Borough Care Ltd

Bruce Lodge

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Bruce Lodge is a care home which provides accommodation and personal care for up to 47 older people, some of whom live with dementia and/or mental health issues. The home is based in Stockport, Greater Manchester.

People's experience of using this service:

Staff had undertaken appropriate safeguarding training and knew how to raise a concern. Any concerns were raised appropriately with the local safeguarding team, documented and followed up as needed.

The service held electronic health and safety records and relevant certificates were in place and up to date.

Individual risk assessments were completed and held within individual electronic care files. Accidents and incidents were documented and followed up as required.

Recruitment systems were robust and there were sufficient staff on the day of the inspection to meet the needs of the people who used the service.

Medicines systems were safe. Staff had infection control training and appropriate personal protective equipment (PPE) was worn when carrying out personal care support.

Care files were person-centred and included people's personal histories. Staff were knowledgeable about people's preferences. The electronic care record system used by the service helped ensure all information was live. The system flagged up tasks to be done and any alerts for staff to be aware of and staff were able to update the system instantly from hand-held devices.

New staff undertook a company induction programme and further training and refresher courses were on-going.

People's specific dietary needs and risks with regard to nutrition and hydration, were documented, along with individual preferences and choices. People said they enjoyed the food and choices were offered at each meal.

The environment was pleasant and there was plenty of space for people to walk around as they wished. The service had received planning permission to build a 20 bed extension and building work was on-going at the time of the inspection. This was being managed effectively and causing minimal disruption to the running of the home.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People said they were well looked after. Staff were observed to talk to residents with respect and attention, often touching them on the shoulder or hand. Individual communication needs were recorded within care files.

People who used the service and their families were fully involved in the support plan process. People's dignity and privacy was respected by staff.

There was a range of activities and outings offered to people to take part in. Relatives were encouraged to participate in activities and outings if they wished to be involved.

There was a complaints policy and people were encouraged to raise any concerns. Complaints were responded to appropriately.

People's wishes for when they were nearing the end of their lives, if they were able to express them, were documented within their care files.

The registered manager, deputy managers and provider had good oversight of the home. Staff felt well supported by management and there were regular staff meetings, supervisions and appraisals.

A number of regular audits and checks took place at the home. These audits were all up to date and action plans were implemented and completed for any issues identified.

The service had good relationships with the wider community as well as other professionals and agencies.

Rating at last inspection:

At the previous inspection published on 20 April 2018 the service was rated Requires Improvement in safe, effective, responsive and well-led and good in caring. This meant the overall rating for the service was Requires Improvement. This was due to a lack of fire drills and insufficient information to safely evacuate people, some issues with topical medicines records and some audits which had failed to identify issues. At this inspection we found improvements in all these areas.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Requires Improvement, this meant we needed to re-inspect within approximately 12 months of this date.

Follow up:

We did not identify any concerns at this inspection. Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good

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

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.

Bruce Lodge

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in the areas of older people and people living with dementia.

Service and service type:

Bruce Lodge is a 'care home' based in Stockport, Greater Manchester and provides accommodation for 47 older people with personal care needs associated with dementia and mental health. At the time of the inspection the home was having extensive building renovations carried out. There were 37 people currently using the service.
People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered 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:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

We asked the service to complete a Provider Information Return. This is 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.

During the inspection we spoke with seven people living at the home and five visiting relatives about their experiences of the care provided. We spoke with the Deputy Manager, the Quality and Compliance Manager, The Property Manager, The Catering Manager, 2 Cook Managers, Head of Care, Senior Carer, Activities Lifestyle Facilitator and eleven members of care staff.

We reviewed four electronic care files, four staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the home.

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.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• There was a notice in place at outside front gate asking visitors not to let anyone in. This was to avoid intruders gaining access to the home thus keeping people and their belongings safe.
• Work had been carried out to the rear garden to enable safe use for the people who used the service.
• As part of the renovations the front entrance was to be moved to a part of the building which was less accessible to the people who lived at Bruce Lodge. This would help to prevent unsafe access to the front door and reduce the risk of people who used the service leaving the building unsupervised, where this would not be safe.
• Appropriate policies and procedures relating to safeguarding and whistle blowing were in place, outlining clear lines of accountability.
• Safeguarding concerns were raised appropriately with the local authority safeguarding team.
• Any concerns were documented with details of the concern, actions taken, outcome and dates.
• Monthly harm level logs were completed, and quarterly analyses were undertaken to look at any patterns or trends relating to safeguardings so that actions could be taken to make improvements.
• Staff spoken with had undertaken training in safeguarding and demonstrated knowledge of how to raise a safeguarding concern.

Assessing risk, safety monitoring and management:
• The service held electronic health and safety records, and there was also information in a health and safety file.
• All relevant health and safety certificates were in place and up to date.
• A health and safety audit was carried out regularly and included any issues identified and action plans to address any shortfalls.
• Health and safety meetings were held regularly and included managers, senior carers, laundry staff, housekeeping staff and the senior cook. These meetings were minuted and action plans created as required.
• Fire safety and equipment checks were completed, environmental and water checks undertaken, and call bell checks completed. The fire alarm was activated on the day of the inspection and staff responded appropriately and calmly to this.
• Accidents and incidents were documented and followed up as required.
• Checks of everyone in the house were completed every evening to ensure everyone was safe.
• Individual risk assessments for areas such as skin integrity, moving and handling, falls and nutrition, were completed and held within individual electronic care files. These were reviewed and updated on a monthly basis, or when changes occurred.

Staffing and recruitment:
• Recruitment systems were robust and employment history, right to work, identity and references were

checked for all staff prior to commencing work.
• The service also carried out an observational assessment prior to interview and appointment to further ensure people had the correct skills and values for the job.
• All staff had Disclosure and Barring System (DBS) checks. DBS checks help employers ensure people are suitable to work with vulnerable people.
• People who used the service and relatives had mixed views about staffing. Comments include; "There are always enough staff, you press the buzzer and they are there in seconds"; "There are plenty of cleaners, but not enough carers"; "They are short of staff. There is not enough around"; "Yes, there are plenty staff." However, rotas evidenced good staffing levels and there were sufficient staff on the day of the inspection to meet the needs of the people who used the service.
• The service used a dependency tool to assess each person's level of need and these were reviewed regularly. This helped ensure staffing levels remained appropriate.

Using medicines safely:
• Medicines systems with regard to ordering, storage, administration and disposal were safe.
• An electronic system was used for medicines administration, which the service felt helped ensure medicines were given safely.
• There was an up to date policy and procedure in place, and staff had had appropriate medicines training.
• Individual medication reviews were carried out regularly to help ensure people's medicines remained appropriate and effective.

Preventing and controlling infection:
• Staff undertook infection control training and were aware of the issues involved.
• An appropriate policy and procedure were in place.
• Staff wore personal protective equipment (PPE), such as plastic aprons and gloves, when carrying out personal care support.
• Regular infection control audits were carried out and actions taken where any shortfalls were identified.

Learning lessons when things go wrong:
• The service had a number of quality assurance systems in place which allowed them to analyse any issues identified and take action where required.

Good

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.

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:
• A newly introduced electronic care planning system was in operation. This enabled the initial assessment process to be carried out in a shorter time frame.
• Hand-held devices were given to support care staff to record care interventions immediately on delivery of care.
• Issues, such as special dietary requirements and reviews due for completion were flagged up on the system. Daily tasks and 'must do' actions, such as carrying out positional changes, were flagged up and any missed 'must do' actions were visible on the system to senior staff, so they could be addressed in a timely way.

Staff support: induction, training, skills and experience:
• New staff were required to undertake a company induction programme.
• The service used the Care Certificate induction for new staff, which included a range of training. The Care Certificate is a set of standards that staff are required to adhere to.
• The company ensured new staff were made aware of their key policies prior to commencing work and observations of practice were carried out.
• Further training was on-going, and the training matrix evidenced that staff were up to date with their refresher courses.
• The home had identified champions in a number of topic areas. They would be supported to learn, keep up to date with good practice and support other staff in their areas of expertise.

Supporting people to eat and drink enough to maintain a balanced diet:
• The pre-assessment identified people's dietary needs, risks, preferences and choices.
• Two cook managers oversaw catering services and a new catering manager who was responsible for the food quality and supply. The service had a food hygiene rating of 5*, which is the highest rating.
• As a result of the last mealtime survey the company had changed the catering provider.
• The home kitchen staff were responsible for providing breakfasts, including a full cooked breakfast at weekends, home-made soups, suppers and snacks.
• People told us, "Food is nice here. I like the food. I forgot what I had to eat this morning!"; "Food is OK"; "Yes, I like the food"; "Food is nice. I like chicken and chips." A relative said "Meals look delicious."
• The tables were set nicely with cloths, flowers and condiments. There were two sittings, the first being for people who required more assistance.
• We observed the first sitting, which was calm and unhurried. People were assisted to be as independent as possible and encouraged to do what they could for themselves.

• Choices were offered, and explanations given about the food offered.
• Theme days were arranged to encourage nutrition and hydration. For example, there had been a 'mocktail' day when fruit mock cocktails had been made for people, to encourage better hydration.
• Training was provided for staff around food hygiene and nutrition. They were also having training around the changes to thickening agents used in food and drinks for those with swallowing difficulties.
• There was a finger food menu for people who preferred to walk around with their food. The service provided meals for a range of cultural requirements, such as Kosher food, vegetarian meals and Halal food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• The service made referrals to and worked with other agencies and professionals, such as dieticians, district nurses and GPs as required.
• The service offered support to individuals to attend appointments.
• Changes made to satellite kitchens in the home had improved people's hydration. Staff were able to easily access the kitchen areas at any time of the day which had resulted in less urinary tract infections (UTIs) and falls.

Adapting service, design, decoration to meet people's needs:
• The environment was pleasant and there was plenty of space for people to walk around as they wished, which helped stop them becoming too agitated or frustrated.
• Some improvement had been made to the first floor following a relatives' meeting to make this area more homely. A new dementia coffee shop was located at the front of the home. This was well used on the day of the inspection and created a pleasant, social space.
• The service had received planning permission to build a 20 bed extension and building work was on-going at the time of the inspection. The building work was well-managed and causing minimal disruption to the running of the home.
• The building was well-lit and there were coloured doors to bedrooms with memory boxes, numbers and door knockers, for easy recognition.
• Communal areas had pictures to aid reminiscence, large clocks and date and weather boards to aid orientation.
• There were pleasant garden areas with raised planters and seating.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's mental capacity was assessed in relation to decisions to be made.
• There was evidence of best interest and mental capacity meetings where required within the care records.
• DoLs applications had been made appropriately and a DoLs tracker was used to document dates of

applications, authorisations, notifications made and expiry dates.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People told us they were well looked after. Comments included; "Staff are lovely – I'm better looked after than the Queen"; "It doesn't feel like a care home as there are small areas to sit in and we can go into the garden"; "Staff are nice, kind to me. They are good"; "I like it here. Like the staff"; "It is comfortable here. Staff get on with their job"; "Lovely place. Everybody is nice. They are all lovely people."
• The atmosphere within the home was warm, relaxed and friendly. Staff spoke with people in a kind and gentle manner. They offered reassurance and guidance during their conversations.
• Staff were observed to talk to residents with respect and attention, often touching them on the shoulder or hand.
• Individual communication needs were recorded within care files. For example, for one person who struggled with verbal communication there was a description of gestures and facial expressions used for communication with them. Where people had a sensory impairment, a referral was made to the appropriate organisations for support with this.
• The company had an equal opportunities policy that staff were made aware of in the induction process. Training modules covered equality and diversity and all staff had undertaken this training and those spoken with could demonstrate knowledge and awareness of the issues.
• Care plans were person-centred and helped ensure people were seen as individuals.

Supporting people to express their views and be involved in making decisions about their care:
• People who used the service and their families were fully involved in the support planning process and were enabled to make informed choices about the way in which they would like their care to be delivered.
• One relative told us, "We went through the care plan at the review and tweaked it."

Respecting and promoting people's privacy, dignity and independence:
• People's dignity and privacy was respected by staff and people were encouraged and supported to do as much for themselves as they could to retain their independence.
• The home had a dignity champion amongst the staff who was the lead on dignity issues, was responsible for keeping up to date with good practice and disseminating information to other staff members.
• People could have a key to their own room if they were able and wished to do so.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Care files included people's personal histories and profiles and staff were knowledgeable about people's individual preferences. People's interests were documented, for example, one person was said to love to sing and dance and enjoy the singers who visited the home.
• People's religious and spiritual needs were met and there were representatives of various local churches and community groups who visited the home regularly.
• The home had an Activities Lifestyle Facilitator (ALF) whose role was to develop promote and implement daily activities. Regular trips and visits to places of interest were also organised and relatives were encouraged to participate if they wished to. People were regularly accompanied to the local park, park café and a monthly community centre tea dance.
• People were playing games, doing jigsaw puzzles and being supported to go out into the community on the day of the inspection.
• We observed meaningful one to one interactions between staff and people who used the service and staff clearly knew people well. The Activities Lifestyle Facilitator was involving a small group of people with craftwork and decorating Easter bonnets on the inspection day. They explained how they got to know people's backgrounds and interests to help plan their individual activities programme.
• One person told us," We play games and staff are always asking if we want a brew, cupcakes or sweets." They told us staff took the time to look through their photo albums with them and discuss their memories, which they thoroughly enjoyed. Staff also took one individual out on an errand with them as they knew the person loved to get out into the community.

Improving care quality in response to complaints or concerns:
• There was a complaints policy which people were aware of and encouraged to use to help improve the service.
• A complaints log was completed and included details of the complaint, the investigator, the outcome and response, and whether the complaint was upheld.
• The complaints were monitored and audited, and any themes and patterns analysed. This process had highlighted a common theme amongst complaints over the last year, which concerned issues with laundry. As a response to this, a new laundry staff member had been recruited and positive feedback had been received from people who used the service and their relatives about the improvement to the laundry since this person had been employed.

End of life care and support:
• People's wishes for when they were nearing the end of their lives, if they were able to express them, were documented within their care files. If they were unable to express their wishes, close family and friends were consulted.

• Staff were currently working towards accreditation in end of life care (North West Six Steps Programme). The registered manager and deputy manager had both completed the end of life training programme and the end of life educator for care homes provided condensed training for all staff teams within Bruce Lodge.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The statement of purpose outlined the aims and objectives of the company.
• The registered manager submitted statutory notifications to CQC as required as per the principles of the duty of candour.
• The registered manager, deputy managers and provider had good oversight of the home.
• There was a corporate care strategy which outlined the company's five year commitment to providing good quality care services to older people in Stockport. This included issues such as financial sustainability, delivering quality, innovation and diversification, and creating careers in care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager had relevant qualifications and experience. Two deputy managers supported the manager with day to day issues. One of the deputies supported the inspection.
• Staff spoken with were all very happy with the support they received from the management. Comments included; "I feel very supported by the manager, if I had any concerns I would go straight to her"; "Manager is great she's approachable and listens and acts on things where she can"; "I really enjoy working here. It's a great atmosphere."
• The home had a business continuity plan to ensure plans were in place to continue delivering care in the event of an emergency, such as loss of power, flood or fire.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The service held meetings for people who used the service and for relatives on a bi-monthly basis. As a result of these meetings significant improvements had been made to the first floor living areas.
• Surveys seeking the views of people using the service and their relatives were completed regularly and the results analysed to help improve the service. The food provider had been changed as a response to the latest survey.
• Staff one to one supervisions were undertaken regularly enabling staff to identify any training needs and discuss any work issues. Annual appraisals took place for all staff so that they could reflect on the previous year and look at personal development plans for the next year.
• There was a notice board in the manager's office with dates for various meetings throughout the year. These included health and safety meetings, senior team meetings, care staff and night staff meetings. Guest speakers were invited to the meetings to aid staff learning and knowledge. There were also monthly

palliative care discussions.
• Comprehensive records in relation to shared information and staff handover were completed at every shift change. Any concerns or risks were highlighted, noted and reported.

Continuous learning and improving care:
• A number of regular audits and checks took place at the home. These included support plan audits, monthly and annual resident reviews, monthly monitoring and review of weights, dependency tools, health and safety, fire safety, infection control, falls, and medicines administration. These audits were all up to date and action plans were implemented and completed for any issues identified.
• The management team completed a daily walk round and weekly spot checks and any issues were noted and addressed. Night audits were carried out to ensure people's needs were met during the night.
• The management subscribed to various publications with information about current good practice.
• The management team kept up to date with best practice guidance from Sterling and Bradford Universities.

Working in partnership with others:
• A member of the management team attended a quarterly Stockport care home forum which helped share good practice, identify where practice could be improved and looked at innovation within older people's care services.
• People who used the service were supported by other professionals and agencies, as required.
• The service strove to visit events outside the home with people who used the service, to help facilitate engagement and participation within the wider community.
• The home had good relationships with local schools, community groups and churches who attended the home regularly.