Colten Care (1993) Limited

Braemar 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Braemar Lodge is a care home with nursing. 52 people were living in the home at the time of the inspection.

What life is like for people using this service:
People continued to receive an exceptionally person-centred service. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. People were supported make choices and have as much control and independence as possible. People had organised meaningful activities and occupations that were important to them.

People had been supported to develop clear care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

People received caring and compassionate support from kind and committed staff. The registered manager led by example and had successfully created a caring and reliable team.

People were complimentary about the care they received and about the quality of staff.

Staff respected people's privacy and dignity. People were supported to be as independent as possible.

The registered manager had made improvements since the last inspection to ensure people always received safe care and treatment. People felt safe and received support to take their medicines safely. People said staff responded promptly to requests for assistance.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively.

People's rights to make their own decisions were respected. People were supported to maintain good diet and access health services if needed.

The service was well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement. The registered manager provided good support for staff to be able to do their job effectively.

More information is in Detailed Findings below.

Rating at last inspection:
Good. Report published 9 August 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:
We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 safe.

Details are in our findings below.

Good

Is the service effective?

The service remained effective.

Details are in our findings below.

Good

Is the service caring?

The service remained caring.

Details are in our findings below.

Good

Is the service responsive?

The service remained exceptionally responsive.

Details are in our findings below.

Outstanding

Is the service well-led?

The service remained well-led.

Details are in our findings below.

Good

Braemar 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 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.

Inspection team:
The inspection team consisted of two inspectors 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:
Braemar Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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:
This inspection was unannounced.

What we did:
Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with 15 people and one relative to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager and

seven staff in a range of roles in the service. Following the inspection we received feedback from three health or social care professionals who have contact with the home.

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.

Staffing and recruitment:

• The home had sufficient staff to meet people's needs safely. At the last inspection in June 2016, we identified that improvements were needed in the time staff took to respond to call bells. Following that inspection, the provider introduced a new call bell monitoring system, which enabled managers to monitor response times in greater detail. At this inspection people told us staff answered their call bell promptly. Comments included, "The bell is answered as quickly as they can" and "Staff always respond to the call bell and check I am ok." The registered manager investigated any incidents where there had been a delay in responding. This had resulted in a fall in the average time taken to respond to call bells.

• Staff told us they were able to provide the care and support people needed.

• Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Staff records showed they were thoroughly checked before they started providing care to people. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse:

• The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and other senior managers would act on any concerns raised. The provider had responded well when concerns were raised and worked with the safeguarding team to ensure people were safe.

• People told us they felt safe in the home. Comments included, "Yes I feel very safe here and there are plenty of staff, they seem to come as quickly as they can if I need them" and "I feel safe with the staff."

Assessing risk, safety monitoring and management:

• Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to

support people to go out independently, minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

• There were good systems to ensure people continued to receive their care in the event of an emergency. Fire equipment and alarms had been serviced and there was a comprehensive fire evacuation plan, setting out the support people needed to evacuate the building in case of an emergency. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure equipment was safe for people to use and any defects were identified promptly.

Using medicines safely:

• Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

• People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also said they were able to have painkillers when they needed them.

• People were supported to manage their own medicines, where this was safe for them and what they wanted. People had lockable storage space in their room and staff provided assistance to order and collect medicines if needed.

Preventing and controlling infection:

• All areas of the home were clean and people told us this was how it was usually kept. There were systems in place for cleaning materials and equipment, to prevent cross contamination. There was also a system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.
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Learning lessons when things go wrong:

• Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

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.

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.

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

• People's needs were assessed before receiving care to ensure these needs could be met. People told us staff understood their needs and provided the care they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about conditions people were living with, such as Parkinson's, diabetes and dementia.

• Staff had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to these when developing care and treatment plans with people. Staff had worked with specialist nurses where necessary to develop care plans, for example a tissue viability nurse. The provider employed a team of Admiral Nurses, to provide specialist advice and support in relation to care for people living with dementia.

Staff skills, knowledge and experience:

• Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated. There were qualified training staff available in the home, which enabled training to be provided quickly when staff needed it.

• Training was provided in a variety of formats, including on-line, group sessions and observations of

practice. Staff completed an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care. In addition, the registered manager regularly completed brief learning sessions, relevant to a specific piece of work that was happening at the time. These 'pocket' training sessions were used to reinforce other training staff had completed.

• Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

• People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food here is lovely, just my kind of food. I get regular drinks throughout the day" and "On the whole the food is good". A relative told us the chef was good at making pureed meals look attractive and appetising.

• The chef said they met with people regularly to find out about their likes and dislikes. There was a catering committee that had been formed by some people and was used to collect feedback from people and meet with the chef. Changes had been made to the menu as a result of the feedback provided.

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

• The service had systems in place to plan referrals to external services and to maintain care and support. Feedback from external health professionals was that the service made these referrals in a timely way.

• Where people moved between services, they were involved in the planning; staff worked collaboratively across services to understand and meet people's needs. During the inspection the head of care was working with a person to plan their move from the local hospital into the home.

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

• People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

• A nurse practitioner for a local GP practice told us staff were always prepared for their visits and provided clear information about people's condition. A tissue viability nurse said staff followed their advice and treatment plans.

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

• People were involved in decisions about the premises and environment. Individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.

• Specialist equipment was available when needed to deliver better care and support; people were helped to make choices about equipment.

•Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.

Ensuring consent to care and treatment in line with law and guidance:

• People told us staff always gained their consent before providing any care or support. We observed staff working in this way, checking with people before providing any care or support.

• Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

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 were treated with kindness and were positive about the staff's caring attitude.

• People told us staff provided compassionate support in an individualised way. Comments included, "Yes they are very kind to me and very caring in their attitude. There is no one person, they are all kind and work together professionally" and "They are very kind and caring."

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

• Staff supported people to made decisions about their care and knew when people wanted help and support from their families. Staff signposted people, families and friends to sources of advice and support or advocacy.

• Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

• People's communication needs were assessed and recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence:

• People and their relatives told us staff respected their privacy and dignity. Comments included, "They respect her dignity. They are always polite when they speak and refer to her."

• People were supported to be as independent as possible, including support to manage medicine independently, go out alone and take part in group activities. One person commented, "They encourage me to do things such as exercise classes and they know I don't like being in a crowd but I do go to the classes as its good for me to take part sometimes." Staff had supported a person to take their meals in the dining room, which was very important to them but challenging due to their specific needs.

• People's diverse needs, such as their cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs.

Outstanding ☆

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• People were supported make choices and have as much control and independence as possible. People had organised meaningful activities and occupations that were important to them. Some people had recognised jobs in the home and had taken on responsibility to ensure they fulfilled those roles. Examples included people who worked on the home's reception desk, people who worked as gardeners, people who arranged activities such as a quiz and social events and a person who established and managed an extensive library in the home. Committees of people interested in certain areas had been established. These provided oversight of some aspects of the service and ensured people's views were integral to the running of the service. People told us their input had resulted in changes in the way the service was organised.

• The service took a key role in the local community and was actively involved in building further links. People were supported to take part in the National Gardens Open Day, where the home's garden was open to members of the public to visit. The service has also been successful at the Salisbury City Gardens awards, winning awards for the previous five years. People had been involved throughout the planning and preparation for these events, ensuring the garden was presented at its best.

• One person showed us round the garden. They told us it had been developed from a blank plot and people had been involved throughout, deciding what to grow and build, for example, a woodland walk, a bug house and a bird box with camera that was connected to a television screen in the lounge. The person said raised beds had been planted to be at the right height for people who use a wheelchair. Wide paths had made the garden accessible for people who use wheelchairs or walking frames. The person also said they had planned the garden to make sure planting was visible from the communal areas of the home, so that people who could not go out into the garden could still enjoy it. The person said the provider had been very accommodating in ensuring they had all they needed. People told us they appreciated all the work that had taken place and were "very proud of the garden."

• Other community activities included a weekly café held in the home and open to members of the public, working with representatives from the local council to take part in planting up an area of the park opposite the home, an annual garden party and a Christmas market. People had chosen a charity to support and these community events were used to raise money for the Salisbury Hospital League of Friends.

• People had care plans that were specific to them and set out how they would like their needs to be met. The plans identified and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Communication plans included photos of

equipment people used, such as glasses and hearing aids, and detailed information on the support they needed to use them effectively. People had been supported to develop a "This is me" document. These gave important information about people's needs and their communication in the event of needing hospital treatment. This helped to ensure there would be continuity of people's care if they moved between different services.

• The service had taken innovative steps to meet people's communication needs. The service had supported a person to develop a friendship with a person who attended their weekly café. In addition to meeting the persons social needs, their friend was teaching them to learn sign language. Staff were also learning the signs and were using this to help the person to communicate their needs. This had resulted in staff being clearer what the person's wishes were and able to meet those needs.

• A visiting professional told us they were impressed with the home's focus on person-centred care, particularly in relation to falls prevention. The home had taken part in a quality improvement project by King's College London to reduce the risk of falls in nursing homes. The work involved completing detailed, individualised falls risk assessments which was used to develop a tailored care plan. During the period of the project, the home had demonstrated a 37% reduction in the number of falls.

• The provider recognised people's changing needs and ensured staff were well informed about any changes to people's care or condition. This ensured staff had access to up to date information at all times.

• People were supported by regular staff that knew their needs well.

Improving care quality in response to complaints or concerns:

• People told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I did complain once about something a while ago and it was quickly resolved" and "I see the manager regularly and I would feel happy to complain if necessary." Records demonstrated complaints had been investigated and the complainant provided with a response. The registered manager had apologised to complainants where appropriate.

• The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support:

• People were supported to make decisions about their preferences for end of life care, and in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care service.

• Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

• The registered manager had identified gaps in the knowledge and training of some staff in relation to end of life care. As a result, they had a made a bespoke video training package for all staff and relatives, highlighting care people may need towards the end of their life, and what they need to do after someone has died. All staff had completed this training and the registered manager used it as part of their induction

for new staff. Staff told us they found this training very helpful.

• The home held an annual celebration of life day in which relatives, friends and staff are invited to a service and social event to remember people who had died.

• Staff demonstrated care and respect for people who had died. The registered manager said they always made sure people left by the front door and were given a 'guard of honour' by staff as they left.

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 provider had a 'promise and values' statement, which was included throughout the literature provided to people. This set out that their promise to people was "Cherishing you" and they planned to achieve this through putting their values of "Friendly, Kind, Individual, Reassuring and Honest" into practice. The values had been developed with input from people, their relatives and staff. The values were visible throughout the home and people were asked whether they were being followed as part of the reviews of their care.

• There was a clear vision for the service which demonstrated a good understanding of openness and transparency, and which prioritised safe, high-quality, compassionate care. Leaders had the experience and capability to make the vision real in practice.

• The registered manager had a good understanding of their responsibilities under the duty of candour.

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

• The provider had comprehensive quality assurance systems in place. These included, audits of accidents and incidents, care records, medicine records, staff files. The registered manager conducted unannounced checks, including at night, to ensure staff were putting training into practice and maintaining their expected high standards. The results of the various audits and checks were used to create a development plan and drive improvements to the service.

• Clinical governance review meetings were held regularly to review issues raised in the audits, for example weight loss, falls and choking incidents. These assessed whether staff had taken the right action to support people and whether any improvements could be made to the way staff worked.

• The management team held regular "Innovation meetings". These were used to support staff to develop ideas about improvements that could be made to the service. Staff said the registered manager was always open to new ideas.

• There was a clear staffing structure and staff were aware of their roles and responsibilities.

• The service had effective systems to manage risks to people using the service, staff and members of the public.

• Staff told us they thought the service was very well managed. Comments included, "The management is open. You can raise anything you want. There are regular meetings, incidents and care are reviewed and changes made" and "I feel supported and there are opportunities to develop professionally. It is a great team. Lots of support for staff. We work well together."

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

• The service involved people, their families, friends and others effectively in a meaningful way. Quality surveys were completed regularly and included requests from feedback about whether the service was providing care in line with their values. The registered manager responded to issues raised in quality surveys and let people know what action they had taken. People were involved in the day to day running of the home, with several committees for people to influence decision making.

• Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others

• The provider worked well with health and social care professionals. There were clear arrangements to work with health and social care services. The management team also took part in pilot projects including work with academic researchers and the local clinical commissioning group. These were used to improve the service people received and good practice was shared with the provider's other care homes.

• The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance. Nurses employed by the home were supported to access suitable resources to maintain their professional development.