CPM Care Limited

Breck Lodge Care Home

Inspection report

78-80 Breck Road
Poulton Le Fylde
Lancashire
FY6 7HT
Tel: 01253 894567
Website: www.example.com

Date of inspection visit: 19,23 & 29 October 2015
Date of publication: 12/01/2016

Ratings

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

Overall summary

This inspection was carried out on the 20 and 23 October 2015 and the first day was unannounced. We also visited the service on the 29 October to collect some documentation we wished to review.

We last inspected Breck Lodge in July 2014 and identified no breaches in the regulations we looked at.

Breck Lodge is registered to accommodate up to 15 people with personal care needs. At the time of the inspection there were 14 people who lived at the home.

Accommodation is provided over two floors, with a stair lift providing access to the first floor. There are a range of communal rooms, comprising of three lounges, and a dining room. A garden area is sited at the rear of the home, with seating for people to use during the summer months. Car parking is available at the home.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home.

There were arrangements in place to ensure people received their medicines safely.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

During the inspection we saw independence was promoted wherever possible. We saw people were supported to mobilise and engage in an organised activity with patience and understanding.

People were referred to other health professionals for further advice and support when appropriate.

People told us they liked the food provided at Breck Lodge and we saw people were supported to eat and drink adequately to meet their needs and preferences.

There were sufficient staff to meet people's needs. Staff received regular supervision to ensure training needs were identified and received appropriate training to enable them to meet peoples' needs.

There was a complaints policy in place, which was understood by staff. People told us they were confident any complaints would be addressed.

The registered manager carried out some quality assurance checks. People who lived at the home were offered the opportunity to participate in an annual survey. We saw checks on the medicines and records were completed. However we found these were not always effective. This has been reflected under the rating, "Is the service well-led?" We have made a recommendation about quality improvement.

Documentation did not always reflect the risk minimisation strategies in place when risks had been identified. This has been reflected under the rating, "Is the service safe?" We have made a recommendation about the management of risk.

The registered manager notified the Care Quality Commission of all notifiable incidents that occurred at the home.

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 always safe.

There were arrangements in place to ensure people received medicines in a safe way.

Documentation did not always reflect the control measures in place to minimise risk.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner and staff were appropriately skilled to promote people's safety.

Requires improvement

Is the service effective?
The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home. Care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

Good

Summary of findings

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place of which people were aware. People told us they were confident complaints would be addressed.

Is the service well-led?

Requires improvement 

The service was not always well-led.

People told us they were confident in the way in which the home was managed. The registered manager sought the views of people who lived at the home.

Staff told us they were supported by the registered manager.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

The registered manager carried out some checks to ensure improvements were identified and actioned. However we noted these were not always effective.

Breck Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 20 and 23 of October 2015. We also visited the home on the 29 October 2015 to collect some additional documentation we wanted to review. The first day of the inspection was unannounced and the second and third days were announced.

The first day of the inspection was carried out by one adult social care inspector and a specialist advisor. The specialist advisor who took part in this inspection had experience of quality assurance and investigation of serious untoward incidents. The second day of the inspection was carried out by three adult social care inspectors. On the third day of the inspection, one adult social care inspector visited the home to collect some documentation we wished to review.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively. We also contacted a member of the commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with six people who lived at Breck Lodge and four relatives. We spoke with the registered manager, the registered provider, a cook and three care staff.

We looked at all areas of the home, for example we viewed the lounges, conservatory and dining area, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included four current care records, one historical care record and three staff recruitment files. We also looked at a medicines audit, and a sample of medication and administration records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. We were told, "I'm very safe here, there's always someone to help me." And, "I'm very safe here." Also, "This is a safe place."

We viewed four current care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples' needs. However we noted that measures in place to reduce risk were not always documented with care plans. For example we saw a person was assessed as being at risk of falls. It was not clear in the care plan what support the person required to maintain their safety. In a further person's daily notes we saw they had been referred to a health professional and instructions had been given to ensure the risk of falls to the person was minimised. We could not see the instructions included in the care plan we viewed. During the inspection we observed the person being supported in accordance with the health professional's instructions.

It was also unclear how often people should be monitored if they chose to stay in their room. We asked staff how often they checked people who chose to stay in their room were well and required no assistance. All the staff we spoke with told us they would check people hourly as a minimum, but checks were carried out more frequently. We asked if these checks were recorded and were told they were recorded in the daily notes.

We discussed this with the registered manager who informed us they would update the care plans to reflect the measures that had been implemented.

During the inspection we also noted two people were unable to access their call bells when they were in their bedroom. We discussed this with the registered manager and the registered provider and on the second day of the inspection we saw this had been resolved. We also saw appropriate documentation within the care records to ensure this was communicated to staff.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse. They were able to describe the types of abuse that may occur. They were also able to explain the signs and symptoms of abuse and how they would report these. Staff said they would immediately report any concerns they had to the registered manager, the registered provider or to the local safeguarding authorities if this was required. One staff member told us, "I would tell [the registered manager] and keep them safe."

We asked the registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples' needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure the home had sufficient staff available to support people. The registered manager told us they did not use agency staff in the event of a shortfall in staffing. They told us they felt it was important people were supported by staff who knew their needs and preferences. Both the registered provider and the registered manager said they would attend the home themselves to ensure people were supported in accordance with their needs and wishes. We were also told if extra staff were required due to a person's needs, unplanned leave or external events being arranged, additional staff were provided. This was confirmed by speaking with staff who told us additional staff were available if the need arose.

We viewed two weeks rotas and saw staffing levels were consistent with the registered manager's explanation. We also observed people being supported in a prompt way. We saw staff discreetly monitored people and offered support if this was required.

People we spoke with were happy regarding the staffing provision at the home. All the people we spoke with told us staff supported them promptly. One relative told us they had occasionally had difficulty locating staff. Other relatives we spoke with were happy with the staffing arrangements in place. We discussed this with the registered manager and provider who told us they were confident the staffing arrangements in place were sufficient. They told us they had increased the staffing provision on nights since taking ownership of the home. They also told us they kept the staffing provision under constant review to ensure people were supported promptly.

We reviewed documentation which showed safe recruitment checks were carried out before a person started to work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who lived at Breck Lodge.

Requires improvement

Is the service safe?

During this inspection we checked to see if medicines were managed safely. We discussed the arrangements for ordering and disposal of medicines with the registered manager who was responsible for this. They were able to explain the procedures in place and we saw medicines

were disposed of appropriately by returning them to the pharmacist who supplied them. The staff we spoke with told us they had received training to enable them to administer medicines safely and this was refreshed on an annual basis.

We looked at a sample of Medicine and Administration Records (MAR) and in one case saw the saw the record and amount of medicines at the home did not match. We discussed this with the registered manager who told us they would investigate this. We saw medicines were stored in a lockable cupboard and this was accessible only to authorised staff. This helped ensure medicines were not accessible to people who were unauthorised to access stored securely.

We looked at a sample of accident and incident records and saw these were completed by the staff on duty. The registered manager told us these were then reviewed by themselves and included in the persons care planning. The registered manager explained this enabled them to identify if referrals were required to other health professionals to minimise any risk.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical, gas and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised.

During the inspection we noted there was no fire evacuation equipment in place to support people who may need this in event of evacuation procedures being implemented. The registered provider told us they had identified a need for this. On the second day of the inspection we saw this had been delivered. The registered provider told us training was currently being arranged to ensure staff were enabled to use this safely. Following the inspection we contacted Lancashire Fire and Rescue Service to inform them of our findings.

We recommend the service seeks and implements best practice in relation to risk management.

Good

Is the service effective?

Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at Breck Lodge included, "My care is really good. I'm looked after well. " And, "I'm cared for well."

We saw documentation which evidenced people were supported to see other health professionals as their needs required. For example we saw people were referred to district nurses and doctors if there was a need to do so. On the day of the inspection we saw a district nurse attended the home to provide care and treatment to a person who required support with their skin integrity. During the inspection we spoke with three health professionals who expressed no concerns with the care and support provided by the home. We also spoke with one person who described how the home had referred them to other health professionals. They told us this had been of benefit to them. This demonstrated the home made prompt referrals to ensure people received specialist advice and support when required.

Care files evidenced people's nutritional needs were monitored. We saw people were weighed regularly to ensure they ate sufficiently to meet their needs. We noted if a person declined to be weighed, staff observed for other indicators of weight loss. This included visual signs such as loose fitting clothing. Care documentation described people's food and fluid preferences. We also saw documentation which evidenced referrals were made to other health professionals as required.

We observed the lunch time meal being served. We saw this was served quickly when people were seated and was in accordance with their preferences. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

During the inspection we saw people were asked to select their meal in advance. The people we spoke with told us the menu was flexible and food was prepared on request.

Comments we received included, "It's very good." And, "Delicious." One person spoke in detail about the way in which their food preferences had been accommodated. They told us they were happy with the food at Breck Lodge.

There was a choice of cold drinks, tea and coffee to drink and the tables were attractively laid with napkins, cutlery and condiments. The atmosphere was calm and welcoming and we saw this was a social event for people as they sat and chatted in a relaxed manner. We observed staff asked people if they wanted second helpings and these were provided as requested.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed no applications had been made to the supervisory bodies as none were required. The registered provider told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive; however they were unclear of the purpose of the MCA and DoLS and told us they had not received training in this area. We discussed the training provision at the home with the registered manager. They told us they were currently planning training in key areas such as fire safety, safeguarding and the MCA and DoLS. Following the inspection the registered manager wrote to us and confirmed this had been arranged.

During the inspection we saw people's consent was sought before support was provided. We observed people being

Good

Is the service effective?

asked if they required support with personal care, medicines or if they wanted to join in with an organised activity. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. They also told us they received training in food safety and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision. One staff member told us they had been encouraged to start a vocational qualification through supervision with the registered manager. All the staff we spoke with told us they felt well supported by the registered manager.

We discussed the arrangements for staff supervision with registered manager. They told us they worked with staff on a day to day basis and discussed their performance and training needs with them. They told us they did not currently document supervision as the team was so small and they worked with staff on a daily basis.

Good

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "The staff are superb." Also, "The staff are kind." And, "The people who look after me are very nice and very, very kind."

Relatives told us, "Staff are fantastic." Also, "They're ok." And, "They're absolutely fabulous. They look after [my family member] so well and are so caring." One relative said, "This is a care home and it does what it says on the tin. It cares for everyone it comes into contact with and it's a home."

We saw staff were caring. We observed staff sitting with people around tables drinking cups of tea and coffee. There was happy atmosphere and people spoke with staff openly. Staff responded respectfully and there was a positive rapport between staff and people who lived at the home. Staff appeared relaxed and confident and we saw they were patient when supporting people.

We observed staff sitting with people in lounge areas and peoples' bedrooms. We saw staff were attentive to peoples' needs and observed if people required extra support. We saw one person went to stand up and staff helped them walk in accordance with their care plan. This was appreciated by the person who thanked them.

We observed staff spoke with people in their rooms. We saw numerous instances of staff knocking on doors and asking if people required any help or support. Staff also encouraged people to visit communal areas. Staff asked people if they would like to spend time in lounges or have lunch in the dining room. When people declined their wishes were respected. This meant people were treated with dignity and were offered the opportunity to make decisions about their care.

Staff took an interest in peoples' hobbies and preferences. We saw staff talked with people about things they were interested in. One person spoke with staff about a book they were reading. We also saw a staff member talking with a person about their family. It was clear from our observations staff knew the likes and dislikes of people who lived at the home.

Staff spoke affectionately about people who lived at the home. One staff member told us, "This is a happy place and we want people to be happy here." A further staff member said, "This is their home, not ours. We respect that."

Staff told us about people's likes and dislikes. One staff member told us about a person's life history and showed an awareness of what was important to them. This included information about their previous home, which meant a lot to them. A further staff member described a person's daily routine and the positive impact this had for them. Staff demonstrated they had the knowledge to provide personalised care which met people's needs and wishes.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. During the inspection we saw visitors were welcomed to the home and spent time with people in communal areas and in their family member's bedrooms. Relatives told us they could visit at any time. Staff told us they welcomed visitors to the home. They said this enabled people to maintain and develop relationships that were important to them.

People told us they were involved in their care planning. One person told us how staff had supported them to understand the care and treatment offered to them by an external health professional. They told us, "I decide my care."

We discussed the provision of advocacy services with the registered provider and registered manager. We were informed there were no people accessing advocacy services at the time of the inspection, however this would be arranged at peoples' request.

Good

Is the service responsive?

Our findings

People told us they felt the care provided met their individual needs. One person said, “They encourage me to go out and don’t take my independence away.” A further person said, “My care is really good, I’m looked after well.” We asked relatives if they considered the care to be responsive to their family member’s needs. One relative told us they were unable to comment as they were not involved in their family member’s care. Other relatives we spoke with were complimentary of the way care was provided. One relative told us when their family members health needs changed, the provider had responded quickly and appropriately to ensure their needs were met. They described this as, “excellent.” A further relative described the support and intervention from staff. They told us this had enabled their family member to understand their current health status and plan for their future.

During the inspection we saw staff responded promptly to peoples’ needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful and the interventions we observed were seen to be accepted and welcomed by the people who lived at Breck Lodge.

We saw an activities poster was displayed informing people of the activities arranged at Breck Lodge. We observed a pre-arranged activity taking place in accordance with the poster displayed. On the second day of the inspection an external entertainer attended the home to provide musical entertainment. We observed staff asking people if they wanted to participate. People participated in the musical activity and were smiling and laughing as they talked to each other. We noted one person was singing and clapping to the music.

We discussed the activities provided with the registered manager. We were told activities were provided and were in response to suggestions from people who lived at Breck Lodge. They explained they provided a range of activities such as gentle exercise, manicures and trips to places of local interest. People we spoke with and relatives confirmed activities were provided for those who wished to participate. One person told us, “This is a lively place.” A further person said, “I like arranging the flowers.”

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. Staff told us if people were unhappy with any aspect of the home they would record this on the person’s behalf if they agreed to this. They would then pass this on to registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

At the time of the inspection no complaints had been made. People told us if they had any complaints they could complain to the registered manager. One person told us, “I can say anything to [the registered manager.] They would listen and sort it out.” Everyone we spoke with was confident their complaint would be addressed. One relative told us they had discussed a concern with the registered manager and the registered provider. They told us they were happy with the response. They told us, “[The registered manager and registered provider] couldn’t have been more helpful.” We spoke with a further relative who also told us they had expressed a concern to the registered manager and the registered provider. They told us a meeting had been held to discuss their concerns.

We discussed this with the registered manager. The registered manager told us comments were addressed quickly to ensure they did not escalate to become complaints. We asked if comments were recorded to enable a review of these to be made. The registered manager told us they were not currently recorded, however they informed us they would consider this when future comments were made.

Requires improvement

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission. We received positive feedback regarding the way the home was managed.

We asked people their opinion of the management of Breck Lodge. We were told, "[The registered manager and registered provider] are very kind. They make you feel welcome." And, "I like [the registered manager] and [the registered provider] is very approachable."

Relatives we spoke with also gave positive feedback regarding the registered manager. One relative commented, "[The registered manager and registered provider] are really very good." A further relative told us, "[The registered manager and registered provider] are on the ball. They genuinely care."

During the inspection we noted staff were well organised and efficient. We observed staff communicating with each other so they were aware of the needs and wishes of the people who lived at the home. We asked staff their opinion of the way the home was managed. Staff told us they considered the team work to be good. One staff member said, "They're fair and I can talk to them." A further staff member said, "We work as one really. [The registered manager and registered provider] have told us we need to work together so people are happy and we do."

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they offered surveys to people and relatives who lived at the home. We viewed the most recent survey and saw the results were positive. The registered manager explained this was a way of ensuring people were happy at the home and if areas of improvement were identified they would discuss these with people individually.

We asked if meetings were held with relatives or people who lived at the home. The registered manager told us they would meet with people at their request. They went onto say they did not hold group meetings with people who lived at Breck Lodge as they spoke with people and their relatives daily. People we spoke with confirmed they were happy with the current arrangements in place. All the relatives we spoke with told us they could meet with the registered manager and registered provider if they wished to do so.

We spoke with staff and asked them their opinion of the leadership at the home. Staff told us they felt well supported and were encouraged by the registered manager to discuss any areas on which they wanted clarity, or feedback. The staff we spoke with said they felt they were well informed of any changes taking place. They told us they were informed through daily handovers, the use of a communication book and by working with the registered manager on a daily basis. One staff member told us, "We get really detailed explanations and instructions at every handover."

We asked the registered manager what checks were carried out to ensure Breck Lodge operated effectively and areas for improvement were noted and actioned. The registered manager told us they carried out medicines audits to ensure medicines were managed safely. We saw documentation which showed us this took place. The registered manager also told us they reviewed all the care records monthly to ensure they were an accurate reflection of peoples' needs and wishes. They informed us the lack of accurate information in the record we had viewed was an oversight and we saw this had been updated on the second day of inspection.

During the first day of the inspection we identified some concerns which we raised at feedback with the registered manager and registered provider. This included audits of accidents and falls within the home. On the second day the registered provider had taken substantive action to remedy these concerns. The registered manager and the registered provider told us these were reviewed on an individual basis and they did not carry out an audit of these. On the second day the registered provider had taken substantive action to remedy these concerns. The registered provider showed us an audit which they had completed regarding the number and types of falls that had taken place in the home. They informed us they intended to complete this on a monthly basis to maintain an overview of incidents within the home.

It is a requirement the Care Quality Commission (CQC) is notified of certain events that occur. The registered manager had ensured the required forms had been submitted to the Care Quality Commission as required.

We recommend the provider seeks and implements best practice guidance in relation to quality improvement.