

East And West Healthcare Limited

Braeside Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Braeside Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 36 people. At the time of this inspection there were 18 people using the service.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We could not be assured the provider was meeting the requirements of the Mental Capacity Act (MCA). Records at the home relating to some Deprivation of Liberty Safeguards (DoLS) authorisations had not been updated. Staff were not able to tell us which people who lived at the home had DoLS in place or which people had conditions placed on DoLS authorisations. Medicines were not always managed safely. Further improvement was needed to systems for auditing, assessing, monitoring and improving the quality and safety of the service.

Staff had received training and knew how to identify and report safeguarding concerns. Risks to people were identified and well managed. The required health and safety checks had been completed. There were sufficient staff deployed and safe systems of staff recruitment were in place. There were systems in place to minimise the risks associated with COVID-19 and other infectious diseases.

People's needs were assessed and person-centred care plans and risk assessments had been developed. Plans were in place to further develop and improve these records. People told us they were happy with the care they received. A person said, "Staff are good, helpful when I need them. I've no complaints, I'm quite happy with things." Staff received the induction, training and support they needed to carry out their roles effectively. People's nutritional needs were being met, people were positive about the food. Peoples were supported to access a range of health care professionals. The building and decoration were in need of some updating. There was a detailed improvement plan in place for the updating and redecoration of parts of the building.

Everyone was very positive about recent changes in management and provider oversight. Staff told us communication with managers and the provider had improved. Throughout the inspection staff were observed to be patient, caring and responsive. They knew people really well. People who lived at the home told us they could raise any concerns and were listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 April 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and people's nursing care needs, recruitment checks, health and safety and governance systems. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braeside Care Home on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches in relation to consent, medicines management, and governance.

Please see the action we have told the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Braeside Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 1 inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Braeside Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Braeside Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 weeks and was intending to apply to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people living in the home and 3 relatives. We also spoke with 11 staff including care staff, the maintenance operative, clinical lead, cook, the manager, deputy manager, support manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had a tour of the building with the manager. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

We continued to review evidence and seek further clarification during and following the inspection, we were sent further information for consideration.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. People did not always have written guidance in place for staff to follow when medicines were prescribed to be given 'when required' or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. Information was not always available for staff to follow about where to apply people's prescribed creams and staff applying creams did not make any records, this meant it was not possible to tell if people had their creams applied properly.
- Stock checks for some medicines were not always correct. Medicines were not always stored safely. The fridge temperature on the day of inspection showed insulin had been stored outside the recommended temperature.
- Staff failed to record the time medicines such as Paracetamol were given so it was not possible to tell if a safe time interval had been left between doses. Staff failed to follow the manufacturers' directions about when certain medicines should be given, for example, before or after food. This meant medicines may not be fully effective. Critical information about people's diabetes for example, safe blood sugar ranges was missing which meant it was difficult to tell if people had their diabetes managed safely.
- Some people had swallowing difficulties and were prescribed a thickening agent to add to their drinks. Thickening agents ensure people's drinks are made to a certain consistency to help the person swallow safely. It was not always possible to tell if people's drinks were thickened appropriately as clear and consistent records had not always been made.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems in place helped protect people from abuse.
- Staff had received training and knew how to identify and report safeguarding concerns. They were confident any concerns would be dealt with promptly by the manager.
- People told us they felt safe. They spoke highly of the staff who supported them. One person said, "The staff have a lot of things to deal with but they are very good. I've had no trouble with them. I've no worries at all, if I had, I'd tell you."

Assessing risk, safety monitoring and management

- Risks to people were identified and well managed.
- Care records were person centred and detailed how risks were to be managed. We found for one person who at times had behaviours that may challenge others, records did not detail things that might upset them, how they show they upset or what staff should do to support them. We did not find evidence the person was not being supported correctly. We discussed the records with the nominated individual. They showed us plans were in place for some staff to attend 'train the trainer' training in behaviour support. This included developing support plans and records. Plans were in place to update the electronic care record system to improve staff access, the accuracy and person centeredness of the records.
- The required health and safety checks had been completed. Plans were in place to ensure action detailed on the fire and legionella risk assessments was completed within timescales identified as required in the risk assessments. There had been a lack of fire drills. A planned drill took place during our inspection and the nominated individual informed us they were now planned to happen monthly. Maintenance of the building was generally good, however, we found there had been some delays in the reporting of repairs such as fire doors, torn fly screen, a blocked hand sink in the kitchen and wardrobes not fixed to the walls. We have addressed this in the well-led section of this report.

Staffing and recruitment

- There were safe systems of staff recruitment in place. All required checks were completed prior to staff starting their roles. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks were made of nurses 'right to practice'.
- There were sufficient staff deployed to meet people's needs. The provider used a dependency tool to assess required staffing levels. We observed staff were quick to respond to requests for assistance and call bells were answered very promptly. Staff were well placed around the home so they could respond quickly to requests.
- People told us, "I'm very comfortable here. There are no problems with the staff, they are quick to come if I use my buzzer" and "There seem to be enough staff when I visit."

Learning lessons when things go wrong

- Records were kept of accidents and incidents.
- Accidents and incidents were reviewed by managers to identify any themes and patterns and any lessons that could be learned to prevent future occurrences.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting. Visitors told us they were made to feel welcome.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We could not be assured the provider was meeting the requirements of the MCA.
- Managers had, just prior to our inspection, identified concerns regarding missing DoLS authorisation paperwork. Managers had made contact with the local authority to request copies of up to date paperwork. They had found 4 authorisations they were not aware of and had then updated records. Records reviewed during our inspection confirmed all required DoLS had been authorised or had been applied for.
- Two people had conditions that required records to be kept of certain requests or activities. No evidence of this monitoring could be produced by managers. Staff spoken with were not aware who was on DoLS, they did not know about any of the conditions that were in place. We could not be sure conditions had been met.

We found no evidence that people had been harmed, however the provider could not evidence that people's care and treatment had been provided with the relevant person's consent. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we saw systems for recording DoLS authorisations and conditions had been improved. Information relating to people's DoLS was now on handover records. Additional staff training around MCA, DoLS and specific people's DoLS had been arranged.
- Care records included capacity assessments and best interests' decisions were recorded.
- We observed staff seeking people's consent before providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home. These assessments were used to develop person centred care plans and risk assessments. We found there were regular on-going reviews of people's needs and records were updated when needs changed.
- Care records included information about the support people required with their oral care.
- People told us they were happy with the care they received.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- The nominated individual told us a new system was planned to improve content and impact on staff knowledge.
- Staff told us they felt supported. Whilst records showed supervision and team meetings had not been happening frequently, we saw there was a plan in place to ensure supervisions and appraisals were now completed in line with the provider's policy. A range of individual and team meetings for staff had commenced.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. We saw drinks were readily available and people who stayed in their bedrooms were also provided with regular drinks.
- The cook had good knowledge of people's likes and dislikes and specific needs.
- There was a relaxed and warm atmosphere during the lunch service we observed. People were positive about the food. They said, "Ooh yes, the food is lovely. [Cook] is a very good cook and we get two choices normally" and "The food is nice. I like the sandwiches at teatime and it's a hot meal at lunch. They are very nice meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people's needs were met.
- People's health conditions were well documented, and people were supported to access a range of health care professionals and support including a GP. The nominated individual told us plans were in place to improve access and collaboration with health care professionals. A relative said, "They do get the doctor when needed."

Adapting service, design, decoration to meet people's needs

- The building and decoration were in need of some updating. We discussed with the nominated individual the need for personalisation and signage to help people orientate themselves, this is particularly important for those living with dementia. There was a detailed improvement plan in place for the updating and redecoration of parts of the building.
- One person told us, "My room is good, I've a comfy bed and I've no cause to complain."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Robust systems were not in place to ensure people received a consistent quality of care. The range of quality monitoring and audits in place did not identify the issues we found at inspection. This included medicines management and DoLS. We found some repairs and maintenance work needed, had not been reported promptly to the provider or maintenance person.
- Following a review prior to our inspection by the nominated individual and managers, new systems of governance were being implemented, but these needed developing further and embedding.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Everyone was very positive about recent changes in management and provider oversight. Staff told us communication with managers and the provider had improved. Comments included, "You can see a difference. Any problems [manager] sorts them out straight away" and "I like [manager]. If you have a problem she will sort it."
- The provider and all managers during the inspection were found to be open, honest, responsive and eager to improve the service. Improvement plans were in place before our inspection. There was a range of policies and procedures to guide staff on what was expected of them in their roles.
- Throughout the inspection staff were observed to be patient, caring and responsive. They knew people really well.
- Staff said, "It is turning around. They [manager and provider] want what's best for us and the residents" and "Its better care now since recent changes."
- People were positive about living at the home. People said, "Most of the staff are fantastic and very helpful", "The staff are nice. I'm okay here, everything's okay. The food is nice and I have visitors" and "There isn't anything that worries me about Braeside, it's a decent place."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.

- Statutory notifications are reports of certain changes, events and incidents the registered providers must notify us about that affect their service or the people who use it. The provider had found there had been a delay in CQC being notified of 4 DoLS authorisations. Systems had been updated to ensure prompt notifications. All other required notifications had been received by CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found there was a positive approach to ensuring development. All the management team were actively seeking support and willing to work with other agencies.
- People who lived at the home told us they could raise any concerns and were listened to.
- Staff told us the manager and provider were approachable. One said, "[Manager] is very approachable. Her door is always open."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider could not evidence that care and treatment of service users had been provided with the consent of the relevant person. Regulation 11
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were effectively managed. Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17