

# East And West Healthcare Limited

## Braeside Care Home

### Inspection report

8 Royal Street  
Smallbridge  
Rochdale  
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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

Braeside Care Home is registered to provide personal and nursing care for up to 36 people. It is located in the Smallbridge area of Rochdale. This was an unannounced inspection which took place on 28 April 2015. There were 32 people living in the service at the time of our inspection.

We last inspected this service on 27 August 2014 and found that the service had breached two of the seven

regulations assessed. We issued compliance actions that required the provider to make the necessary improvements in relation to cleanliness and infection control and supporting workers.

The home had a registered manager in post. 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.

# Summary of findings

People who used the service and the visitors we asked told us that Braeside Care Home was a safe place to live and they were well looked after. Staffing levels were sufficient to meet the needs of people who used the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm. Staff said they would report poor practice and felt confident that the registered manager would take appropriate action. We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

We saw medicines were managed safely and people were supported to take their medicines as prescribed.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. The staff team had also completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

All the people we asked told us the meals were good. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

An on-going programme of redecoration and refurbishment of the premises was in place. There were plans for the lounge and dining room on the dementia unit to be redecorated.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

We saw that care plans included information about people's personal preferences which enabled staff to provide care that was person centred and promoted people's dignity and independence.

Leisure activities were routinely organised within the home. These included various games and quizzes. Outside entertainers also visited the home.

A copy of the complaint's procedure was displayed near the main entrance. No complaints had been made to CQC or the local authority during the last year.

Members of staff told us they liked working at the home and found the registered manager approachable and supportive.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided.

# 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. Members of staff knew the action they must take if they witnessed or suspected any abuse.

Staffing levels were appropriate to meet the needs of people who used the service

Arrangements were in place to ensure that medicines were managed safely.

Good



### Is the service effective?

The service was effective. Members of staff were supported to access training appropriate to their role including, nationally recognised vocational qualifications.

People who used the service told us the meals were good. At meal times members of staff chatted to people and offered appropriate help and encouragement.

People were registered with a GP and had access to other health and social care professionals.

Good



### Is the service caring?

The service was caring. We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support they needed

Visitors were welcomed into the home at any time and offered refreshments.

Good



### Is the service responsive?

The service was responsive. People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised at the home.

A copy of the complaint's procedure was displayed in the home. No complaints had been made to CQC or the local authority during the last year.

Good



### Is the service well-led?

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



# Braeside Care Home

## Detailed findings

### Background to this inspection

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

Our unannounced inspection at Braeside Care Home took place on 28 April 2015. During the inspection we spoke with six people who used the service, seven visitors, two registered nurses, two care workers, the cook, a domestic and the registered manager.

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 services for older people.

Before our inspection visit we reviewed the information we held about the service. This included notifications the

provider had made to us. We contacted the local authority safeguarding team and the commissioners of the service and Rochdale Healthwatch to obtain their views about the service.

We did not request 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 any improvements they plan to make. This was because the provider would not have had sufficient time to complete the PIR.

During the inspection we carried out observations in the public areas of the home and undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for 11 people. We also looked at the recruitment, training and supervision records for two members of staff, minutes of meetings and a variety of other records related to the management of the service.

# Is the service safe?

## Our findings

People who used the service told us that Braeside was a safe place to live. One person said, "I feel safe here because the staff are not too far away I just press my buzzer and they're here. Staff come as soon as I call." Another person said, "I feel safe here because it's well organised." The relative of one person said, "I know he's safe here because there are always staff around to look after him. I can relax and know he's being looked after."

Discussion with the registered manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. We discussed safeguarding with four members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

Information we received from the local authority safeguarding team and Rochdale Healthwatch prior to this inspection stated they had no concerns about this service.

The staff team had access to the 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The members of staff we asked told us they would report any concerns to the manager and were confident that appropriate action would be taken. One care worker said, "I would feel it a duty to blow the whistle on poor practice. I have no concerns whatsoever but if I had I wouldn't hesitate."

We looked at the care plans of four people who used the service. These plans identified the risks to people's health and wellbeing including falling, nutrition and the formation of pressure sores. Guidance for staff to follow about how to manage identified risks in order to promote people's safety and independence were also included in the care plans.

Staff had been trained in the moving and handling of people with mobility problems. Equipment such as hoists and slings were provided and maintained to protect people and staff from injury.

We saw that medicines were stored securely which reduced the risk of mishandling. Registered nurses were responsible for the management of medicines at the home. We looked at the medicines administration records of 17 people who used the service and found they included details of the

receipt and administration of medicines. We saw that records of unwanted medicines disposed of correctly by a licensed waste carrier were also kept. We saw that there were no unaccounted gaps or omissions in the records. Some people were prescribed medicines to be taken when required for example pain killers. We saw that guidance for staff to follow about when people might need to take their when required medicine was included in people's individual care plans. One person said, "I'm on medicines and I know what most of my medicines are for. Medicines are given more or less on time."

We looked at the files of two members of staff appointed within the last six months. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, "There's always someone to help if I need them." The relative of one person said, "There's plenty of staff to look after her." We were shown a copy of the duty rota which provided details of the grades and number of staff on duty for each shift. In addition to the registered nurses and care workers ancillary staff were also employed to do the cooking and domestic work. One care worker said, "The manager works out staffing levels according to the needs of the residents."

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were used appropriately by members of staff in order to protect themselves and people who used the service from infection. We looked round the premises and found the home was clean and free from unpleasant odour. One person said, "It's always clean in here. I see them cleaning every day." One visitor said, "The home is clean and smells fresh."

We saw records to demonstrate that equipment used at the home was usually serviced regularly.

This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. The fire system and procedures were checked regularly to make sure they were working.

## Is the service safe?

However, a personal evacuation plan (PEEP) had not been completed for any of the people who used the service. This meant that members of staff did not have written directions to follow about the support each person required in the event of an emergency which could put the

safety of people who used the service at risk. The registered manager expressed her intention to address this issue as matter of urgency. We noted that there was a business continuity plan which provided information for staff about the action they should take in the event of an emergency.

# Is the service effective?

## Our findings

Discussion with members of staff confirmed that they had a good understanding of the needs and preferences of people who used the service. One visitor said, “The staff are easy to get along with and have a very good understanding of people’s needs.” One care worker said, “I always read the care plans of new residents to see what their needs are.”

It was clear from the information contained in the four care plans we saw that people who used the service and their representatives had been involved in the care planning process. Where possible people who used the service had signed their care plan to indicate their agreement with the care provided. The relative of one person said, “I’ve seen his care plan and my sister has signed them.”

During the inspection we observed members of staff gaining people’s consent and cooperation before any care or support was given.

Three members of staff told us about the training they had received. This included moving and handling, fire prevention, dementia, safeguarding adults, food safety, infection control, first aid, wound care, nutrition, end of life care and nationally recognised vocational qualifications in health and social care.

The registered manager showed us records which identified when members of staff had completed training. We looked at the personnel files of two members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

New members of staff were required to complete a structured induction programme which included moving and handling and safeguarding training. Depending on their previous experience new staff shadowed a senior member of staff for the first few shifts or until they were confident in their role. We observed that members of staff used appropriate moving and handling procedures and explained to people who used the service what they were doing.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The

Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection an authorisation for DoLS was in place for nine people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that urgent applications for DoLS had been made for another eight people who used the service.

Members of staff also told us that they had regular supervision meetings and an annual appraisal with their line manager. The members of staff we asked said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home including training. One senior member of staff said, “They give me encouragement.” This confirmed that members of staff were supported by senior staff and the registered manager to provide effective care for people who used the service.

All the people we asked told us the meals were good. One person said, “The food is absolutely brilliant. They have an excellent chef and assistant. I like all the food here.” Another person told us the food was excellent and said, “Staff ask me what I want to eat.” The meal served at lunch time looked wholesome and appetising. We observed that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people’s needs and sat next to the people who required assistance to eat their meal. Care workers also chatted to people and offered appropriate encouragement when necessary. We saw that hot and cold drinks and snacks were also available throughout the day. One visitor said, “They are always coming round with drinks.”

Discussion with the cook confirmed that he was aware of people’s individual preferences and any special diets such as diabetic. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people’s individual preferences were catered for. The cook said that alternatives to the menu were always available if people wanted something else. Fresh fruit was also available in order to ensure that people received a varied and balanced diet.

## Is the service effective?

We found that people's care records included an assessment of their nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept. One person said, "I'm weighed regularly and I haven't lost weight."

The kitchen had achieved the 4 star good rating at their last environmental health visit which meant kitchen staff followed good practices.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people

had access to specialists and other healthcare professionals such as dieticians, speech therapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

We looked round the home and saw that a programme of refurbishment and redecoration was in progress. Since the last inspection the ground floor corridor had been redecorated and the conservatory and a vacant bedroom were in the process of being redecorated. The registered manager told us that there were plans for the lounge and dining room on the dementia unit to be redecorated.

We saw that people had personalised their own room with photographs, ornaments and pictures for the walls to make them look more homely.



# Is the service caring?

## Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. One person said, “The staff are kind and caring, they look after me well. You can laugh and joke with the staff. I know them all and they know me.” Another person said, “I like all the staff, they know what I like and don't like.” The relative of one person said, “The staff are always kind and pleasant.” Another visitor told us the care was amazing and said, “The staff are brilliant and friendly.” One care worker told us that Braeside was a friendly place to work and said, “The best thing about working here is the level of care given to residents.”

The care workers we spoke with understood the importance of promoting people's privacy and dignity. We saw that people who used the service were nicely dressed and looked smart.

The care plans we looked at contained information about people's individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Where possible information about each person's wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. This process helped to ensure that people's individual needs could be met at the home. The relative of one person said, “Before she came here the manager visited and asked questions about her.”

The registered manager explained that they also had a contract with the local Clinical Commissioning Group (CCG) to provide nursing care to one person, for a short time, when this was required in an emergency. The registered manager said that information was received about the person's health and care needs from the CCG but there was not usually time to visit before they were admitted to the home.

We noted that visitors were welcomed into the home at any time and offered refreshments. People who used the service could choose to receive their visitors in communal areas or in the privacy of their own room. One person said, “I have regular visitors. Staff make them welcome. We go to my room if I want to be private.”

# Is the service responsive?

## Our findings

The four care plans we looked at included information about people's personal preferences and preferred daily routine. One person said, "Staff do listen when I talk with them. They do things for me when I ask." Another person said, "I can decide when I get up and I like to go to my bedroom about three o'clock in the afternoon after my drink." The relative of one person said,

"Staff go into his bedroom in the morning and ask him if he wants to get up. If he says no, they leave him a bit longer. They don't push him to get up."

Members of staff were able to tell us how they supported people to make their own decisions, wherever possible, and offered choices for people to remain as independent as possible. One care worker said, "I pretty well know what time each resident wants to get up."

The care plans we looked at included information about people's interests, hobbies and religious needs. One care worker told us that people had a choice of activities during the day and said, "It's their choice if they want to join in." Activities included, quizzes, card games, bingo, manicures, foot spa, reading to people, movement to music and baking. During the inspection we observed a care worker giving some of the ladies a manicure. These ladies chatted to the care worker and obviously enjoyed her company. In the afternoon we saw that people enjoyed playing bingo. Members of staff were available to assist people to complete their bingo cards when necessary. One person said, "Staff regularly play bingo with us. I enjoy it and we win prizes like a little bar of chocolate." Another person said, "We play cards and sometimes entertainers come."

Local clergy regularly visited the home and offered Holy Communion for people who wished to practice their faith in that way.

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Where possible people who used the service or their representatives were involved in these reviews.

A copy of the complaint's procedure was displayed near the main entrance to the home. This procedure told people how to complain, who to complain to and the times it would take for a response. The relative of one person told us they would speak to the nurse on duty or the registered manager if they had any concerns and said, "I come every day and I've no concerns whatsoever." However, a person who used the service said, "I've never been told how to make a complaint but it's never been necessary." No complaints had been made to CQC or the local authority during the last year.

The registered manager explained that people who used the service and their representatives were given the opportunity to complete satisfaction questionnaires annually. The surveys completed in July 2014 indicated that people were generally satisfied with the care and facilities provided at the home. Meetings for people who used the service were held infrequently. The registered manager told us that last meeting took place in June 2014 when menus and activities were discussed.

# Is the service well-led?

## Our findings

The home had a registered manager in post. 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 registered manager was supported by the provider who was usually present in the home on three or four days a week.

Information received from the local authority commissioning team and Rochdale Healthwatch prior to this inspection confirmed that there were no concerns about how the home was being managed.

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One care worker said, "I definitely feel supported by the manager. I speak with her on a daily basis and she advises me."

The registered manager stopped and chatted to people who used the service when she was walking past them. One person said, "I know the manager. I see her in passing and she pops in now and again to see me." One visitor said, "The manager knows me well and she knows all the residents. I often see her around."

The registered manager told us that a staff meeting had been arranged for the following week. The previous meeting had taken place in July 2014. Minutes of these meetings confirmed that issues relating to the home and the care of people who used the service were discussed.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that policies and procedures for the effective management of the home were in place. These included, infection control, medicines management, health and safety, fire safety, complaints, disciplinary and grievance procedures, management of accidents and incidents and safeguarding. The policies were reviewed on a regular basis.

We saw that audits completed regularly by the registered manager included medicines, infection control, health and safety, care planning and the environment. Although accidents were not formally audited the registered manager explained that she looked at all the accident reports and took appropriate preventative action. Where necessary people who were at a high risk of falling would be observed more frequently by the staff team.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.