

Sanctuary Care Property (1) Limited

# Breme Residential Care Home

## Inspection report

Breme  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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 care to 60 people aged 65 and over. At the time of our inspection, 58 people were living at the home. The home was a purpose built home over three floors, and separated into four named units.

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

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs. Staff supported people to take their medication as prescribed.

People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required. 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.

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. People and relatives knew how to complain and were confident that their concerns would be listened to.

People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last Inspection

The last rating for this service was good (published 12 April 2017).

### Why we inspected:

This was a planned inspection based on the previous rating.

### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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. This inspection was planned to check 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.

#### Inspection team

Two inspectors and an Expert by Experience with their area of expertise of older people's care completed the inspection. 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 personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied for their registration with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback

from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who use the service and three relatives about their experience of the care provided. 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 spoke with two district nurses, one specialist nurse and one dentist who were visiting the home at the time of the inspection.

We spoke with four members of care staff, the deputy manager, the manager and the providers representative. We reviewed a range of records. This included three people's care records and multiple medication records. Various records were reviewed in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

# 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 Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe; their home was secure and were confident the staff supported them to remain safe. One person told us, "I have my own room and a door that locks, which makes me feel safe."
- Staff protected people from any potential abuse and told us any concerns would be recorded and reported to the registered manager for action, if needed.
- The provider's policies and procedures provided staff with guidance to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where needed, staff supported people to maintain their safety in managing those risks.
- People's identified risk's had been identified and assessed for example associated risks with any physical needs.
- Staff knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment

- People were supported by enough staff to meet their physical and social needs. One person told us, "I feel safe as the staff keep an eye on me here and I feel confident, they will help me".
- Staff told us before working at the home, checks were made to ensure they were suitable to work with vulnerable adults.
- Staff recruitment records included a recent photograph, proof of identification checks, and their legal right to work in the UK.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People told us the home and their bedrooms were clean. Staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff used personal protective items such as gloves and aprons.
- Staff who prepared food were seen to follow good food hygiene practices.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from incidents, and records showed any new risk's to people had been updated in their care plans.

# 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 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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff told us the information contained within people's assessments helped them to provide care to people based on their preferences at the time.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs and how they liked their care to be provided. One person told us, "The staff are well trained."
- Staff had completed their required training and used reflective groups to further understand people's health conditions.. One staff member told us, "All the carers had been moved by the hoist, so they could find out for themselves how difficult and scary they can be."
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- People told us they enjoyed the food and Mealtimes were not rushed. Staff sat with people to offer support if people required assistance.
- People were supported to access food and drinks in line with their needs and choices. One person told us, "If someone new comes here, we all take it in turns to sit with them at mealtimes. At night, the meal is like a social occasion".

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home within communal areas which were easily accessible.
- Rooms had been personalised with people's own style and preferences



Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required spectacles and other aids had these in place.
- Care plans showed care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had made friends whilst living at the home and said staff were kind, caring and attentive to them. One person told us, "The staff are superb here."
- People told us the care provided was personalised to them. One person told us, "All the staff are good people. They have a great sense of humour and really care about people."
- People were relaxed in the presence of staff and people felt comfortable to ask for any assistance they wanted.
- Staff spoke of the importance of understanding and respecting people's background, The registered manager and staff demonstrated an inclusive and welcoming home which ensured people's diversity was respected.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff involved them with the care they wanted daily, such as how much assistance they may require.
- People's preferences and routines were known and respected. For example, staff listened to people's individual choices and supported people to follow their unique daily routines. One person told us, "I've noticed the staff now ask you if you want to do something rather than just assume, so more residents now join in with activities."

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who respected their privacy and people felt the level of privacy they received was good.
- People told us their independence was respected and encouraged was important to them. One person told us, "As you get better, the staff encourage you to be more independent."
- When staff were speaking with people they respected people's personal conversations. Staff spoke considerably about people when they were talking and having discussions with us about any care needs. One person told us, "I like it here, my social worker sorted it out for me to stay and I'm happy about it."
- People's confidential information was securely stored, to promote their privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences about their care needs had been detailed in their plans of care.
- The wishes of people, their personal history and the views of relatives had also been recorded.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format they could understand, such as pictorial format or offering a visual choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff gave us examples of things people enjoyed doing, such as spending time playing games or reading.
- People enjoyed a variety of daily activities, such as quizzes and crafts. Visiting entertainers came in, and people celebrated a variety of notable days and told us how much they enjoyed these. One person told us, "I like to 'sit in the garden when the weather is good, which the carers facilitate."

Improving care quality in response to complaints or concerns

- People we spoke with said they would talk to any of the staff if they had any concerns and were confident they would be resolved. One person told us, "I would speak to the senior carer about the issue."
- People and their relatives told us the staff and the registered manager dealt with any issues as they arose. One relative told us, "If there is a problem, I tell the home manager straight away and it is sorted, for example my relative had no towels."
- A formal complaints process was available as a process to record, investigate and responded to complaints. Any suitable adjustments to care or to improve the service provided could then be implemented. One relative told us, "There are niggles, but they are dealt with."

End of life care and support

- An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail.
- The staff and manager demonstrated a compassionate approach to providing people with end of life care and meeting people's wishes.

# 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 good. At this inspection this key question has now remained the same. 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

- People said they knew the management team and they had a good relationship with the registered manager.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to make improvements.
- Staff told us the management team were approachable and supportive. One member of staff said, "It's the best care home I have ever worked in."

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 management team were open and honest and understood their responsibility to meet the duty of candour and an apology was offered where appropriate. When improvements were needed these were investigated and shared with people and their families, and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives were happy with the caring support provided.
- The service was led by a supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and their regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak to the management team if they wanted to escalate concerns.
- The registered manager continually reviewed their practice to ensure they were up to date and followed best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People all told us they knew the manager and they said she was flexible and adaptable and listened to their views.
- The provider used different systems to seek feedback to ensure people's voice was heard. People were encouraged to contribute their views through regular questionnaires and meetings which were shared and

acted on.

#### Continuous learning and improving care

- The manager and their team were passionate about improving people's experience of care and their well-being.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning was used to improve the quality of care provided.

#### Working in partnership with others

- The management team had established good links in the community to support them to provide quality care.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes.