

Ecce Cor Meum Limited

Breadalbane Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 5 October 2015. The visit was unannounced. Our last inspection took place on 9 February 2015 in which there were four breaches of legal requirements identified. These were in relation to the need for consent, person centred care, safe care and treatment and staffing. We saw that the service had taken all required measures to improve and that they had met all relevant requirements.

Breadalbane Residential Home is a care home for up to 15 older people. It is a converted house, which has been adapted and extended to provide accommodation over two floors. There is a passenger lift operating between the floors. The home has one double bedroom, this is currently being used by one person and the rest of the rooms are single occupancy. On the day of our inspection there were 14 people living at the home.

Summary of findings

The home had 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.

During our visit we saw that people appeared happy and relaxed. We saw that all staff had positive relationships with people and their families. We saw that the provider knew the people well and made time to go and speak to them on their arrival at the service. The provider made time throughout the day to speak to people and share common interests and humour with residents and visitors.

People we spoke with told us that they felt very safe living at the service and they had no concerns about any aspect of their care. People felt that they had good relationships with staff and that staff knew them well and were able to give good care as a result of their knowledge. People told us they were always treated with dignity and respect and that the staff were very caring towards them.

We found that the registered manager had addressed all issues relating to the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). The manager had identified all service users who were at risk of being deprived of their liberty due to reduced capacity to make their own decisions, had carried out an assessment of their mental capacity in relation to making specific decisions and had applied for the necessary safeguards to be put into place. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We found that the provider had taken action to improve the management of medicines in the service. We found no concerns about the way in which medicines were stored, recorded or administered.

We carried out an environmental check of the service, we found no evidence of excessive water temperatures in any of the bathrooms, or people's rooms.

We saw that the manager had put in place robust auditing processes which meant that they were aware of any issues within the service and we saw that there were processes for these issues to be resolved in a timely manner and evidence that these processes were being used effectively.

We saw that the provider had a schedule of improvements for the service. At the time of our visit there were plans in progress to redecorate the main lounge. This was particularly in relation to removal of the patterned carpet which was not suitable for some of the people who were partially sighted as it made it difficult for them to judge their footing when walking in the lounge.

We saw that the manager had made improvements to the signage in the service. They had implemented signs which were pictorial to help the service users who were living with dementia, they had also maintained the original signs as some of the service users felt that they preferred them.

On the day of our visit we saw that people were given choices about how they wanted to spend their time. A member of staff was playing table top games with some people in the morning. After lunch some people decided that they wanted to watch a film in the main lounge. We saw that they chose the film and were actively watching it. A member of staff asked if anyone wanted to do any other activity, the offer was declined.

We saw that the home was very clean, there were no malodours anywhere in the service. We saw that there was a domestic member of staff cleaning throughout the day, this included door frames and skirting boards. We saw that all staff were washing their hands and using personal protective equipment appropriately.

We saw that all people had been assisted to get up, get washed and dressed and have had their breakfast by 10:30; when we asked people if they got up at their preferred times they told us they did. People told us they enjoyed the food they were served and we saw that staff offered drinks to people throughout the day.

We saw that there were sufficient numbers of suitably trained and skilled staff available throughout our visit to meet people's needs safely.

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

Staff knew how to recognise the signs of abuse and were able to tell us how they would report this if they suspected or found evidence of abuse taking place.

The service was managing medicines safely.

There were sufficient numbers of adequately trained, skilled staff to care for people safely.

There were risk assessments in place which identified potential risks and measures which would minimise those risks

Good



Is the service effective?

The service was effective.

The service had gained consent for the care which was carried out, staff also gained individual consent before care was delivered.

The service was meeting people's nutritional and hydration needs

The manager made appropriate referrals to other agencies in a timely manner to ensure people accessed services to meet their health care needs.

Good



Is the service caring?

The service was caring.

Staff had positive caring relationships with people.

People were given choice and their preferences were incorporated into their care plans.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

The care plans were well designed, detailed and person centred.

There were regular meetings within the service with people and their families to gain feedback and there was a suggestion box available for anyone to use.

There was evidence of regular review and revision of care plans which showed that the service was reflecting people's changing needs.

Good



Is the service well-led?

The service was well led.

There was a positive, supportive culture in the service.

Staff told us that they felt well supported by the manager and the provider.

Good



Summary of findings

There were good records of the care being delivered.

There was robust auditing of the service, which was analysed and used to inform future improvements.

Breadalbane Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Say when the inspection took place and be very clear about whether the inspection was

This inspection took place on 5 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were 14 people living at the home. During our visit we spoke with six people who used the service, three visiting relatives, four members of care staff, the cook, the registered manager and the provider. We looked at the care records of five service users, medication records for the whole service, complaints records, auditing which took place in the service and three staff members' files.

Is the service safe?

Our findings

One person's relative told us, "we always felt that the care was very safe, (person) was really happy and had been here for five and a half years when they passed away."

One person told us they definitely felt safe, and told us they felt that had chosen well by choosing to live at the service.

We saw that the service had sufficient staff to care for people safely and to deliver person centred care. The manager of the home had identified that there was a need for an extra staff member to work between 11am and 6pm. This had been trialled and found to be successful, therefore had been implemented on a permanent basis. Staff told us that this had worked really well.

We saw that staff were skilled and knowledgeable. Staff had in depth knowledge of the needs of the people who used the service, and this was evident in their care delivery.

We spoke with staff, who were able to explain signs of abuse which would need to be reported, they knew how to report any issues, they also all said that they had not had any concerns at the service. People told us that they felt really safe, and they felt that they would be able to speak to staff if they felt there was an issue.

We looked at care records and saw that there were robust risk assessments in place. There were separate risk assessments for identified risks. For example, there were risk assessments in place for falls, bathing and moving and handling processes. The risk assessments were detailed and gave information on how the identified risks should be minimised.

The care records we looked at included a personal emergency evacuation plan, which detailed how the individual should be assisted to leave the building in case of emergency. These were detailed and easily accessible to staff within the care files.

We spoke with staff who told us that they were aware of the whistle blowing policy of the service. Staff told us that they had a positive relationship with the manager and the provider and felt that they would be able to raise concerns with either one of them.

We spoke with the manager about their recruitment processes. The manager told us that they did not have a high turnover of staff, which meant that their recruitment

need was minimal. We looked at the recruitment files for four staff and found that the provider had carried out all pre-employment checks and had a robust process for ensuring that the people who were employed were suitable for their roles. This showed that staff were being properly checked to make sure that they were suitable to work with vulnerable adults.

We tested the temperature of the water in communal bathrooms and people's en suite bathrooms. We found that whilst the water did take a short while to reach a reasonable temperature all the temperatures we recorded were within safe limits and did not pose any threat of scalding to service users.

We asked the manager about the dependency levels for each of the people living in the home. The manager had implemented a weekly check of this information as part of their auditing process. This showed how many people were in each of the classifications, which were self care, low need, medium need and high need. This information was then used to look at the current staffing levels to ensure that they were adequate to meet people's needs.

We looked around the home and saw that there had been improvements made. Door handles which had been identified as broken had been replaced. We saw that the manager had a maintenance hand over book, in which staff would record any issues. The manager checked this book as part of their daily environment check and actioned any maintenance work.

We saw that the home was very clean and there were no malodours in any of the rooms. We saw that there was a domestic member of staff cleaning throughout our visit, and they were cleaning methodically and thoroughly. We checked two mattresses and found no concerns. We looked at all communal bathrooms and found that all were very clean and well stocked with soap, hand gel and paper towels. We saw that staff used personal protective equipment appropriately and that there were plentiful supplies of these items throughout the home. This meant that the provider was taking appropriate measures to prevent the spread of any infections which may occur.

We looked at the arrangements which were in place for the ordering, storage and disposal of medicines. We found these to be safe. People's medicines were stored in a locked trolley which was stored in a locked room when not in use. We looked at the temperature recordings for the

Is the service safe?

room where medicines were stored. We found that the temperature was consistently within the manufacturers recommended range. This meant that medicines were being stored safely to ensure no adverse impact on their effectiveness.

We looked at the administration of medicines. We found that the medication administration records (MAR) were complete and there were no gaps in recording in any of the

MARs. We checked the stock against the records and found that there were no discrepancies. This meant that people were being given their medications in line with how they were prescribed.

We saw in one person's care plan that there were detailed explanations of the use PRN (as and when required) drugs, with instructions to care staff on how to manage these medicines and to ensure that they are seen to be swallowed as the person sometimes chewed their medicines.

Is the service effective?

Our findings

One person's relative told us "the staff have the skills they need to give good care, I believe that (person) would not have lived nearly so long had they not been living here. The care they received at the end of their life was so respectful."

One person told us, "I don't go out much, I don't want to, I love living here. I have a friend I talk to, and the staff are lovely and very kind."

One person's relative told us "they have been eating really well and have put on some weight since being here."

Another relative told us, "they are treated brilliantly, the staff can't do enough for them."

Another relative said "they ring me straight away if they are not well, they are really quick off the button. They take them to hospital appointments and bring them back."

We saw that the staff were knowledgeable about the people using the service. When we spoke with staff they could give us details about all the people in the service. We saw that staff were well trained and when we spoke with staff they explained the knowledge they had gained from their training. We looked at the training records for the service and saw that all staff had received an induction prior to commencing their roles and had been given refresher training to maintain their knowledge.

We saw that the majority of the staff in the service had achieved or were working towards a nationally recognised qualification in health and social care (QCF) at level 2 or 3.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We asked the manager how many people were subject to a DoLS. The manager told us that there were nine people who required a DoLS. At the time of our visit there were three people with a DoLS in place and there were a further six where an application had been made and these were being processed by the Wakefield Council.

We saw that there were mental capacity assessments which had been carried out in line with the Mental Capacity Act 2005. The mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. This meant that the provider was making formal assessments of what decisions people who were living with dementia were able to make and taking action to protect their rights when they were unable to make decisions using DoLS and best interest decision processes if necessary.

We found that whilst there was a coded lock on the front door, we did not see any people asking to leave the service, and people told us they were happy to be there. We saw no evidence of restrictive practices being used in the service.

We saw in the care records that people's consent had been gained when their care plans had been created as these were signed by the person or someone acting in their best interests. Throughout our visit we saw that staff gained verbal consent from people before assisting them. This meant that people were being asked for and giving their consent to the care which was being delivered.

We saw people who were living with dementia were settled. They were interacting with staff, other people and visitors to the service. We saw no altercations between people during our visit and staff and visitors told us that there had not been any that they could recall. This demonstrated that people who were living with dementia were having their needs met as they were not agitated or showing any signs of the repetitive behaviours seen at our last inspection.

Everyone we spoke with agreed that the food was very good. Visitors reported being asked to stay for meals with their relatives and enjoying the meals served to them. Whilst the service did not display a menu, people told us that they were given choices and staff knew what they liked to eat. We saw that drinks and snacks were offered freely throughout the day, rather than a 'tea round' at a specific time. This meant that people were able to have a drink and snack at a time which suited them. People told us visitors were offered refreshments as a matter of course.

On the day of our inspection lunch was a sausage dinner or meatballs and there was a soft diet option for those that required it.

We saw evidence that the provider had identified people who needed a fortified diet, to help them maintain their

Is the service effective?

weight when their appetites had reduced. We saw that people were served high calorie milkshakes with cream, these were enjoyed and presented nicely. People told us they really enjoyed the milkshakes.

We saw in one person's care records that there were instructions for fortifying their diet from a dietician and there were recipes for nourishing drinks in another care file.

We saw in care records that some people had gained weight in line with their needs since being at the service. We did not see any records which showed any concerns with people's weights.

Is the service caring?

Our findings

One person told us “they are very good, the staff treat me with respect and kindness. They understand my needs and I have my own key worker.” Another person told us “I didn’t want to come to start with, but it is a nice home, the staff are lovely.”

One person’s relative told us ‘It’s great they look after (relative) really well, I am really happy that they are here. I am invited to stay and have tea regularly and am always made really welcome’ Another relative told us “the staff have lots of patience, I have never heard anyone lose their temper.”

At lunchtime we observed staff who were assisting with lunch service. We saw that staff were helping people who needed it, by cutting up food, the staff encouraged all the service users to eat independently, which resulted in everyone managing to eat their food with minimal assistance.

We saw that staff were observant and quick to act, for example staff changed a person’s cutlery as they noticed they were finding this difficult to use. People were offered a choice of wearing clothing protectors during meals. We saw that staff were present and interacting with people throughout lunch.

Staff told us that they enjoyed their roles, one staff member told us “I love it! I find that I am able to care for people here, which has not been the case in other jobs. I treat people as I would one of my own relatives, we respect people’s dignity and give them choices.” The deputy manager told us “it’s fantastic here, I have worked in other homes before but this is so much better. It is like an extended family.”

The people who lived in the service were very well presented. The hairdresser was in the service on the day of our visit; staff made time to pay each person compliments as they returned from their hair appointment.

We saw that people were encouraged to do as much as they were able for themselves. We saw staff taking time to allow people who were stiff from sitting to get themselves up in their own time, there was no element of rushing people from our observations. We saw that when people were assisted there was thought given to their privacy, for example, staff would very discreetly ask people if they needed assisting to the toilet.

We saw that staff took time to make sure people were content, and staff regularly asked people if they were ok or if they wanted anything.

Is the service responsive?

Our findings

Staff told us, “This is their home, they are treated with dignity and respect. We always give them choice. I treat people as I would want someone to treat my mum and dad.”

We looked five people’s care plans and found them to be person centred and detailed. The care plans included a very detailed personal history section, which gave information that new staff may use as a frame of reference to talk to the person. There was another section ‘my life now’ which detailed people’s preferences, their daily routine, what they felt they needed help with and what help they would like.

Thought had been given in the care planning to include dates of importance for each person, this included family birthdays and anniversaries to help people remember, if they were living with dementia and needed support.

We saw that there were task related care plans for all aspects of care. These were carefully set out with an index which made them easily accessible to staff. We saw that the care plans were reviewed each month and there was evidence in all the files we looked at of changes being made to the care plans to reflect people’s needs and preferences.

Each care file had a sheet on the front which gave all the information which would be needed in case of an emergency. This included GP, next of kin, medical history and date of birth. This meant that this information could be accessed quickly if needed.

We saw that there were detailed records of all interventions by outside agencies and medical professionals. The detail in these records made it very easy for the reader to see exactly what action had been taken by who and when, they also detailed outcomes of medical appointments which had been attended.

The service had a key worker scheme, where each person had a care worker assigned to them. This allowed care staff to be involved in the planning and review of the care plans, which meant that each person’s needs were understood more thoroughly.

One member of staff we spoke to told us “I put in as much detail as possible for their care plans and their daily records”. The deputy manager told us “I sit down with the person and their family if they want them involved or are not able to manage on their own. I observe them and get to know them to make sure their care plan meets their needs.”

The manager told us that they have an outside entertainer who comes into the service every Thursday, to do activities like singing and bingo. One person told us “There is plenty of entertainment, there is a gentleman who comes on a Thursday and does singing, I like to join in.”

We saw a member of staff got out some table top games in the morning and started playing these with people who were interested. In the afternoon staff offered other activities, including making reminiscence books. People had decided amongst themselves that they wanted to watch a western film on the television and declined the other activities. Staff told us that people chose what they watched, and sometimes preferred to listen to music channels. We saw on the morning of our arrival that there was a music channel playing quietly in the lounge.

There was a small conservatory off the lounge. This had a television and a record player with a variety of records. The manager told us that one person liked to watch a programme no-one else liked each morning, and they had put the television in the conservatory for them initially. The staff told us that people liked to go and listen to records.

We saw that there were records of activities, and these detailed the activities we had been told about. The manager told us that they had also arranged some trips out, these had included afternoon tea and a trip to York railway museum. We saw that there were signs in the home advertising a Halloween party later in the month, and on the notice board we saw notices for arts and crafts, a sing-along, dancing and a variety afternoon.

We looked at the way the service responded to concerns and complaints. People we spoke with told us that they would go to the manager if they had concerns. Visitors we spoke with told us they would be comfortable in approaching the manager or the provider and felt confident that their concerns would be addressed. None of the people we spoke with had made any complaints and told us they had no concerns.

Is the service well-led?

Our findings

One person's relative told us, "there are relative/residents meetings, I have attended these and found them useful. They ask for our input and they listen to what we have to say."

There was a registered manager in the service who had been in post since February 2015. The staff in the service spoke positively of their relationships with the registered manager and told us that they were approachable and supportive. The registered manager was visible and spent a significant amount of their day with people and staff in the service rather than spending all their time in their office which was downstairs. The registered manager knew all the people well and we saw very positive interactions taking place throughout the day.

We found that communication in the service was good. We were invited to the staff handover, which we saw to be detailed and effective. There were regular meetings held for people and their relatives at which the service shared news and gained suggestions and feedback.

We looked at the accident and incident records for the service. We saw that the manager carried out a monthly analysis of the accidents which had taken place over the previous month. There were clear records of accidents and incidents and the service had a 72 hour post fall observation process. Staff made observations of people who had fallen without apparent injury at specified intervals over the initial 72 hours to ensure that no injury had been missed and the person was carefully monitored. These observations were completed in all cases and kept with the accident records.

The registered manager had implemented a full auditing process for the service, this covered staffing needs, training needs, accidents and incidents and the quality of the care being delivered and people's satisfaction. We saw that there was a system in place which regularly sought the

views of people and their relatives by way of a survey. There were also surveys sent to other agencies who visited the home and to their own staff to monitor their satisfaction levels.

We saw that the manager had implemented medication audits. These were carried out weekly. The audits looked current stocks of all medicines which was checked against medication given to service user and medication received from pharmacy. Expiry dates for all medication was checked. All MARs were checked for any gaps in signatures, any gaps were then checked against stock to verify if the medication had been given and appropriate action taken with the relevant member of staff. Dietary supplements were stored in the medication room. There were tally charts in place to show stock in, stock used and stock remaining, these were also audited each week.

We saw evidence that the manager was taking appropriate action when there were any problems identified with staff performance. For example there had been an incident where a staff member had made a minor error when administering medication. The incident had been minor with no impact the service user. We saw that the manager had met with the staff member and reminded them of the importance of safe medication practices.

We saw that there was a caring culture in the service. This was evident from the provider who arrived at the service and made time to interact personally with all the people in the service, to the manager who knew all the people very well to every other member of staff we saw in the service. We saw that staff worked well together and communicated well throughout the day to make sure people's needs were met efficiently.

We felt that we were welcomed into the service and we found it to be very homely throughout the day. Staff shared jokes with people appropriately based on what they knew about people and kept everyone involved in conversations which took place.