

Sanctuary Care Property (1) Limited

Breme Residential Care Home

Inspection report

Breme
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20 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Breme Residential Care Home is a residential care home providing personal to up to 60 people. The service provides support to older and younger adults, people living with dementia or a physical or learning disability, sensory impairment or autistic people. At the time of our inspection there were 35 people living in the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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 supported this practice. Medicines were managed safely. Staff were recruited in line with the providers policy and procedures. The provider had plans in place to update the environment where needed.

Right Care:

Staff knew people well and understood how to provide care in a person-centred way. Staff ensured their rights and dignity were promoted and protected. Infection, prevention and control was managed well. People said they felt safe and their relatives agreed with this. Staff received training in how to keep people safe.

Right Culture:

The provider had good oversight of the home. The new manager was experienced and committed to improving the culture of the home through speaking to people, relatives and staff about how they felt things needed to improve. Staff said they felt supported by the management team. Staff liaised with a range of professionals to ensure that people's health and wellbeing needs were being met.

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 23 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and the culture in the home. A decision was made to complete a focused inspection to review the key questions of safe and well-led only.

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Breme Residential 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

Two inspectors and an Expert by Experience completed the onsite visit. Another Expert by Experience made phone calls to relatives offsite. 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

Breme Residential 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. Breme Residential Care Home is a care home without 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. Cover had been provided by a regional manager and the new manager started on the day of the inspection. Once they have completed their induction, they will apply for registration.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 11 person who used the service and 12 relatives about their experience of the care provided. We spoke with 7 members of staff including the regional manager, manager, carers, activity coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe in the home. One person said, "Perfectly safe, kindly people surrounding me, and they bring me food." Another person commented "Yes safe, staff are great."
- Relatives agreed people were safe in the home. One relative said, "Yes. Perfectly safe. [Name] is happy and well looked after."
- The management team ensured staff were trained to recognise abuse and staff gave examples of how they would report this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were assessed and regularly reviewed. The regional manager completed regular audits of risk assessments to identify gaps and to ensure people received safe care.
- Staff recorded incidents and accidents, and these were reviewed by the management team and action taken to prevent reoccurrence.
- Lessons had been learnt. The regional manager had an action plan in place to update and improve areas of the home including redecorating and repairs to kitchen cupboards.

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.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were not always supported by staff in a timely way during mealtimes on one floor of the home. This had been due to a shortage of kitchen staff to help serve the food. The regional manager confirmed that now the kitchen was fully staffed this issue was resolved.
- People were positive about staff and didn't feel they had to wait for support. One person said, "Don't wait,

I know staff very well, they come in at night if I call, it's never rushed, (but staff) kept very busy."

- A small number of relatives felt staffing levels could be improved. However most felt the staffing levels were adequate. One said, "Staff are kind, caring and respectful. They love [relative's name] and take the time to chat to us." Another relative said, "There are enough to meet [relative's name] needs."
- The management team used a tool to work out how many staff were required for each shift depending on the needs of the people living in the home to keep people safe.
- The management team ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People said their medicines were administered on time by staff. One person said, "I've had same medication for some time, given at same time each day."
- Medicines were managed safely and in line with the homes policies and procedures.
- The management team ensured staff were trained to administer medicines and checked they remained competent to do this on a regular basis.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some of the cupboards in a kitchenette on one floor were chipped so effective cleaning in one area could not take place. The management team assured us this had been reported and would be repaired.
- 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 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

Relatives told us there were no restrictions around visiting the home. One relative said, "They don't stop visiting now."

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People made the following comments about the culture of the home. One said, "Happy place, quite happy here" and another person said, "It's happy and friendly. I can ask for anything and it's there, everything is lovely."
- Most relatives were positive about the culture of the home. One relative said, "It's an open, welcoming and supportive atmosphere. It's really good to just go into the home. I can access regularly. No time have I felt unwelcome. Very good."
- A few relatives said they felt communication could be improved. One said, "Information is not readily available. Staff don't seem to know what's going on." The new manager gave assurance that all relatives were being offered face to face meetings to discuss people's needs.
- Staff said they enjoyed working in the home and had worked there for several years. They told us morale had been low due to changes in manager, but they felt there had been some improvements recently and were positive about a new manager being appointed.
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff received regular supervision and were encouraged to attend team meetings so they could contribute to the running of the home.
- The management team were clear about their roles and responsibilities. Effective audits were taking place and being reviewed regularly to support quality improvement. For example, they had identified that risk assessments required more detail and improvements were needed to the home environment.
- The management team demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.

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; Working in partnership with others

- The provider knew and understood their legal responsibility to be open and honest when something went wrong. They kept records of accidents, incidents and complaints and used these to ensure people were safe.
- Staff liaised with a range of health and social care professionals involved in people's care to support their

physical health and wellbeing as seen in the records we viewed.