Golden Age Care Ltd

Breach House

Inspection report

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Tel: 01562730021

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 March 2016 and was unannounced.

The provider of Breach House is registered to provide care for up to 26 older people, including people with dementia. There were 25 people living at the home at the time of our inspection.

At the time of our inspection there was a manager in post who had applied to become 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.

The manager and staff were not consistently following the Mental Capacity Act 2005 (MCA) which is intended to ensure people are supported to make decisions for themselves. When this is not possible the MCA requires that decisions are taken in people's best interests by people who have the authority to do this and there is documentary evidence to reflect this.

There was a lack of a structured approach in the provision of recreational activities in the home so at times there was limited stimulation and occupation for some people. The manager was aware and had plans to improve and enhance people's opportunities to do fun and interesting things. However, we could not measure the effectiveness of these improvement plans as they needed to be fully implemented.

We have made a recommendation about the adaptation of the home environment to support people with dementia.

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Risks to people's health and wellbeing were assessed and measures put in place to meet people's needs with safety in mind. There was evidence of learning from incidents and accidents and changes were put in place to reduce the risk of these happening in the future.

Checks had been completed on new staff to make sure they were suitable to work at the home. People told us there were enough staff to meet their needs although at times staff could be busy but they did not have to wait for assistance for too long. The manager had recently increased staffs' opportunities to gain support through more practical training to effectively carry out their caring roles.

We saw staff applied their knowledge gained from training in an effective way when responding to the individual care and support needs of all people who lived at the home. This included their communication skills so people's mental health and emotional needs were consistently supported and met. The manager put into practice their skills and knowledge to reassure some people who lived at the home when they needed this on the day of our inspection. They viewed this as one positive method of guiding and

supporting staff to provide good care.

People had their prescribed medicines available to them and these were administered by staff who had received the training to do this. People told us they were supported to access health and social care services to maintain and promote their health and well-being. A doctor visited people on the day of our inspection and spoke with staff about people's changing health needs. The monitoring and recording of what people ate and drank had improved so risks to people from not eating and drinking sufficient amounts to stay well. People told us they felt their privacy was respected and they felt safe. We saw conversations between staff and people who lived at the home were positive in that staff were kind and polite to people. Staff had a high degree of knowledge about people's individual choices and preferences. People knew how to make a complaint and felt able to speak with the staff or the manager about any issues they wanted to raise.

People knew the manager and they felt they were approachable and visitors to the home felt they were welcomed. The manager had introduced more opportunities for people and staff to make suggestions about the services people received which included the introduction of a 'friends of Breach House' committee. Staff understood their roles and responsibilities and believed the manager was trying to make things better for people who lived at the home and people. The manager showed they had an accountable and responsive approach to the issues we identified and was committed to make sure people received good quality care.

Since the manager had been in post they had and were continuing to make improvements and introduce a range of checks to make sure the quality of the services people received were of a good standard. From carrying out these checks the manager was working towards making key improvements. The manager showed the improvements which they had made so far had been effective such as the retraining of staff in medicine administration following medicine errors so these were reduced.

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 was safe.

People felt safe with staff and staff knew how to protect people from harm. Risks to people's individual health and welfare were assessed and there were sufficient staff to provide care and support according to people's needs. People's medicines were available when they needed these and staff knew how to support people to have their medicines to meet their health and safety.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The manager and staff did not consistently follow the MCA to make sure people's rights were protected. Where people did not have the mental capacity to make decisions best interest principles were not always followed through and documented. Staff were supported to maintain and develop skills needed to care for people effectively and safely. Staff felt supported by the manager. People were supported to maintain a healthy weight and had support to access healthcare resources to ensure they remained healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes. Staff had positive caring relationships with people and understood what was important to them. People's independence and privacy had been promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a lack of a structured approach in the provision of fun and interesting things for people to do to ensure people's wellbeing was enhanced and supported with routinely planned recreational opportunities.

People received personalised care and support which was responsive to their changing needs. The provider encouraged people to raise concerns and formal complaints were managed well.

Is the service well-led?

Good

The service was well led.

People had been asked for their opinions about the service and quality checks had been completed to drive through improvements. The manager showed they had a responsive leadership style, providing a positive role model for other staff. Staff morale had improved since the manager had come into post and they worked together in a friendly and supportive way.

Breach House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 received the PIR within the required timescale and used the information from this to help inform our inspection process.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who lived at the home and monitoring the service quality. We also requested information from Healthwatch which is an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home and two relatives, the manager, five staff members which included the chef and a housekeeper. We spent time with people in the communal areas of the home and saw aspects of the care and support people were provided with. We also used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people and medicine records for all people who lived at the home.

We also looked at three staff recruitment records, incident and accident reports, meetings for people who lived at the home and staff. Records were viewed about the running of the services people received which included how the manager and provider assessed and monitored the quality of the services people received.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home when staff supported them. One person told us, "I'm kept comfortable, I'm safe enough. It's a lovely location. I'm very comfortable and they take a lot of care of people who need attention." Another person said, "I am happy and feel very safe and secure here." Relatives we equally positive as they told us they were confident their family members were safe.

Staff we spoke with were able to tell us how they kept people safe from harm and abuse. They had been trained to understand how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. Two staff members told us that they had never seen anything that caused concern but they would be confident to report anything to the manager. Our records showed that where allegations of abuse had been reported the manager had taken appropriate actions, followed local authority procedures around reporting potential abuse and notified the Care Quality Commission [CQC] as required.

Staff spoken with were aware of risks associated with people's care and were able to tell us how they supported people to reduce risks to their health and wellbeing. We saw and heard staff had considered and assessed a wide range of possible risks to each person's wellbeing. This included people's walking abilities, skin care and their level of dependence when meeting their daily care needs. We saw staff supported people with their walking and used specialised aids and support from health professionals where required to make sure risks to people's health and safety were reduced. For example, one person developed a skin wound due to their health needs and staff had support from district nurses to promote the healing of the person's skin. For another person, they needed support from staff to manage their continence needs with an aid and had regular care to prevent the risk of them developing infections. The monitoring of people's nutrition and hydration needs had improved following a visit made by the local authority. Staff were now consistently recording the regular care they provided to people to reduce the risks to people's wellbeing due to them not sufficiently eating and or drinking.

Staff understood how to report accidents and incidents and knew the importance of following these policies to help minimise risks to people. The manager told and showed us how they monitored these to identify any trends which may indicate a change in people's needs or medical conditions. For example, if people had a series of falls this would be discussed with their doctor so people received the support and any treatment they needed to reduce risks to their wellbeing.

We saw appropriate checks were completed on new staff prior to them starting work at the home which included checks with the Disclosure and Barring Service (DBS). We spoke with one staff member about their recruitment. They confirmed they had not started work until references had been made with their previous employers and checks were completed to make sure they were suitable to work with people living at the home.

People we spoke without exception told us staff were always helpful and there when they needed support. However, we did receive mixed responses about the staffing levels. One person told us, "The situation regarding staff is quite good." Another person said, "They are always rushed off their feet so I guess they

could do with more staff." One relative told us, "Generally there are enough staff around. Sometimes at the weekends they are short staffed if there are only three on duty." Throughout our inspection visit we saw staff had time to meet people's care and support needs, without unreasonable delays. For example, we saw staff helping people move from one of the lounges through to the dining room. Staff took the time to support people patiently while people chose where they wanted to be at the dining tables. We also saw staff did not rush people when they supported them with any aids they may require so people's safety was not compromised. Staff spoken with had no concerns about how staffing levels were managed in order to promote people's safety. The manager told us they assessed and reviewed staffing levels on a regular basis to take account of people's changing needs. The manager had taken steps recently to further improve the consistency of care for people as on-going recruitment of permanent staff was happening so the use of agency staff could be reduced.

People we spoke with were happy with the support they received from staff to take their medicines. One person told us, "They (staff) always give me my tablets when I need them." We saw people were supported to receive their medicines in a dignified and sensitive way. For example, staff knew how people liked to take their medicines and made sure people had drinks so they were able to swallow their medicines with comfort. Medicines were available for people and stored safely in a locked medicine trolley. Staff had written information to refer to when people were prescribed 'when required' medicines so risks to people of not having these medicines consistently in the right way were reduced.

We saw there had been incidents where medicines had not been consistently managed and administered in lines with good practice and national guidelines, and increased the risk to people's safety. Although there was no evidence that anyone had been harmed by medicine procedural lapses the manager had taken action. This was to make sure lessons were learnt so avoidable risks to people were reduced, retraining for staff involved in medicines administration.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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. The registered manager told us in the PIR an application under the DoL for a person had been submitted to the local authority for authorisation. This had been authorised to enable staff to meet the person's needs effectively and safely.

We saw staff showed they understood the importance of establishing proper consent before providing care or support, such as when supporting people at lunchtime. One staff member told us, "Always offer people choices and support them with their everyday decisions such as what to wear and when to get up." Another staff member said, "We support people to do whatever they are capable of." However, the manager and staff were not consistently following the MCA. For example, we noted people's personal room doors had been fitted with an alarm which sounded when they opened the door to leave their room. This had been done because the manager and staff were concerned people might fall and or need some assistance if staff were not present. However, we were told some people may be able to consent to the door alarms other people did not have the mental capacity to give their consent to this arrangement and there was no indication people's representatives' had been consulted. The MCA requires people's representatives' advice to be sought in order to check the door alarms were in the best interests of each person, and the least restrictive so people's individual needs were met safely and effectively.

People spoken with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, "They (staff) are well trained and good at their jobs." Another person said, "They (staff) always help me in the right way which must be due to their training." We saw examples where staff effectively put their training into practice when they provided support to people in order to meet their care needs, such as when using specialised equipment.

Although staff told us they had received an induction and training to carry out their roles this had not always been done in an effective way to meet all staff's learning styles. In the PIR the manager told us, 'As a new manager in the next 12 months I plan to bring in more practical training.' During our inspection the manager also provided us with further examples to show their commitment to staff training. They told us training around people's vision and sight needs had been planned for the day after our inspection from the professionals who were specialists in this subject. The manager told us staff would be able to gain first hand and practical experience to effectively support people with various aspects of sight loss. Staff we spoke with felt supported by the manager and their colleagues which enabled them to carry out their care roles. One

staff member told us, "We all work together as a team and [manager's name] readily supports and advises us." Another staff member said, "We are a happy team and support each other to provide good care."

We received mixed views from people about the meals they were offered. For example, one person told us, "It's very good. We have a nice choice." Another person said, "Bit mixed. That's the thing, sometimes it's good and sometimes it's not. If I tell the cook I'm not happy with the food he will cook something else." We spent some time with people over lunch and saw there occasions where staff could have used their communication skills more effectively to provide encouragement to people with their meals. For example, when removing plates from people staff did not consistently check whether they liked their meal and or whether they would like any more. Although this had not impacted upon people's nutritional needs being met at the time of our inspection the manager acknowledged further improvements to enhance people's lunchtime experiences could be made. They noted some of the improvements they were committed to make and the actions they would take within the PIR. They told us, 'Want to take pictures of all the meals on the menu then the residents can see what they want to eat. I want gravy boats on the table at lunch and condiments as not everyone likes gravy so it will be a choice.'

We saw staff made sure drinks and snacks were made available to people throughout the day. People's needs had been considered as to whether they were at risk of not eating or drinking sufficiently. Where people required their food to be of a certain consistency to reduce the risk of choking staff and the chef were aware. The chef showed they had an in-depth knowledge of the particular needs of people with diabetes and allergies and those who were following vegetarian diets.

People who lived at the home and staff told us people were supported to access a variety of health and social care professionals if required. One person told us, "They (staff) are very quick to call the doctor if I am unwell." The local doctor visited during our inspection and remarked how good staff were in working with them to meet people's health needs. We saw people's health and wellbeing needs were closely monitored and action was taken when changes in people's health or wellbeing were identified. For example, people's weight and skin care was monitored and any significant changes in weight or skin were reported to healthcare professionals so action could be taken to keep the person well.

We saw some adaptations had been made to the design of the home environment to support people with dementia who lived at the home. For example, a 'hall of fame' where photographs of famous people were displayed in a corridor area to support people in finding their way around their home and providing interest. Staff told us this was to provide interest for people and there was some signage on toilet doors for reassurance and to support the independence of people with dementia. The manager acknowledged in the PIR some further improvements could be made to the environment so that it was interesting and stimulating for the benefit of people who lived at the home. They told us, 'I believe that the home does need some more decorative things such as tea pots and tins and old iron and things the residents can hold and talk about.'

We recommend that the provider considers the current guidance to support them in adapting the environment to support people with dementia.

Good

Is the service caring?

Our findings

People told us staff were caring and they were happy living at the home. One person told us, "I think they're (staff) very kind." Another person said, "I like them (staff) all, they are very good to me." People who lived at the home and their relatives told us visitors were made welcome. We saw positive conversations between staff and people who lived at the home and people were relaxed with staff and confident to approach them for support.

Throughout our inspection, we saw staff supported people in a warm and caring way which promoted people's wellbeing. For example, one person was unwell and remained in their room. We saw staff regularly checked the person to make sure they had everything they needed. Another person who a staff member introduced us to spoke about a problem they had with their skin. Staff showed they cared and took time to provide reassurance to the person. We saw this provided comfort to the person as they laughed with the staff member about everyday life which the staff member was able to relate to as they showed they knew the person well.

Staff knew people well and understood and had learnt their likes and dislikes. For example, one person liked to spend time in their room and staff respected this. Another person needed some reassurance at times and this was provided to them by staff who distracted them in conversations about everyday life. We saw this person's body and facial expressions showed they were relaxed and content. A further person enjoyed a conversation they had with staff who supported the person to remember parts of their life which were important to them. The person showed by their facial expressions and chatter with staff they enjoyed reminiscing about this time in their lives.

People commented on some of the ways they were supported to make their own choices. For example commenting on the food provided in the home, one person told us, "If you don't like (what's on the menu) they'll get you something else." We also saw examples where staff checked with people what their choices were during our inspection, such as, asking people if they wanted their hair done by the hairdresser who was visiting the home. One person who had their hair styled received compliments from a staff member and we saw this person enjoyed receiving individual attention as they smiled in acknowledgement.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I can do certain things without help." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance.

Relatives spoken with were complimentary of the care their family members received. We saw several examples of the manager's commitment to supporting people's friends and relatives. For instance, in the PIR they told us, 'In the next 12 months I wish to get the families more involved. I have recently set up a friends of Breach to see what the families think we could improve.'

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed

when assisted with personal care. We saw staff discreetly assisted people with their toileting needs and closed doors to ensure people's privacy was protected. One person told us, "Staff always knock my door and don't come in until I answer." We saw and heard staff do this and they were polite to people and used people's preferred names when speaking with them. We also heard people were supported to follow their own religions and attend services to help people to maintain their diverse spiritual needs.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home and relatives spoken with had mixed views about the recreational opportunities offered to people. One person told us, "I think there is enough going on." Another person said, "It would be good to have more to do but staff are so busy with helping people." One relative told us, "There could be more activities to stimulate them. I wish staff had more time for one to one chats."

We saw some people chose to spend time in their personal rooms and valued the privacy this provided. We saw an exercise instructor was booked on a weekly basis and there had been a recent 'open day' where people from the local village came into the home. Musical entertainers were booked from time to time. However, on the afternoon of our inspection, some people were sitting for extended periods of time in the communal areas of the home with little to stimulate or occupy them and only occasional conversations with passing staff members. For example, in one of the lounge areas the television was on but there was no sound and nothing for people to watch. One person said to another person, "What is happening now, I am fed up." Another person was repeatedly asking if staff were going to do something with them to a person beside them. The manager did after a period of time come into the lounge and noticed there was nothing on the television for people to watch. They resolved this by asking people what they would like to watch.

The manager and staff spoken were all consistent in their responses to us by acknowledging the planning of fun and interesting things for people to do needed to be improved. In the PIR the manager told us, 'I am going to introduce more activities and set up a activities planner which will be on display monthly we will have a range of activities from music and singers to art and craft, cake decorating, aromatherapy we have recently purchased some high rise planters ready for residents to do some light gardening.' Staff told us some people with dementia would need support to do activities and a more organised approach to activities had been discussed in a staff meeting. One staff member told us people would benefit from, "More activities as they don't get enough. " Another staff member said, "Trips out would be a really good thing. Some people don't go out at all as they have no relatives."

We raised the issues around the regular planning of fun and interesting things for people to do with the manager during our inspection. The manager told us since she came into post she was committed to improving the provision of recreational opportunities for people who lived at the home. The manager confirmed they were recruiting a person to take on the role of activities coordinator to enable this person to focus on the improvements necessary to meet people's needs and wishes in a more coordinated and planned way. However, this work was in progress and improvement changes were in their infancy at the time of our inspection. Therefore there was little evidence to support consistent changes or improvements were all in place and had been sustained to reflect their effectiveness and the impact these had on people who lived at the home.

We saw that people had their needs and preferences assessed when they moved into the home. These were reflected in an individual care plan which detailed each person's specific needs and how they liked to be supported. We saw the plans had been developed, and were reviewed, in consultation with people and their relatives where appropriate. One relative confirmed, "I know care plans are in place, the reporting system is

good and they always keep me updated, for example when I came in today they told me about my father's blood test." One staff member told us, "I check the communication book at the start of every shift. If there has been a change in someone's support needs there will be a note which I follow up by reading the care plan." For example, one person was unwell and staff made sure the doctor was made aware and they came to assess the person's health on the day of our inspection.

We saw people were supported appropriately at different times and by different staff. We saw staff provided support and care which responded to people's needs as assessed and planned for. For example, when people were identified with sore skin and or skin wounds the district nurses were consulted to promote the healing of people's skin conditions. Another example was staff had noticed a person with mental health needs became upset due to their own thoughts around a close relationship they once had. Staff responded to the person's needs by consulting the doctor so any treatment and care needed could be sought. As a result of this staff told us the person was, "More settled."

People who we spoke with told us that they would raise any concerns or complaints they had with the staff and manager, if they needed to. They told us they would feel comfortable in doing this. One person told us, "We pay enough money to be here and I tell them (staff) if I'm not happy." We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. The manager shared with us one complaint which was being investigated and responded to by the provider so that action could be taken where required to avoid something similar happening again in the future.

Good

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff understood. People we spoke with knew who the manager was and felt they could approach her if they wanted or needed to. One person told us, "If I have any concerns I will go and talk to [manager's name] and say that I'm not happy with this. On the whole we are all happy. I haven't heard anyone complaining." Another person said, "Things get done since [manager's name] been here." A further person told us, "The manager now is very good." Relatives spoken with were equally positive about how things had changed for the better since the manager had come into post.

Since our last inspection a new manager had come in post in January 2016 and was in the process of applying to become the registered manager. The manager told us the provider was supportive of the service, and offered regular feedback and assistance to them when they visited each week to support them in their new role.

We saw the manager was clearly well known to the people who lived at the home, their relatives and staff. One staff member told us, "The manager is very approachable." Throughout our inspection the manager regularly spent time out of her office, speaking with people, visitors and providing additional support to staff if required. The manager had good knowledge of staff competencies and people's individual care needs and preferences. This helped her to oversee the service effectively and provide leadership for staff. We noted throughout our inspection there were clear management arrangements in the service so staff knew who to escalate any issues or concerns to. Staff also knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home that could not be addressed internally.

Our discussions with the manager showed they fully understood the importance of making sure their staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines. Staff were seen to work together in a friendly and supportive way. One staff member said, "There's a good atmosphere in the staff team. It's a nice place to come to work." Staff meetings were held and staff told us they felt listened to by the manager and other senior staff. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

The manager showed a very responsive management style. She was also quick to acknowledge and take responsibility for the shortfalls we identified around the MCA and the provision of routinely planned activities. The manager's open and accountable leadership provided a positive role model for other staff and set the cultural tone within the home. For example, one staff member told us if they ever made a mistake, they would not be afraid to tell the manager who would provide them with support to resolve the issue.

The manager and provider had a number of audits in place to monitor the quality of the care provided to people. For example, audits of medicines were undertaken so that any errors in how medicines were

administered and managed were identified. This had recently meant staff had undertaken retraining in medicine practices to make sure people consistently received their medicines in line with national and good practices. Another example was the food hygiene practices had been recognised as positive by the food standards agency who gave a five star rating which showed regular quality checking procedures had been effective.

The manager had developed opportunities to enable people who lived at the home and relatives to share any issues and or share their views and suggestions. One relative told us a committee had been introduced and two meetings had taken place so far. They also said volunteers from the village had visited the home and the manager was looking at recruiting an activities co-ordinator to improve the planning of opportunities for people to spend time doing things they enjoyed. We saw from looking at the minutes from meetings other future plans had been shared, such as changing the smaller lounge into a reminiscence room and a hearing loop to be installed. The manager showed they cared about people who lived at the home and told us about their ambitions to further improve and develop the quality of the service for the benefit of people who lived at the home. They told us, "I want to make it a lot better here for residents. Make it feel homely and a happy place which is buzzing with things for people to join in."