Barchester Healthcare Homes Limited

Braeburn Lodge

Inspection report

Braeburn Road
Deeping St James
Peterborough
PE6 8GP
Tel: 01778752500

Date of inspection visit: 25 November and 3 December 2015
Date of publication: 29/02/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Braeburn Lodge is registered to provide accommodation for up to 60 people requiring nursing or personal care, including people living with dementia. The home opened in January 2015 and is purpose built over two floors. The ground floor provides accommodation for people with general nursing and care needs and the first floor is reserved for people living with dementia. There were 28 people living in the home at the time of our inspection.

We inspected the home on 25 November and 3 December 2015. The first day of our inspection was unannounced.

The service did not have a registered manager. The service was being managed on a temporary basis by an operations manager (the 'interim manager') employed by the registered provider, pending the recruitment of a permanent manager. At the time of our inspection an application to register the interim manager had been submitted to CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers ('the provider'), 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

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLs applications for six people living in the home and was waiting for these to be assessed by the local authority.

Staff understood the issues involved in supporting people who had lost capacity to make some decisions. However, management supervision of front line care staff was inconsistent and some staff lacked the knowledge and skills required to meet the needs of people in the specialist unit for people living with dementia.

Staff knew how to recognise signs of potential abuse and how to report any concerns. However, despite detailed systems for assessing and monitoring people's care and support needs, some people were not consistently protected from the risk of falling.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required. Medicines were well-managed in a person-centred and discreet way.

There was a warm and friendly atmosphere in the home. Staff knew and respected people as individuals and provided kind, person-centred care. There were sufficient staff to meet people's needs without rushing.

A specialist activities team organised a varied programme of activities and staff and volunteers supported people to maintain their personal interests. Food and drink were provided to a high standard.

Although the interim manager had clearly made a positive impact during his time at the home, cover arrangements in his absence were not completely effective.

The provider met regularly with people and their relatives and sought their suggestions for service improvement. However, the provider's response to issues identified through quality monitoring and auditing was not consistently effective.

People and their relatives knew how to raise concerns or make a complaint.

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 not consistently safe.

Some people were not consistently protected from the risk of falling.

Staff knew how to recognise signs of potential abuse and how to report any concerns.

Medicines were well-managed in a person-centred and discreet way.

There were sufficient staff to meet people's needs without rushing.

Requires improvement

Is the service effective?
The service was not consistently effective.

Management supervision of front line care staff was inconsistent and some staff lacked the knowledge and skills required to meet fully the needs of people in the specialist unit for people living with dementia.

People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

Food and drink were provided to a high standard.

Requires improvement

Is the service caring?
The service was caring.

Staff knew and respected people as individuals and provided person-centred care in a warm and friendly way.

People were treated with dignity and respect and their diverse needs were met.

Good

Is the service responsive?
The service was responsive.

Staff provided people with personalised care that was responsive to their needs and preferences.

A specialist activities team organised a varied programme of activities and staff and volunteers supported people to maintain their personal interests.

People and their relatives knew how to raise concerns or make a complaint.

Good

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The provider's response to issues identified through quality monitoring and auditing was not consistently effective.

Management cover arrangements were not completely effective.

Staff worked together in a friendly and supportive way.

The provider met regularly with people and their relatives and sought their suggestions for service improvement.

Requires improvement

Braeburn Lodge

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Braeburn Lodge on 25 November and 3 December 2015. The inspection team consisted of one inspector, a specialist advisor whose specialism was nursing care of older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The first day of our inspection was unannounced. The interim manager was working from home on the first day of our inspection and we needed to talk to him before completing our inspection. We therefore agreed the date for the second day with him, to ensure he was available to talk to us when we returned.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with nine people who lived in the home, two visiting friends and family members, the interim manager, the deputy manager three members of the care staff team, two members of the activities team, the administrator and the chef.

We looked at a range of documents and written records including four people's care records, two staff recruitment files and training records. We also looked at information relating to the administration of medicines, staff supervision, managing complaints and auditing and monitoring of service provision.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in Braeburn Lodge. One person said, "I am very happy here. I feel safe."

We looked at people's care records and saw that a wide range of possible risks to each person's wellbeing had been considered and assessed, for example mobility, nutrition and skin care. However, although each person's care record detailed the actions to be taken to prevent any identified risks, in respect of the risk of falling these were not consistently effective in preventing people coming to harm. For example, one person had been assessed at being at risk of falling, particularly in their bedroom. A range of preventive actions had been agreed and were detailed in the care plan but despite these, the person had 14 recorded falls in the two months preceding our inspection, at least seven of which had been in their bedroom. In response to these falls, it had been identified on 12 October 2015 that additional protective equipment and a referral to the local 'falls team' were required. However at the time of our inspection, the referral remained outstanding and the additional equipment had not been ordered. Another person had been assessed as being at 'moderate' risk of falling when they first moved into Braeburn Lodge. This person had 9 recorded falls in the four months preceding our inspection. Several of these falls had resulted in injuries, including one occasion when the person had to be treated at the local accident and emergency department. Despite these injuries, the monthly falls risk assessments conducted by staff continued to identify the person as being at only moderate risk from falling.

We discussed our concerns with the interim manager who told us that he was aware of the issue and monitored the number of falls across the home on a monthly basis. The monthly monitoring reports showed that there had been an average of over 9 falls each month in the previous six months, with no discernible reduction in the trend. Further action was required by the provider to ensure people were consistently kept safe from the risk of falling.

Staff told us how they aimed to ensure the safety of people who lived in the home. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Advice to people and their relatives about how to raise any concerns was provided in the 'Welcome to Braeburn Lodge' handbook that was given to people when they first moved into the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. The provider utilised a system of storing each person's medicines, with the exception of 'controlled drugs' subject to particular legal restrictions, within a locked cabinet in the person's bedroom. This approach removed the need for a medicine trolley and allowed the administration of medicines to be more personalised and discreet. We saw that one person managed their own medicines and detailed procedures had been developed to ensure this was done safely.

Throughout our inspection we saw there were sufficient staff to meet people's needs without rushing. For example, at lunchtime we saw that staff had time to engage with people in conversation as well as assisting those who needed support with eating and drinking, ensuring lunch was an enjoyable social occasion. The interim manager told us that he reviewed staffing on a monthly basis to take account of the increasing number of people living in the home and their changing needs. The interim manager also explained that recent recruitment initiatives had been successful which meant the use of agency staff had all but been eliminated in recent weeks, ensuring greater continuity in the care and support provided to people. One staff member told us, "We have enough staff to meet people's needs. For instance, people can get up and go to bed when they want."

We saw the provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Requires improvement

Is the service effective?

Our findings

People told us that the service was effective in meeting their needs. One person told us, "I have been here several times [for short stay respite care]. I enjoy coming here which is not the case with some of the other homes I have used in the past."

The provider maintained a detailed record of the training needs of each member of staff and employed an in-house trainer to deliver most of the core training required. Some external training was obtained, for example from the manufacturers of specialist equipment used in the home. New members of staff participated in an initial 'orientation programme' to introduce key people in the home and the provider's core policies and procedures. This was followed by a period of shadowing existing members of staff before starting to work as a full member of the team.

However, the training provided to staff was not fully effective in ensuring they had the knowledge and skills to meet the needs of everyone living at Braeburn Lodge, particularly people living with dementia. In preparation for our inspection visit we reviewed the notifications (events which happened in the service that the provider is required to tell us about) we had received from the provider in the 11 months since the home opened. These included 17 involving incidents of physical or verbal abuse between people in the specialist unit for people living with dementia. One senior member of staff who worked on this unit told us, "Some of the staff [working on the unit] lack expertise in supporting some of the people who live here. Some staff are too hesitant in trying to resolve the situation as they are scared of getting hurt." We discussed this issue with the interim manager who told us that all staff had received, "Some basic dementia awareness training." However, the continuing prevalence of abusive incidents indicated some staff needed further support to ensure they had the skills and knowledge to care safely and effectively for some people living with dementia.

Staff told us that some members of the care staff team were not receiving regular one-to-one supervision with their nominated supervisor as specified in the provider's 'Staff Supervision and Appraisal' policy. In this policy, the aim of supervision was described as being to, "Identify solutions to problems; improve practice and increase understanding of work related issues." One member of the care staff team told us, "I have not had a supervision since I came here [in March 2015]. I don't think many people have." A senior staff member told us that senior staff received regular supervision from the interim manager or his deputy but, "Supervision of care staff is not happening. They haven't been allocated properly, the system needs review." We discussed this issue with the interim manager who acknowledged that some staff may not have received one-to-one supervision since the home opened, despite the provider's policy requirements. This failure to implement the policy consistently meant some staff members were not given the full amount of support and guidance specified as necessary by the provider to enable them to carry out their role effectively.

Staff demonstrated a good understanding of, the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated they understood the importance of establishing proper consent before providing care or support. One staff member told us, "Even if someone has lost capacity to make some decisions they should still be treated as individuals who can make choices in what to what to wear, what to eat and what to do." Another member of staff told us how they would sometimes hold out two or three items of clothing to help some people make an active choice about what to wear.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for six people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw that, where people had lost capacity to make significant decisions for themselves, the provider had arranged a meeting of relevant people to discuss and agree what was in the person's best interests.

Staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's

Requires improvement

Is the service effective?

healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, dieticians, district nurses, community psychiatric nurses and speech and language therapists. For example, one person had been assessed as being at risk of malnutrition. The provider had sought specialist advice and a range of preventive actions had been put in place which had helped the person gain weight and reduce the risk.

People told us they enjoyed the food and drink provided in the home. One person told us, "The food is excellent, much better than other homes I have stayed in." One visiting family member who had joined their relative for lunch said, "It's like being in a five star restaurant." We spent time in the kitchen and observed people eating lunch and snacks and saw that people were served food and drink of good quality. There was a rolling four week menu which changed seasonally. This provided a variety of hot and cold options for breakfast, a three course lunch and a two course evening meal. The menu for the day was circulated each morning but there was no need to pre-order, people could choose from the menu at the start of each meal. The chef told us that he would always prepare an alternative meal for people who did not want any of the choices on the menu. On the first day of our inspection we saw salmon was being prepared for someone who had requested this as an alternative evening meal.

Kitchen staff maintained a detailed list of people's nutritional requirements and preferences and used this information when preparing food and drink for people. For example, the chef knew who needed to have their food fortified to combat the risk of malnutrition and hot and cold drinks were offered throughout the day to combat the risk of dehydration. Kitchen staff were also aware of the particular needs of people with diabetes and allergies and those who were following gluten free or vegetarian diets.

The provider encouraged people to give feedback on the food and drink provided. The head chef attended the regular group meeting for people and their relatives and sought comments on the menu. For example, at the last meeting, one person had said that vegetables had been undercooked and we saw that the chef had given a commitment to follow this up, to ensure improvement for the future.

People were encouraged to personalise their room and we could see that some people had their own photographs and other souvenirs on display in their bedroom. One person had brought their pet cat to live with them in the home. Bedroom doors were designed to look like traditional front doors with each person's name on, reflecting the way they liked to be addressed. The home was designed and decorated to a very high standard and people had access to a wide variety of communal lounges and other indoor seating areas and a secure external garden. The second floor of the home had been designed carefully to reflect the needs of people living with dementia. For example, there were vintage photographs and tactile wall-hangings in the lounges and corridors and each person had a personalised 'memory box' on their bedroom door to help them find their own room more easily.

Good

Is the service caring?

Our findings

People told us that staff were caring and aware of their individual needs and preferences. One person said, "I am very happy, very comfortable." Another person told us, "The staff are lovely."

Staff clearly knew and respected people as individuals. One staff member told us, "We try and find out where people worked and what their family background is, it helps us start a conversation." Staff communicated with people kindly and sensitively, for example establishing and maintaining good eye contact and offering to hold people's hand when they were talking to them.

Throughout our inspection we saw that staff supported people in a kind and caring way and went out of their way to be helpful. For example, in one of the lounges we saw that staff talked to each person to establish their choice of hot drink and then spent time with each of them individually to chat and give them any support they needed to drink it. At lunchtime we saw a member of staff gently wake someone who had fallen asleep at the table, to make sure they didn't miss out on their meal. The staff member brought two plates of food to the table to help the person choose what they wanted for lunch and then stayed with them for the rest of the meal, chatting kindly and helping them eat their lunch. We saw another member of staff had come in on their day off to help people decorate a Christmas tree that was to be entered in a competition in the local village.

Throughout our inspection we saw evidence of the provider's commitment to person-centred care and to giving people choice and control over their lives. For example, the chef told us that whenever pasta was on the menu he would go and discuss an alternative with one person who he knew didn't like pasta. One member of the care staff team said, "You do things how people want you to do it. Although we have a structure we can flex it to meet people's wishes. For instance, not everyone wants to wash every day and that's okay." Another staff member told us about one person they supported, "They don't always want to get up until after lunch, so they don't." One person told us, "We do as we like here."

We saw that the staff team supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. We saw that staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. Bedroom doors were lockable and people could request their own key to further enhance the privacy of their personal space. Regular services were held in the home to help people to maintain their spiritual needs and staff told us, if someone was of a different faith, specific arrangements would be made.

The interim manager told us that he was aware of local advocacy services and the specialist support they could provide. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The interim manager told us they had recently worked with one person's informal advocate to agree some changes to their equipment requirements.

Good

Is the service responsive?

Our findings

If someone was considering moving to Braeburn Lodge the interim manager told us that he or his deputy would normally carry out a pre-admission assessment of the person's care and support requirements, to make sure the home could meet their needs. In the light of the incidents between people in the specialist unit for people living with dementia, the manager told us he had rejected some recent referrals for admission, "To avoid adding to the situation."

Within seven days, staff developed a full care plan for each person. These were very detailed and addressed a wide range of needs and preferences. For example, we saw that it had been identified that one person liked to "wake naturally" in the morning rather than getting up at a set time - something that was understood and respected by staff. One member of staff also told us about another person they supported who had a progressive illness but was trying to retain as much independence and control as possible. "It's really important that we give [the person] the choice of whether to use the hoist or not."

The provider expected all care plans to be reviewed by a senior member of staff on a monthly basis and, from reviewing care records and talking to staff, we saw that this was being achieved. A full review took place every six months, involving people and their relatives if they wished. One visiting relative told us, "Staff are very good at keeping me informed."

The provider employed a specialist activities team which worked six days a week alongside the core care staff team. The team delivered a varied programme of activities which was popular with many people. One person told us, "Activities are fun. We play skittles in the lounge and we also do keep fit." We saw that the published programme of activities for November included a wide range of options to meet people's needs and preferences including Tai Chi, arts and crafts, board games, film matinees and various outings. The provider also hosted regular charity events, musical entertainments and a weekly coffee morning. Describing a recent charity event, one visitor told us, "[My friend] invited all their friends from the village. It was marvellous." In the reception area there was an album with photographs of this and other events and, during the course of our inspection, we saw several people looking through this and reminiscing happily.

The provider was committed to involving people in the design and ongoing development of the activities programme. For example, a member of the activities team met with people shortly after they moved into the home to talk through the activities programme and to discuss any particular interests or preferences. Activities staff also encouraged people to give feedback on the activities provided and made changes accordingly. For example, one person had recently said they would like Holy Communion to be provided regularly in the home and this had been organised. One person told us, "We are regularly asked if there any new things we would like to see on the activities programme."

The activities team worked across the home to make sure everyone, including those living with dementia, were provided with stimulation and occupation. For example, the lead activities coordinator told us that musical entertainments were particularly popular with some of the people living with dementia so these were normally hosted upstairs, "To make it easier for as many of them to participate as possible." The home had its own minibus and on the first day of our inspection we saw a group of people going out to visit a local shopping centre. This included one person from the upstairs unit for people living with dementia. Looking ahead, the lead activities organiser told us that she hoped the provider would increase the number of hours worked by the activities team, to enable one person to focus specially on the needs of people living with dementia.

Staff also worked with people on a one-to-one basis to help them maintain personal hobbies and interests. For example, one member of staff ran a knitting group which had helped one person rediscover this skill and knit independently again. Learning that one person used to work in the motor trade, another member of staff had brought in some old engine parts for them to tinker with. This had provided a valuable source of interest and occupation. Care staff also understood the importance of interacting with people who spent more time in their own room. One staff member said, "There is one person who spends a lot of time in their room. We go in every 30 minutes to check they are okay and to spend time interacting with them."

Staff were supported by a growing number of volunteers – the lead activities coordinator told us that she had started using social media to attract new volunteers and this had

Good

Is the service responsive?

proved to be very successful. For example one volunteer visited regularly to provide spiritual support to a number of people and recruitment of a specialist volunteer driver was underway to enable the minibus to be used even more frequently.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, “I don’t have any grumbles but if I did, I know who the manager is.” There was a complaints procedure available to people and their relatives and we saw from the record of complaints that there had been two formal complaints since the home had opened, one of which was ongoing. We saw that the provider had reviewed both cases and made some changes to procedure and practice to try to avoid similar issues in future.

Requires improvement

Is the service well-led?

Our findings

There was a friendly, welcoming atmosphere in the home. The 'Orchard Café' in the reception area provided complementary drinks and cakes and was popular with people and their guests. A range of publications was also available in reception for people and their families to take away including specially commissioned books for children, recipe cards and a checklist for choosing a care home. One visitor told us, "Everyone is very friendly. And you can help yourself to a coffee and cake whenever you want."

Although there was a comprehensive programme of audits in place to monitor the quality of the care provided, the action taken in response was not consistently effective. For example, whilst a monthly audit of the incidence of falls was produced and this was reviewed by the interim manager, there had been no reduction in the average number of monthly falls in the home. Again, although there was a system to monitor staff supervision this had not prevented the shortfalls in the delivery of supervision we identified during our inspection. Other audits were more effective. For example, we reviewed recent audits of medicines management which had been conducted internally and externally and saw that action had been taken to address the recommendations made. The provider's regional manager also visited the home on a regular basis, and undertook a detailed audit as part of each visit which highlighted a number of actions for the interim manager to review and implement.

The interim manager had clearly made a positive impact in his time at the home. One staff member told us, "The manager is very knowledgeable. He doesn't just look at the figures, he is also interested in providing decent care." Another member of staff said, "I wish he was staying." Throughout our inspection the interim manager demonstrated an open and reflective leadership style, for example in the way he responded to our concerns about the incidence of falls and the abusive interactions between people in the unit for people living with dementia.

However, the interim manager only worked at the home four days each week and the arrangements to cover his absence were not completely effective. On the first day of our inspection we found it difficult to identify who was in charge of the home. The manager was working from home many miles away, the deputy manager was on annual leave and the most senior person on duty was administering medicines and could not be disturbed. This meant that if staff had required advice or support from someone senior, it may not have been available.

We saw that staff worked together in a friendly and supportive way. One staff member said, "There is a good atmosphere in the staff team. It's a good place to work – better than where I worked before." There were regular staff meetings and one member of staff told us, "Everyone is able to voice any concerns or issues." We looked at the minutes of the most recent meeting and saw that a number of suggestions had been made and these were being taken forward by senior staff. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, that could not be addressed internally.

The provider held regular meetings for people, their relatives and friends. These were attended by the interim manager and the heads of each of the different departments in the home and provided people with an opportunity to discuss any concerns or suggestions. For example, at a recent meeting one person had suggested a car share scheme was initiated to reduce the cost to people of travelling to their GP surgery. We saw that this was under active consideration by the provider.