

A Better Carehome Limited







Breton Court

Inspection report

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Website:

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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	

Overall summary

The inspection visit was unannounced. The previous inspection was carried out in July 2013, and there were no breaches in the legal requirements.

The premises are a detached building with accommodation on the ground floor only. Some office and storage space was on the first floor. The service provided accommodation for up to 28 older people, some of whom were living with dementia. Other needs included long term conditions associated with aging.

The service is run by the registered manager who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The service was safe because staff had received training in safeguarding vulnerable adults and understood how to protect people from abuse. Staff were also confident about whistleblowing, and who to tell if they had concerns about the service.

There were suitable arrangements in place to identify and protect people from risks. There were annual risk assessments for the building and other regular risk assessments for the premises to promote people's safety. Each person living at the service had individual risk assessments in regard to their personal care and treatment. There were reliable processes in place for the servicing and maintenance of equipment to make sure these were safe for people to use.

Medicines were managed safely and given by staff who had received appropriate training to make sure people received the medicines they needed when they needed them.

The service was effective because staff were knowledgeable about people's individual and health care needs. Staff received support, training and supervision to help enable them to provide effective care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). None of the people had been assessed as lacking mental capacity, but the service had clear policies and procedures for staff to follow should the need arise. The service was effective because staff were provided with relevant training to enable them to meet people's needs. Staff were supported through regular supervision and meetings with the registered manager, ongoing refresher training and annual appraisal. Training was provided in MCA and DoLS to ensure that staff knew how to protect people's rights and act in the best interest of people who lacked capacity.

People said the food was good, and that there was plenty of choice. The menus were changed to reflect the seasons

and people's individual preferences. Assessments were carried out to establish whether people needed special diets, assistance or aids, and professionals were referred to when necessary to provide advice, care or treatment.

The service was caring because staff were kind and considerate when interacting with people living at the service. They answered call bells promptly and people said that they did not have to wait long for assistance. Interactions between staff and people were kind and compassionate. People told us that they were fond of the staff and had good relationships with them. Staff were aware of people's personal histories and they used this knowledge to strike up conversations with people. People had been involved in planning their care and reviews of their care. People felt listened to and were confident that their views and opinions were taken into account. Staff took care to make sure they provided personal care in privacy and people said that staff treated them with dignity.

The service was responsive because people and their relatives when relevant were involved in the planning of their care and the reviews of their care. People were supported to take part in activities and efforts were made to include people's interests into the programme of activities. Visitors felt welcomed and were able to visit at any time. Staff reacted promptly when someone was unwell, and ensured that relevant health professionals were involved in people's care.

Written complaints or those thought serious by staff were recorded and investigated in accordance with the services complaints policy. People felt able to comment about how the service was run and they felt listened to.

The service was well led because there was an open and inclusive ethos where people living at the service their relatives and the staff were encouraged to express their views and opinions to make improvements to the service. There was an experienced and knowledgeable registered manager at the service who was liked by people, relatives and staff. There were suitable systems in place to monitor and maintain the quality of service people received.

Summary of findings

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 safe. People said they felt safe and that staff looked after them well and understood their individual needs. Staff showed a clear understanding of what constituted abuse and how to report this.

An assessment of risks was undertaken and action was taken to reduce risks to people balanced with their rights to make decisions. The premises were satisfactorily maintained; and there were reliable processes for the cleaning and servicing of equipment. Medicines were managed safely.

Staff were recruited using robust checks and procedures. There were enough staff to meet people's needs and arrangements were in place to ensure staff had the right skills to provide appropriate care to people.

Good



Is the service effective?

The service was effective. People said that the staff understood their individual needs and knew how to care for them. There were ongoing training programmes and supervision to support staff in their learning and development.

The registered manager and staff ensured that when a person's ability to make decisions was impaired that an appropriate assessment of their mental capacity was undertaken. The registered manager and staff were aware of the circumstances for when they should organise best interest meetings.

People were provided with suitably nutritious food and drink, and people said they enjoyed the quality of the meals and the choices that they were offered.

Good



Is the service caring?

The service was caring. Staff showed an understanding of people's different needs and interacted with them in a kind and caring manner.

People were treated with dignity and respect. People were encouraged to remain as independent as possible and to make decisions about their daily lives.

Good



Is the service responsive?

The service was responsive. People said that staff were aware of their individual needs and preferences, and discussed their care planning with them or with their relatives in accordance with their wishes.

There was a range of activities for people to enjoy, which were based on the interests and hobbies of the people living at the service. Staff were aware of people who preferred to stay in their own rooms due to health needs or personal choice, and spent time with them to prevent them from feeling isolated.

There were formal and informal methods for gathering people's views and people's complaints were listened to and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led. The registered manager led the staff in providing compassionate and sensitive care for people; and in providing a culture of openness and transparency.

Staff worked within the ethos of the home, which emphasised person-centred care.

There were reliable systems in place to monitor the quality of the service. These included regular audits and surveys. Records were suitably detailed, and were accurately maintained.

Good



Breton Court

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.

We visited the service on 20 October 2014. The inspection was unannounced. Our inspection team was made up of one inspector and one expert-by-experience. This expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider about how the service is run. This enabled us to ensure we were

addressing potential areas of concern. We also contacted health and social care professionals about the service. We received feedback from seven health care professionals that provided a range of healthcare advice and services to people living at the service. These were a community matron, GP's and an optometrist.

During our visit we talked with 12 people who used the service and three relatives who visited the service that day. We spoke with three staff, the registered manager and the provider, we observed care and looked at records. We looked at three people's care records, the recruitment and training records for three staff, and the staff induction and training programmes. We looked at staffing rotas, medicine records, environmental and health and safety records, risk assessments, quality assurance questionnaires, and meeting minutes. We looked at auditing records relating to health and safety, care planning documentation, accidents and incidents, infection control and medication. We also looked at policies and procedures relating to infection control, medicines management, and recruitment.

Is the service safe?

Our findings

People said that they felt safe and well cared for at the service. People told us that they felt confident that if they had any concerns or worries they could talk to any member of staff and their concerns would be listened to, taken seriously and acted upon. Comments made included “I feel safe and the room is very comfortable”.

Staff knew how to report any suspicions or allegations of abuse to social services or other agencies such as the police. Staff had access to the service’s policy on dealing with and reporting abuse and they also had access to a copy of the local authority’s safeguarding policy. Staff records showed that regular training updates were organised for staff to attend to refresh their knowledge. The updates were for moving and handling, first aid, fire training, infection control and adult protection. Staff were also aware of the whistle-blowing policy.

People’s care records included a range of risk assessments, some such as a moving and handling assessment was completed routinely for every person living at the service. Others were specific to people’s daily lives and care needs. For example one person had a risk assessment regarding their shortness of breath, this included possible triggers and how staff should avoid these as well as specific instructions for staff to follow should the person become short of breath.

The registered manager assessed general risks such as those involving the premises, health and safety, fire and took action to reduce any risks identified.

People were protected from discrimination. We looked at a range of records such as daily events, handover information, reviews of care and meeting minutes. We found that written comments relating to people living at the service did not contain any subjective or negative language. Staff told us how people liked to be addressed before we approached them.

The service was staffed sufficiently so that people received the care they needed without the need to wait for long periods. Staff were visible and easily accessible and call bells were answered promptly throughout the day. The staffing rotas showed that staffing levels were not reduced at weekends and that support staff such as cleaners, and laundry staff were employed in sufficient numbers so that

care staff could spend their time on caring duties. A healthcare professional told us the service always appeared well staffed with team members seeming clear about their roles and responsibilities.

Staff were recruited safely because they were required to provide evidence of their training and experience and their suitability to work with older people. The registered manager verified the information they gave and carried out recruitment checks.

Senior staff undertook training in medicines administration, they then took a test of competency so that the registered manager could assure herself staff were safe and competent to administer medicines. Medicines were stored in a locked cupboard in a locked room. They were dispensed from a medicines trolley which was kept locked to the wall when not in use. The trolley and cupboard were clean and in good order. We saw that there were processes in place to ensure good stock rotation. Bottles of medicines and eye drops were routinely dated on opening, showing that staff were aware that these items had a short shelf life. Some items were stored in a medicines fridge to keep them at the correct temperature. The room and fridge temperatures were checked and recorded daily. Controlled drugs (CDs) were stored separately in a CD cupboard. A CD register was maintained to keep a record of all CDs administered. These records were neatly and correctly maintained.

Medicines administration records (MAR) were in place for each person, and were accompanied by a photograph of the person to confirm their identity. Any allergies were highlighted. Separate forms were used for ‘as necessary’ (PRN) medicines, giving clear directions to staff showing when to give these, and for what reason. MAR charts had been accurately completed, using the right codes, and including two signatures for any handwritten entries. This confirmed that the items had been correctly transcribed from the pharmacy labels. One person had been assessed as able to self-administer one item of their medicines, and this had been recorded in their care plan.

The service employed maintenance staff, and we saw that requests for maintenance tasks were carried out swiftly, and signed for, so that the registered manager could monitor this. The registered manager and staff acted proactively to ensure the environment was safe for each individual as much as possible. One person liked to walk around the home and the gardens and often did not want

Is the service safe?

to be accompanied despite having some memory loss and confusion. The registered manager had arranged for secure fencing to be put up around the home so that the person was free to walk around the gardens without becoming lost or leaving the safety of the premises unaccompanied.

The registered manager told us that she had recently asked for new wheelchairs to assist people with mobility problems around the home. The provider had purchased four new wheelchairs which we saw on the day of our inspection.

Is the service effective?

Our findings

People said that the staff understood their individual needs and preferences and gave them the help they needed in the way that they preferred. Before moving to the service people had their needs fully assessed by a senior member of staff. The assessment formed the basis of the care plan. The care plans set out how staff should meet people's needs in an individualised way. Staff approached individuals differently according to their needs. For example we saw that staff announced themselves after knocking on the door of one service user, as they had sight impairment, and would have been unable to identify who was entering their room.

Staff told us that the home's induction training followed the nationally recognised Skills for Care programme, and covered all aspects of providing care to people. New staff were given a copy of the employee handbook, which contained key policies and procedures such as health and safety, reporting accidents and incidents, data protection, maintaining confidentiality, and the complaints procedure. They were mentored by senior staff, and supported through individual and group supervision. The home's policy for supervision was 'To monitor staff's work performance on a continuous basis, so they maximise their strengths and help overcome any weaknesses'. Staff received regular supervision with senior staff. They used the supervision sessions as an opportunity to check that staff were working within the services policy and ethos. This included ensuring staff did not discriminate against any person living at the service. Staff said that supervision meetings provided them with an opportunity to request training, and discuss any concerns.

The staff training records for 2014 showed that all staff had completed refresher courses in essential training subjects such as moving and handling, infection control, food safety, fire safety, and safeguarding adults. They received training in additional relevant subjects such as skin care and pressure area care; mental health disorders and behaviour that may challenge in people living with dementia. Staff then undertook a test of competence to ensure they understood what they had been taught, and could put it into practice. Several people in the home had dementia, and this training enabled staff to understand more about how to assist people.

Healthcare professionals provided us with feedback about the effectiveness of the service. They said that staff liaised effectively with health and social care professionals and were not afraid to ask for extra support as and when it was needed. This extra support could involve some bespoke training for managing people's individual health conditions, or accessing specialist equipment. They told us that staff were keen to learn from health care professionals.

The registered manager and care staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This helped them to assess if people needed someone to speak on their behalf, or if they needed to be deprived of their liberty for their own safety. Staff demonstrated a good understanding of their role and responsibilities in relation to MCA. The Act sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing people's rights to take risks, and make their own decisions in relation to consent or refusal of care or treatment.

The registered manager told us that she was in the process of making a deprivation of liberty application to the local authority for one person to make sure their rights were protected. The service carried out mental capacity assessments should they be required. The registered manager described a situation in the past where the service had made an application for deprivation of liberty which having been assessed by the local authorities DoL's staff, was not required. No one at the time of our inspection were subject to Deprivation of Liberty (DoL's) safeguards.

People were asked for their consent and people had signed documents to indicate their consent. This included taking their photographs, for use on their records to help show their identity, for the use of bed rails, and for the use of motion sensors at night to detect if a person has got out of bed. Throughout our inspection staff asked people for permission before assisting them, for example when helping them move from their rooms to the lounge.

A four week rolling menu plan was in place and this was changed seasonally. There was a large display board in the dining area with the menu choices for the day in writing and with pictures, for people to see. Special diets were catered for such as for people with diabetes. Staff understood that for people with diabetes no food was "off limits" but they encouraged people to have a healthy diet.

Is the service effective?

People could choose where they ate their meals and there was a light and airy dining area with tables neatly laid for people to use if they wished. The majority of people chose to eat their meals in the dining area.

People said “The food is good”, another said “I was offered pancakes the other day, that was a surprise and it was really lovely”. People said there was a good choice of food at every meal time and they could ask for an alternative if they didn’t like the choices from the menu. One person commented “If I want something different I can just ask”. The portion sizes suited people’s individual needs and tastes, and we saw that some people were given their meal with a plate guard which helped them to be more independent. People were assessed using professionally

recognised tools for their vulnerability to malnourishment. People who may have been at risk of malnourishment were weighed regularly and action was taken if they gained or lost excessive weight.

People’s records contained evidence that they had access to relevant healthcare professionals as required, this included dentists and opticians as well as GP’s and district nurses. A clear record was kept of which professionals people had seen and what their advice or treatment had been. People told us that if they wanted to see their GP that staff arranged this promptly and that should they need to attend appointments outside the home their relatives or a member of staff may accompany them.

Is the service caring?

Our findings

People felt involved in the planning of their care and in the daily running of the home. One person said “This is my home, and they make it feel that way”. Another person told us that they felt confident that if they were not happy with anything it would be dealt with. People also told us that staff took care to maintain their privacy and dignity particularly when helping them with their personal care. During the inspection we observed a person emerged from the toilet with their clothing in disarray, a staff member quickly approached them to help them straighten their clothing. The staff told us that this person was very independent and liked to do as much for themselves as possible. We saw that staff ensured that people’s personal care needs were dealt with in private and staff took care to ensure toilet and bedroom doors were closed when people were being assisted.

We observed that staff showed kindness and thoughtfulness to people throughout our visit. They knocked on people’s bedroom doors and waited for an answer before entering, showing that they were aware of maintaining people’s privacy and dignity. People said they were able to get up and go to bed when they wanted to, and staff did not rush them in any way. One person said “Everyone here is wonderfully kind and good to us. I have nothing but praise for all the staff. They are all kindness and smiles.” Another person told us “I am very happy here, and have no complaints about anything. I have my own room which is lovely.”

The home had a pleasant and relaxed atmosphere. We saw that staff asked people where they wanted to go or wanted to sit, and enabled them to make decisions in their daily lives. Some people liked to stay in their own rooms and some liked to socialise in the lounge or at meal times in the dining room. People’s bedrooms were personalised according to their individual tastes. One person was very pleased to tell us that she was able to have her cat in the home, which stayed mostly in her own room.

Feedback from healthcare professionals we contacted prior to our inspection included that staff were very caring and considerate to people’s individual needs. They told us that staff at Breton Court displayed a caring and respectful demeanour, and that staff were warm and welcoming.

Staff were knowledgeable about people and knew what their interests were as well as knowing about their personal histories. Staff said that this knowledge helped them strike up conversations and establish friendships with the people in their care. Staff told us that the people they looked after at the service were at the centre of everything they did. Staff, the registered manager and the provider described how they tried to provide care to people as if they were part of the family. Interactions between staff and people living at the service were friendly and caring. During the inspection we observed that one person became agitated. We saw that a member of staff approached them, spoke gently to them and reassured them that nothing was wrong. The person was then calm and appeared reassured.

People’s care plans were reviewed on a regular basis and there was evidence that people and their relatives when appropriate had been involved in the reviews. Care plan reviews included the comments made by the people and their relatives when they had been involved. One visitor told us they were very happy with the care their relative was receiving.

There were regular residents and relatives meetings, minutes were kept of these meetings and they indicated that action was taken as a direct consequence of comments people made. For example one person had said during the last meeting that at meal times the plates were cleared away too quickly. Staff told us that since this person made this comment they waited until every person at the table had finished their meal before clearing away the plates. Staff said that they had realised that this person liked mealtimes to be more of a social occasion and since then they did not interrupt to carry out tasks.

Is the service responsive?

Our findings

People's care plans showed that they had a thorough assessment carried out before moving into the home, so that staff were already aware of their preferences and previous background. People told us that they knew roughly what was in their care plans and confirmed that they had been involved when they were drawn up. People also knew about their reviews and knew that this was a formal opportunity for them to discuss how their needs were met. Ongoing assessments were carried out for people's individual needs such as nutritional assessments, falls risks, and moving and handling assessments. Care plans were written from initial assessments and included people's personal likes and dislikes, and their social history, and family backgrounds. Risk assessments balanced people's rights to make choices with strategies to reduce possible risk so that people were encouraged to be as independent as possible.

People were encouraged to continue taking part in hobbies and interests they enjoyed before moving to the service, as far as possible. Some people had added comments to recent questionnaires which included, "I would like more activities such as walks and quizzes" and this was being followed up by the registered manager. A new activities staff member had been appointed and was due to start work within the next few weeks. In the interim the activity coordinator from another home was spending part of their working week at Breton Court and a member of care staff was also spending part of their time organising and running activities. A range of in house activities were run on a regular basis such as quizzes and bingo, and entertainers and exercise groups also regularly visited the service. The schedule of activities for the forthcoming week was clearly displayed in the dining area. This included a visit from the hairdresser, arts and crafts, armchair exercises, bingo and a visit from a mobile sweet shop. People said they enjoyed the range of activities organised at the service. People who preferred not to participate were offered alternatives such as time alone with care staff or the activity coordinator to chat privately, have a manicure or to do a crossword.

Relatives told us that they could visit at any time and were always made to feel welcome. They also told us that communication between them and the staff was very good. They were kept informed of any changes in their relative's health and felt involved in the care of their relatives. One

visitor told us that the staff did everything for their relative that they needed, that the staff understood their relative's individual needs and they felt very reassured after a negative experience in another care setting.

Healthcare professionals were confident that the staff acted appropriately when people's health deteriorated. They said that staff reacted promptly to signs of patient's illness and distress and had good lines of communication with them. They also said that staff ensured that resident's health needs were met in a timely manner. They said that staff engaged on a daily basis with district nurses, GP's and other relevant health professionals to ensure that people received the best possible care from the right professional.

Formal reviews of people's care took place regularly and were documented. When relevant, people's relatives were invited to attend these reviews. People and their relatives were asked their opinion of what they thought of the care and their experiences of living at the service. People said they were free to contribute their thoughts and opinions at the meeting. These reviews were documented and signed by those that attended to show what was discussed and that they were in agreement with any changes made to the care plan. The care plans were individualised, they included information about people's preferred daily routines such as their preferred times for getting up and going to bed, and how they liked to be assisted with personal care.

There was a range of equipment at the service to assist people with daily living and to maintain their independence. This included moving and handling aids such as slide sheets as well as handrails and small items of equipment such as double handled drinking cups. People were provided with the equipment they needed to help maintain their independence. For example at lunch time we saw that a plate guard had been provided for a person so that they could eat their meal independently.

People were informed about the complaints procedure when they moved into the home, and a copy was kept in each person's bedroom. A separate copy was displayed outside the registered manager's office so that it was easily accessible for anyone. People said they did not have any concerns or complaints, but if they did, they would just speak to the registered manager. They were confident that she would deal with any issues and take appropriate action. The service had not received any complaints since the last inspection. Only written complaints or those

Is the service responsive?

thought serious were recorded in the log and investigated in accordance with the complaints policy. The staff and registered manager told us that minor expressions of dissatisfaction were dealt with but not recorded. The service user and relatives meetings were also used to

address these minor expressions and we saw that those brought up at these meetings were acted upon. We recommend that the service consider recording minor complaints and the actions they take to address them.

Is the service well-led?

Our findings

People, their relatives and staff felt involved in the running of the service and able to make comments. There were formal ways for people to feedback their opinions and thoughts which included regular staff and service user meetings. Surveys were also regularly given out to people and their relatives. The results of the last survey conducted in July 2014 had been analysed and an action plan had been put into place to address areas where people made comments or suggestions. For example one person had commented that plates were cleared from tables too quickly resulting in them feeling mealtimes were rushed. The registered manager had spoken with all staff and regularly checked that this no longer happened reinforcing this with staff regularly. People said that they spoke with the registered manager and staff about what was happening at the home such as requesting special meals to be cooked or activities they had enjoyed on a daily basis.

The service was run by the registered manager who had worked there for around eight years. All the feedback we received from health professionals, staff, people living at the service and their relatives was very positive about how the home was managed and run. There was an open and inclusive ethos at the service. A relative told us that they were made to feel welcome and a part of the service, and that their opinion about the running of the home was asked for. People said they felt comfortable to make their views known to the staff, registered manager and provider.

Staff told us that they felt very supported by the registered manager and said that they could discuss any issues or concerns with her. They said that whilst the registered manager's main focus was the needs and wishes of the people living at the service they also felt valued. Staff told us that they met regularly with the registered manager to discuss aspects of working at the service, their training and development and any personal issues.

The registered worked "hands on" working some shifts, and had an office on the ground floor so that she was accessible to the staff, people and any visitors. This helped her to be aware of the day to day culture, and the attitudes and behaviours of staff, and to resolve issues as they arose. A health professional told us that the registered manager was very 'hands on' and, demonstrated 'outstanding knowledge' and staff liked and respected her.

Staff we spoke with were aware that if they had concerns about the service that they could "blow the whistle". There was a whistle-blowing policy in place which was accessible to staff. This gave information about other relevant agencies they could contact.

There was a clear management structure in place, and staff said that in the absence of the registered manager or deputy they could contact the provider directly should the need arise. The registered manager understood her responsibilities in relation to the running of the service and her legal obligations.

The registered manager carried out regular audits to monitor and maintain the quality of the service. These included regular health and safety, infection control and medication audits. There were annual risk assessments for the building and other regular risk assessments for the premises to promote people's safety. A wide range of documentation was also regularly audited. This included care plans, medication administration records, risk assessments and daily records. Regular checks of the maintenance book and minutes of meetings were made. The registered manager also checked accident and incident reports to look for any patterns or trends and these, along with regular surveys helped the registered manager establish the services aims and objectives for improvement. There were reliable processes in place for the servicing and maintenance of equipment to make sure these were safe for people to use.