

Golden Age Care Ltd

# Breach House

## Inspection report

Holy Cross Lane  
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Stourbridge  
West Midlands  
DY9 9SP

Tel: 01562730021

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Breach House is a residential care home providing personal care and accommodation to 26 people aged 65 and over at the time of the inspection. The service can support up to 34 people, some of whom may be living with dementia.

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

We identified some concerns with the way the service assessed and managed risks. Actions identified during a fire risk assessment completed in April 2019 had not been addressed and the way in which staff monitored those people at risk of dehydration did not ensure the risk was well-managed to ensure people were protected. The provider began to address these concerns immediately after we brought them to their attention.

Since our last inspection the previous registered manager had changed their role with the provider. A new manager was in place but had not yet completed their registration with us. The staff felt supported by the manager and told us their views were sought and acted upon. Staff were recruited safely and understood their safeguarding responsibilities. Quality assurance checks were completed but these were not always effective. They had not identified areas for improvement we found during our inspection.

Staff received training to administer medicines and had their competency to do this regularly checked. Overall, people received their medicines safely as prescribed. However, we identified that improvements could be made to how the use of medicine patches were recorded. The manager addressed this when we brought it to their attention.

Staff had a good understanding of consent, however we identified that applications for Deprivation of Liberty Safeguards (DoLS) had not been made for everyone who needed them. The manager acknowledged this and immediately submitted the applications. People were supported to have maximum choice and control of their lives. Staff practice supported people in the least restrictive way possible and in their best interests. The policies in the service supported this practice.

There were enough staff available to support people at the times they needed them. People were treated with respect and supported to be as independent as they wanted to be. Staff knew people well and supported them to take part in activities they enjoyed.

People had access to healthcare and staff made appropriate and prompt referrals to healthcare professionals if a person's needs changed. People enjoyed the food and the manager regularly sought feedback on the dining experience.

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 (28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. During the planning of this inspection we received concerns about falls, unsafe medicines management and infection control. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this full report.

#### Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Breach House

## 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.

#### Inspection team

This inspection was completed by an inspector, an assistant inspector 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.

#### Service and service type

Breach house is a 'care home'. People in care homes receive accommodation and nursing or 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 did not have a manager registered with the Care Quality Commission. A registered manager is a person who along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 eight people who lived at the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the manager, compliance manager, care workers, domiciliary staff and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, environmental risk and training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and to ensure the risks we had identified had been addressed. We looked at improvements made to environmental risks. We spoke with the local fire officer who visited the service and was able to confirm that the actions taken by the provider were proportionate and that people were safe at 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always protected from the risk of fire. A fire risk assessment had been completed for the service in April 2019. We found four actions remained outstanding at the time of our inspection, two of the actions had been first identified in a risk assessment in April 2017. For example, one of the actions was to clean moss from external fire escapes which posed a slip hazard.
- Records of a fire drill completed in September 2019 stated that staff did not follow the provider's procedures and "panicked." Not all staff we spoke to knew how to respond to an emergency. One member of staff told us "I do not know what I would do, I would wait for a senior to tell me." We raised these concerns with the manager and the provider. The provider informed us that a second fire drill had been completed immediately after the one we saw records for and all staff had followed the correct procedure. However, there was no record of this.

Following our inspection, we wrote to the provider and asked them to take immediate action to address the risks we identified. The provider completed all the outstanding actions from the fire risk assessment, arranged additional training for staff and rewrote instructions staff were to follow in an emergency so that they were clearer to understand.

- Individual risks associated with people's care were assessed and staff understood how to manage these. For example, one person was at risk of developing sore skin, we saw that staff ensured they were sat on a pressure relieving cushion as instructed in their support plan.
- Accidents and incidents were recorded by staff and reviewed by the manager. Actions were taken to mitigate further risk.

### Using medicines safely

- People told us they received their medicines when they expected them. One person told us "I get my medication on time, no problem they (staff) wait while you take it."
- However, we found best practice was not always followed. One person was prescribed a painkilling patch which was applied to their skin. To prevent skin from being irritated from the adhesive this needs to be placed on a different part of the body for each application. Records were not in place to ensure this was done. Furthermore, staff told us this person regularly removed the patch. Despite knowing this staff did not record when staff identified the patch had been removed or how it was disposed of.
- Another person had a handwritten note in their medicine records stating that the GP had authorised one person's medicines could be crushed due to swallowing difficulties. This person did not have capacity to consent to this. There was no guidance in place about which medicines could be crushed, how the

medicines were to be taken and if this would affect how they would work. We raised these issues with the manager and the provider.

During the inspection the manager removed the handwritten note about crushing medicines until they could receive further guidance from a GP and pharmacist. Following our inspection, the provider sent us copies of new body charts that were being used to monitor when and where the medication patch was placed on the person and to monitor when it was removed.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff with knowledge of safeguarding. Staff displayed a good understanding of how to identify potential abuse and how to escalate concerns.
- Records showed that staff regularly liaised with healthcare professionals and the local authority safeguarding team when any concerns were raised, and actions were taken to ensure people were safe.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There is plenty of staff about." Another person told us that if they used their call bell they did not have to wait long for staff to go to them.
- We observed people had enough staff to support them and staff responded promptly to requests for support. We observed staff providing supervision and meaningful interaction with people throughout the day.
- The provider had carried out robust checks of staff background and character to ensure new staff were suitable for their roles.

Preventing and controlling infection

- People were protected against the risk of the spread of infection.
- People told us they found the home environment to be clean.. One person said, "My room is spotless, I can't fault it and my laundry is done fine."
- The home environment was clean and housekeeping staff were observed cleaning throughout the day. Processes were in place to ensure laundry was separated and people's clothing and linen were regularly cleaned.
- Staff had received training in infection control and followed good infection control practices. For example, we observed one staff member washing their hands before serving lunch. Staff had access to personal protective equipment (PPE) such as aprons and gloves.

Learning lessons when things go wrong

- There were systems in place to monitor incidents and they were logged and monitored.
- Incident forms were routinely reviewed by the manager and analysed on a monthly basis.
- The manager considered accidents, incidents and complaints at the service, reviewing actions taken and looking for any patterns or trends.

# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's hydration needs were not always met. When it was identified people needed encouragement to drink more for their health, accurate records of how much they had drunk or needed to drink were not always kept. We saw that one person had been treated for multiple urinary tract infections, but their fluid charts did not have a daily target or a running total of how much had been drunk. A running total would help staff know if they needed to encourage the person to drink more. A relative we spoke to raised similar concerns that their family member had needed to see a GP several times for recurrent UTI's since living at the service. We discussed this with the provider who took immediate action to improve their fluid charts and each person had an individual goal which was recorded and a running total of the amount of fluid the person had drunk each day.
- People told us they were able to have a drink whenever they wanted one. One person said, "There are plenty of cups of tea, I ask staff when I want one." and another person said "If I want a cup of tea they (staff) will get me one, they're very obliging."
- People were offered drinks throughout the day. However, not everyone had drinks left within their reach which meant they were not able to drink independently and needed to ask staff to help them. We discussed this with the manager who took immediate steps to remind staff to ensure drinks were left within people's reach.
- The chef planned a weekly menu of choices based on people's preferences and dietary requirements. People were complimentary about the meals provided. One person told us, "Meals are plentiful, the cook came round yesterday and asked what I wanted." Another person told us "Meals are very satisfying, we get a choice."
- People were able to choose where they wanted to eat their meals and meal times were a relaxed and social experience. When people required support to eat staff did this in an unhurried way and were guided by the person.

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.

- We identified that two people living in the home who required a DoLS had not had these applied for. We raised this with the manager who immediately submitted the correct applications.
- Staff completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment, this was recorded in care files.

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

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New staff completed an induction and spent time working alongside more experienced members of staff to get to know people before working with them. If staff were new to working in a social care setting they were supported to complete The Care Certificate. The Care Certificate helps new staff to learn the skills, knowledge and behaviours necessary for their role.

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

- The service worked regularly with external professionals, such as GPs and specialist nurses, to support and maintain people's health.
- Referrals were made to other healthcare professionals, such as the falls team, where appropriate.

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

- The building had been adapted to meet the needs of people living there and clear signs indicated where in the building they were. This enabled people living with dementia to move around the home independently.
- People were supported to decorate their bedrooms to and some people had chosen to bring their own furniture to the home.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has 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

- There was a positive rapport between people, staff and management. One person said, "Staff very nice, I can't fault them." A relative told us "Carers are excellent. They're pleasant and know you by name."
- Staff treated people with kindness and respect at all times.
- People were supported to follow their chosen religion and to attend their place of worship.

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

- People were supported by staff to create their care plans and discuss any changes to their support. The manager told us, "Staff inform me of anything that people want to do that they don't already, this helps to ensure that everybody is listened to and treated fairly."
- People were supported to have share their views about care through daily discussions with staff. People had access independent advocates. An advocate is a person who can speak on behalf of another person to ensure their views and wishes are considered.
- Staff spent time listening and talking to people. During our inspection people and staff were discussing choices for future activities.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who upheld their dignity and respect. A person told us "All staff treat me with respect, I don't feel rushed." Another person explained they preferred to be supported by a male staff member and this had been arranged.
- Staff received training about treating people with dignity and respect. A staff member told us "I treat everyone how I would like to be treated."
- People were supported to be as independent as they wanted to be. One person told us, "I like to be independent but if I asked staff would do it." A staff member explained they encouraged a person to use a flannel to wash their own face and to brush their teeth. They added, "It's important people are able to do what they can for themselves, it helps them keep skills they have. If I took over then they would lose those skills."

# 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 has 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

- Care records documented people's changing needs and their preferences about how they wished their care to be delivered.
- The manager ensured people's needs were regularly reviewed. People and relatives told us they were involved in discussions about reviewing their care.
- Staff were knowledgeable about people's specific needs and respected their choices.
- People's cultural and religious needs had been considered and recorded in their care plans.]

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.

- The manager told us that written information, for example the complaints procedure, could be provided in different formats, such as large print, easy read or translated to other languages if this was required.
- Information was displayed around the service in clear formats to help people understand.
- People who required them, wore glasses and hearing aids which helped them to communicate.

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

- The service supported people to follow a variety of hobbies and interests. There was a programme of activities and people told us they enjoyed them, especially the musicians who visited regularly. One person told us they used to sing in a choir and they had spoken with the activity co-ordinator who was trying to arrange for them to sing with a local choir.
- The activities staff told us they worked with those people who were cared for in bed, or in their rooms, as well as providing group activities.
- Relatives told us there were no restrictions on when they could visit their loved ones. A relative told us they often took their family member out for the day and staff helped to facilitate this.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to. However, people and relatives told us they were happy with the care and had not needed to make any complaints.

- Complaints and comments were managed in line with the provider's procedures.

#### End of life care and support

- Nobody was receiving end of life care at the time of our inspection. There was a section in people's care plans which recorded their end of life care wishes.
- Staff told us they worked in partnership with the GP and district nursing service when providing end of life care.
- Staff received training in end of life care and understood how important it was to provide care which managed people's pain and met their needs sensitively.

# 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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The provider had not always ensured known risk were addressed. The provider did not always ensure that actions were promptly taken to make improvements to the service. When recommendations had been made following a fire risk assessment these had not been acted on in a timely manner. This placed people at an increased risk of harm if there had been a fire.
- The provider's quality assurance system and checks were not always effective. A series of audits monitored various aspects of the service, including medication, weight loss, housekeeping, food safety, dining experience and complaints. However, the concerns we found had not been identified during these audits. For example, medicine audits had not identified that body maps were not being used to record when and where medication patches were applied.
- Oversight of people's fluid charts was not robust and did not fully protect them from the risk of dehydration.
- Legal requirements were not always met, applications for DoLS had not always been made for people who needed them.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- The manager told us they planned to apply to become the registered manager and that they were supported by the previous registered manager who was now employed as the compliance manager for the provider.

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

- Relatives told us the manager passed on information about their family member, when needed.
- The manager understood the duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any

shortfalls and assuring people how lessons had been learned.

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

- The manager worked in partnership with the people who used the service, relatives and staff. Feedback about the manager was positive. A person told us "Yes, I think the manager listens." A member of staff told us how they had spoken to the manager about activities people had suggested and these were being arranged. For example, visits were planned from children at a local primary school and individual trips for a meal at a pub. The member of staff told us "[Manager] is very good at listening to us and planning things people want."

- Staff praised the open culture that the manager had created. One told us, "I think morale has improved recently, we all feel supported."

- The manager told us they did not have regular residents' meetings because people had found these confusing and that it had not been a productive way to gain people's views. They explained that instead they and staff spoke with people every day and asked for feedback about anything they wanted to change and would then act on this. Any changes made to people's care needs were recorded in their care records and shared with staff at daily handover meetings.

- Staff had regular meetings to discuss any changes within the service and to plan improvements. Staff also had individual meetings with the manager to discuss their role and where they could ask for additional training or support.

- The manager had developed relationships with local organisations including the local authority which supported them to increase their knowledge of compliance and regulatory responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the services provided were effective in practice.</p>