. Risk assessments for identified risk areas that could affect older people had been completed. These included risk assessments concerning malnutrition, falls, people's mobility and skin care. Risk assessments were in place for the people on whose care we focused and were used to develop care plans. Where people were not able to use the call bell facility, a system was in place whereby the care staff checked on people's safety each hour.

The provider had taken steps to make sure people were protected from avoidable harm and abuse; ensuring people's human rights were protected. This was because staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services. Staff had completed

training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff were aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Information posters about adult safeguarding were also displayed around the home, providing prompts for staff on the procedures involved.

The registered manager monitored any accidents and incidents that had occurred with the aim of reducing the likelihood of recurrence. Records were maintained individually of any accidents or incidents. These were then periodically reviewed to look for any trends. Overall, there was a low incidence of accidents and incidents.
The registered manager had developed personal evacuation plans for each person in the event of fire. These stated that staff would assist a person to transfer to safety but did not state where this was. Following the inspection the provider informed that people's evacuation plans now specified a place of safety. The registered manager agreed to review the plans to include exactly where people should be moved to in order to keep them safe. Other emergency plans were in place for eventualities such as, a missing person, loss of electricity or water leakage.

The home provided sufficient staff to keep people safe and to meet their needs. The registered manager told us that although dependency profiles were not used to determine staffing levels, by virtue of being a small service, staffing levels were flexible and based on assessed daily need. People we spoke with, and also relatives and staff, had no concerns about staffing levels and thought they were sufficient to meet people's needs.

At the time of inspection the following staffing levels were in place each day: between 8am and 8pm, the registered manager, one nurse and two care assistants. During the night time period there was a nurse on duty supported by a care assistant. The home also employed a cook, cleaning and maintenance staff.

Bracken Lodge Care Home had a core of staff who had worked at the home for many years, providing staff consistency. Robust staff recruitment practices were followed before new staff were employed, to make sure only suitable people were employed to work at the home. Staff files included application forms, records of interview and appropriate references. Records showed that criminal records checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Medicines were managed safely in the home. There was a system for ordering medicines required and also a system to check medicines received against those ordered. The registered manager was responsible for administration, and medication administration records showed that people had received medicines as required. The nursing staff, who administered medicines, had received training in safe medication administration and had also had their competency assessed. There was no photograph of the person concerned at the front of their administration records and the registered manager agreed to attaching a photograph at the front to medicines records, so that a new member of staff or agency staff could more easily check that medicines were administered to the right person. There was information recorded about any allergies a person had to any medicines. Prescribed creams could be given by care staff and there was information and body maps together with administration records showing people had these creams applied as directed.

The home had adequate storage facilities for all medicines and medicines were stored in an orderly way and not overstocked. We asked that the registered manager check with their pharmacist as to whether the controlled drugs cabinet met legal requirements. There was a small fridge for storing medicines that required refrigeration. The home had suitable facilities and records in place for the destruction of medicines

no longer required.

Good

Is the service effective?

Our findings

Relatives said they had confidence in the staff team who were professional and informed about how to care and support people.
Staff had the skills and knowledge to make sure people received effective care. Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers and that this meant they were able to meet people's needs effectively.

Staff told us that they received all the training they needed and records confirmed the provider had a system in place to make sure staff received training that was appropriate to their role. Records showed staff had undertaken the training they needed to, and showed when they were due for update training.

Training courses staff had attended included: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training.

A new staff member who was new to care, told us that they had received good induction training, being required to carry out 'shadow' shifts with other staff members as well as completing various courses.

Staff told us they felt supported by the registered manager as well as by other members of the staff team. They told us they received regular one to one supervision sessions in line with the home's policy, in addition to an annual appraisal to look at their career development and review their year's performance. Staff told us that the registered manager was always available and that they could speak to the registered manager at any time.

People's consent to care and treatment was always sought, in line with legislation 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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. At the time of the inspection, the registered manager had made applications to the local authority for everyone living at the home for a DoLS and records were held in people's files to reflect this. There were also records on people's files of any lasting powers of attorney granted in respect of people so that staff knew about legal authority for decision making where people lacked capacity. Mental Capacity assessments had been carried out for people who lacked capacity to make specific decisions. It was agreed that where 'best interest' decisions were made, the people involved in making the decision should be recorded and some evidence provided that the decision was the least restrictive alternative.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People were provided with drinks throughout the day and we observed the lunchtime period. The staff and the cook asked each person what they wanted to eat from the choice of meals that day. People were offered an alternative to the main meal if this was not to their choosing. We observed staff being patient with people and offering assistance when people needed it. One person was asleep at lunchtime and when roused did not wish to eat at that time. The staff came back later to the person when they were awake, at which time they were ready to eat and staff provided them with their meal. A relative told us that their relative was fastidious about their diet and had many likes and dislikes, which the cook was aware of, providing meals to the person's liking.

Some people required their drinks thickened because of swallowing difficulties. A relative who visited regularly told us that thickened drinks were always provided as required.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, some people had been referred to speech and language therapists about swallowing difficulties. Another person had a pressure area, complicated by an on-going skin condition, and the tissue viability nurse had been consulted for advice in management. The registered manager also told us that on occasion assistance had been sought from the community mental health teams for guidance in managing people with challenging behaviour.

Good

Is the service caring?

Our findings

One relative told us that the staff were always friendly, knowledgeable and caring. Another relative told us, "The care has been fantastic; it is not a 'posh' home but we chose it because we felt the care was so good."

People were treated with kindness and compassion when they needed assistance from staff. All the interactions we observed were friendly and respectful. We observed people spending time in conversation with staff. Staff listened to what people were saying to them and responded promptly. Staff spoke about people in a way that demonstrated their respect for them including referring to people by their preferred form of address. We also observed that staff respected people's privacy, knocking on bedroom doors before entering and ensuring doors were closed when providing people with personal care.

One member of staff told us that they liked the fact it was a small 'homely' environment where they could get to know everyone as individuals. They also told us that the team took pride in providing good care for people in their care.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs; however, care planning could be improved as the lapses in some recording could have led to people not getting the responsive care that they required.

Before people moved into the home, records showed their needs had been assessed to make sure that the home was suitable to meet their needs.

When people moved into the home, more in depth assessments were carried out and recorded. These included risk assessments about a person's risk of falls, malnutrition, care of their skin and likelihood of developing pressure sores, as well as assessments about people moving and handling requirements and their care and nursing needs. From these assessments, care plans had been developed and were in place for everyone. However, care plans, assessments and monitoring interventions were not always kept under review and up to date. For example, one person of low weight and a Body Mass Index BMI of 12 (very underweight) whose record showed they had been losing weight over several months had not been weighed since January 2016. By the second day of the inspection the person had been weighed again and because of further weight loss a referral had been made to a dietician. A record was being maintained of the food provided to this person; however, the amount of food the person had actually eaten was poorly recorded and did not provide staff with an accurate record of the person's nutritional intake. Another person had a wound that was being treated by nurses in the home. Their wound record had last been completed in mid-February with no further entries from that date. The registered manager told us that the wound was still being dressed and was healing but records could not evidence this on-going treatment. This person had been provided with an air mattress to relieve pressure to their skin and a repositioning regime also introduced to maintain their skin integrity. The record of repositioning was incomplete and for some days there was no record of repositioning having taken place.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider informed us that action had been taken to improve monitoring charts and record keeping.

With regards to moving and handling requirements, many people needed staff to assist with transfers using equipment such as a hoist. Hoists were available and had been serviced to make sure they were safe to use but we were not assured that good practice was always followed by staff. This was because people did not have their own sling, which is recommended in interests of minimising cross infection, and staff we spoke with were unclear as to which type of sling was required by each individual. By the second day of the inspection the registered manager had ensured that each person had their own sling suitable for their hoisting requirements.
Being a small service the home did not employ an activities coordinator. Instead, staff sought to meet people's recreational needs through personalised individual activities as well as some communal activities.

Some people liked to be taken out for short walks or enjoyed chatting with staff. As part of the assessment process when people moved into the home, relatives or people were asked to complete a form requesting information about people's life history and interests to help meet their social and spiritual needs.

People were made aware of how to make a complaint if they needed, with the complaints procedure being detailed within the home's terms and conditions as well as being displayed in the home. A log of complaints was maintained which we examined. This showed that complaints had been taken seriously and responded to and resolved.

Requires Improvement

Is the service well-led?

Our findings

A relative told us, "My experience is that the registered manager is 'on the ball'". Staff also felt that the registered manager provided good leadership and one new member of staff told us that they had learnt a lot from the registered manager, who was always available. However, the failings to maintain accurate records and systems to ensure people received responsive care were of concern. We discussed management arrangements with the registered manager. At the time of the inspection the registered manager was responsible for all management functions as well as providing some of the nursing care. The registered manager told us they were considering some administrative assistance.

We recommend that there are enough suitably deployed staff to ensure that administrative tasks can be undertaken and accurate care and treatment records can be maintained.

Following the inspection the provider informed us that an administrative assistant was being employed to assist the registered manager with the aim of improving care plans, and the monitoring and auditing of care records and systems.

Staff also understood and were confident about using the whistleblowing procedure. Staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

The registered manager had a system in place to seek feedback on the quality of service provided. A survey had been carried out at the end of last year involving feedback from relatives. Being a small home only a small number of surveys were returned and all of these reflected positively on the care provided in the home.
The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were risks to people because of poor planning and management of people's care and treatment.