

Mr William O'Flaherty

Bracken Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bracken Lodge is a residential nursing home providing personal and nursing care to eight people aged 65 and over at the time of the inspection. The service can support up to 18 people.

The property is a converted residential house and provides both single and double occupied rooms with shared toilet and bathing facilities. There is a passenger lift to the upper floors. Communal space includes a sitting room, dining room and outside garden.

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

People and their families described the care as safe. Legal requirements to report significant accidents or incidents and safeguarding concerns to external professional agencies were being met. Staff understood their role in recognising abuse or poor practice and understood actions needed if they had concerns. People had their individual risks assessed, monitored and reviewed and actions to minimise avoidable harm were carried out by the staff team. Medicines were administered safely. Infection prevention and control practices were in line with government best practice guidance.

Staff had the training, skills and experience to carry out their roles effectively. Refresher training was out of date due to limited training available during the pandemic. The registered manager put this in place during our inspection. People had their healthcare needs met and good working relationships with health professionals ensured good outcomes for people. 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.

The home had an open, friendly, positive culture with visible management that led by example ensuring person-centred care. People, their families and the staff team felt involved in the service and spoke positively about communication and teamwork. Auditing processes were in place and ensured risks to people were managed effectively. Learning was shared with the staff team. External resources were used to keep up to date with good practice including NHS community clinical leads and Public Health England.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective..

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bracken Lodge 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 Care Act 2014.

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 carried out by one inspector.

Service and service type

Bracken Lodge 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.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, care workers and the cook. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision and an agency care staff profile. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to demonstrate that systems were in place or robust enough to protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Incidents that potentially could involve abuse had been reviewed by the registered manager and shared with external agencies appropriately. This had included the local authority safeguarding team and CQC.
- People and their families described the care as safe. One relative told us, "Feel (relative) is very safe. Never have any concerns or worries about anything here."
- Staff understood their role in recognising signs of abuse and spoke confidently about the actions they would take if they had concerns. This included contacting external agencies.
- Posters were displayed around the home providing safeguarding information for people and their visitors.

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

At our last inspection the provider had failed to ensure that risks to people's health, safety and welfare were monitored and managed effectively. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Accidents and incidents had been reviewed by the registered manager and actions taken to reduce the risk of harm. This included meeting legal requirements in reporting to appropriate external health and social care agencies.
- Environmental risks were assessed, monitored and reviewed. These included safety on an open staircase, and regular servicing of equipment such as hoists, gas boiler and fire equipment.
- People had personal emergency evacuation plans that provided key information should they need to be evacuated from the building.
- People's risks were monitored and regularly reviewed. Staff understood the actions needed to minimise risk of harm. This included following safe swallowing guidance, managing pressure care, and ensuring

people had a good calorie intake and their hydration needs were met.

Staffing and recruitment

- There were enough staff, with the right skills and experience to meet people's needs. A relative told us, "Always plenty of staff and always the same staff. Everybody understands (relative) and everybody else, (living at home). They (people) are treated as an individual as it's small." A member of staff said, "We have time to sit and chat. We sit and talk, perhaps do nails, lots of little interactions."
- Some staff had more than one role. This meant that a small core team of staff were able to provide flexible, responsive support to the service. An example was some of the care team were also able to prepare and cook meals.
- Staff were recruited safely. The home was in the process of recruiting a new member of staff. The registered manager told us checks to ensure their suitability to work with older people included a criminal record check, full employment history and verified references.

Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely.
- Some medicines were prescribed for use as and when required. Protocols were in place describing why the medicine had been prescribed and how and when it needed to be administered. This ensured consistent and safe practice.
- Some people had topical creams prescribed. Body maps had been completed showing where creams needed to be applied ensuring consistent, appropriate application.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records included pre-admission assessments that contained information about a person's care needs and lifestyle choices.
- Pre-admission assessments had included involvement of families and health and social care professionals who had knowledge of the person. Assessments included any specialist equipment needed such as a specialist mattress to protect skin from pressure damage.
- Assessments had been completed in line with current legislation, standards and good practice and used to create person-centred care and support plans.

Staff support: induction, training, skills and experience

- Staff had the training, skills and experience to carry out their roles effectively. Staffs' preferred training style was face to face with an external training provider. During the COVID-19 pandemic this had not been possible. This meant staff refresher training had not been completed. During our inspection the registered manager organised training dates for all staff to complete overdue training.
- Staff told us they felt supported in their roles. Notes from group supervisions included revisiting safeguarding training notes, staff mental well-being with signposting to external support groups, infection, prevention and control guidance and a published paper on tackling racism within health and social care settings.
- Staff told us individual supervision had taken place when requested and records confirmed this.
- Staff were provided with opportunities for professional development, including diplomas in health and social care.
- Specialist training reflective of people's care needs had taken place. This included the cook completing a course on special textured diets organised by the speech and language team.

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

- People had their eating and drinking needs understood and met. Staff knew people's likes, dislikes and any special dietary needs or specialist equipment needed.
- We observed people having a home cooked meal, provided with a range of choices. When support was needed, it was provided at the person's pace and respected their dignity.
- Staff monitored people's weight. A member of staff told us, "We know if (weight) going down and would perhaps add drinks (prescribed high calorie) and put cream in mash with butter."

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

- People had access to a range of health teams including specialist diabetes services, GPs and community nurses.
- People had access to healthcare services such as chiropodists, opticians and audiologists. The registered manager told us accessing dental care services was difficult due to limited resources, and they were seeking advice from clinical commissioners.

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

- Outdoor garden space was accessible to people. The patio area had not been maintained and presented a risk of tripping. We spoke with the registered manager who told us they would arrange a gardener to tidy the area.
- People had rooms that were homely, filled with personal items that reflected their life history such as photographs, memorabilia reflecting hobbies and interests and books.
- In response to increased cleaning regimes due to the pandemic, flooring had been changed from carpet to laminate to aid more effective cleaning.
- Signage enabled people to independently access facilities such as toilets. Clocks and memory boards orientated people to time, day and date.
- People had access to a passenger lift and a specialist bathroom.

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 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.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records demonstrated that principles of the MCA were being met. When assessments had concluded a person lacked capacity to make a specific decision, a best interests decision had been made with involvement of people who knew them well, such as family.
- We observed people being involved in decisions about their day to day care. One staff member told us, "Always ask people first if they need the loo, bed or a bath. If they say no, then will let other staff know to ask again later." A relative told us, "You can talk to staff and be part of anything. If you want something done in a certain way they will. You have a lot of control over how care is provided."
- DoLS applications had been submitted to the local authority for assessment. At the time of our inspection no authorised deprivations of liberty were in place.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection governance arrangements had failed to identify shortfalls in monitoring risks to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Auditing processes enabled risks to people to be effectively managed. These included audits for medicines, infections, food safety, accidents and incidents and fire safety.
- The registered manager shared learning and good practice with staff. This included feedback from external quality monitoring visits and keeping staff up to date with new good practice guidance.
- Staff felt confident and supported in their roles and spoke positively about teamwork and communication. A member of staff told us, "Get a lot of support. If we do something wrong, make a mistake, we are told straight away. (Registered manager) leads by example." Another said, "Any information (registered manager) has we have; we just talk to each other. Talking helps us cope; we keep each other's spirits up."
- Staff told us they felt appreciated. Families had been sent quality surveys and the registered manager told us, "Always share compliments with the staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, families, visiting professionals and staff consistently spoke positively about the open, friendly, responsive culture of the service.
- The registered manager was visible, worked alongside the staff team and was open to learning in order to improve outcomes for people. A community clinician told us, "I had a reflective discussion with (registered manager). Really positive conversation and (registered manager) demonstrated insight and was receptive to support."

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

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records, and conversations with families demonstrated the duty of candour was met.

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

- People, their families and staff felt involved in the service through regular conversations with the registered manager. One relative told us, "I speak mainly to (registered manager) who keeps in regular contact and keeps me up to date with everything".
- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice. This included local registered managers and weekly calls with an NHS community clinical team.