

Mr William O'Flaherty

Bracken Lodge Care Home

Inspection report

5 Bracken Road
Southbourne
Bournemouth
Dorset
BH6 3TB

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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

This was an unannounced inspection that took place on 6 June 2017. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in March 2016 we found one breach in the regulations relating to poor planning and management of people's care and treatment. The provider submitted an action plan which stated that the service would meet these regulations by June 2016. This inspection was also carried out to check that the provider had taken the required action.

Bracken Lodge is registered to accommodate a maximum of 18 people who require nursing or personal care. There were 10 people living there at the time of our inspection.

The home was led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, who were able to, told us that their care and support needs were met and that staff were kind, caring and respectful. People also felt safe and had confidence in the staff.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed at Bracken Lodge, and the skills they had, were sufficient to meet the needs of the people they supported and keep them safe. We were concerned that the registered manager was working long hours as the registered nurse on duty in the home in addition to their main role as registered manager.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and staff said the manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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.

Systems were in place to protect people from harm and abuse.
Staff knew how to recognise and report any concerns.

People received safe care in a safe environment where risks were identified and minimised through risk management.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Is the service effective?

Good ●

The service was effective

Staff were well-trained and supported to fulfil their role to ensure that they were competent and could meet people's needs effectively.

People were supported to have access to healthcare as necessary.

People's dietary and nutritional needs were being met..

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good 

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager was approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

Bracken Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 June 2017. Two inspectors undertook the inspection.

Before the inspection we reviewed the information we held about the service; this included any events or incidents they are required to notify us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views. Before the inspection, the provider 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.. The PIR 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 spoke with and met one person who was living in the home and able to give feedback. We also spoke with one relative who was visiting the home during the inspection. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with two staff, as well as the registered manager.

We looked at four people's care and medicine records. We saw records about how the service was managed. This included three staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

The person we spoke with had no concerns about their safety, telling us they were well cared for and supported. The relative we met also confirmed that they were very pleased with the way their family member was cared for and felt they were safe while living in the home.

At the last inspection in March 2016, we noted that a risk assessment of the premises had not been carried out. Consequently, a number of hazards were identified during that inspection where action should have been taken to reduce the risk of harm to people. During this inspection there was a comprehensive environmental risk assessment in place and action had been taken to reduce the risks that were highlighted during the previous inspection or as a consequence of the risk assessment that had been carried out. Actions that had been completed included, covering hot surfaces that could cause burns or scalds, fixing wardrobes to walls to prevent the risk of them toppling over, sealing floor surfaces in a bathroom, improving infection control measures and meeting recommendations made by the Dorset and Wiltshire Fire and Rescue Service about fire safety systems in the home.

The registered manager had completed assessments for identified risk areas that could affect older people to ensure that risks were minimised in delivering people's care. These included risk assessments concerning malnutrition, falls, people's mobility and skin care. Risk assessments were in place for the people on whose care we focused. They had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments then underpinned care plans that had also been developed to make sure that care was delivered as safely as possible.

Arrangements were in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies.

People were protected from abuse and avoidable harm because suitable policies and procedures were in place and staff had been trained in safeguarding adults. The staff we spoke with confirmed they had been trained in safeguarding adults and were aware of how to report any concerns. Records were in place to show that all staff had received this training and that they received update training each year. Staff were also aware of how to whistle blow should they have concerns about practice in the home.

Accidents and incidents that occurred in the home were monitored to look at possible risks or failures in systems or equipment. Following any accident, the registered manager reviewed the person and their records to make sure that any identified actions had been followed through. At the end of each month all accidents and incidents that had occurred in that period, were reviewed to look for any trend or hazard where action could be taken to reduce further such occurrences.

Equipment in the home was serviced at the required intervals, thereby ensuring it was safe to use. People who had bedrails in place, to prevent their falling from bed, had a risk assessment on file to make sure these

were fitted correctly and the risk assessments were regularly reviewed.

People living at the home, relatives and staff, all told us that they believed staffing levels were sufficient to meet people's needs. The person we spoke with told us their call bell was answered in good time and that their care and treatment needs met. Relatives also confirmed that they had observed that call bells were answered promptly and people were checked regularly where they were unable to use the call bell. They also said that people's needs were being met.

The registered manager told us that at the time of inspection staffing levels were as follows:

8am to 2pm; one nurse and two healthcare assistants.

2pm to 8pm; one nurse and two healthcare assistants.

8pm to 8am (Night time); one nurse and one healthcare assistant.

Healthcare assistants also completed cooking, light cleaning and laundry duties during each shift. An additional cleaner was also employed to undertake cleaning duties not done by healthcare assistants.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character. Bracken Lodge had a team of staff who had worked for a long time at the home for many years. Consequently there had been very few new staff recruited. We looked at the recruitment records for the only member of staff who had started working at the home since the last inspection. Although there had been a robust selection process, some of the required records, such as evidence of a full employment history with an explanation of any gaps in employment were not in place. Following the inspection the registered manager confirmed that all the required records under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required.

There were satisfactory systems in place for the administration and management of medicines. We checked the storage and administration of medicines, and discussed medicines management with the registered manager. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

The registered nurses were responsible for the administration of medicines in the home. Records confirmed that they had received regular training and competency checks. One the day of the inspection the registered manager was also the only registered nurse on duty. We observed the lunch time medicines being given to people. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

At the last inspection we noted that there were no photographs of people attached to the records to assist new or agency staff to correctly identify people. At this inspection medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required" (PRN) which was contained in a care plan. Medicines administration records were complete and contained the required information where doses were not given. Prescribed creams could be given by healthcare assistants and there was information and body maps together with administration records showing people had these creams applied as directed.

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care. One member of staff told us, "We know each person and their needs well." A relative we spoke with told us that they had confidence in the staff team who had been very reassuring.

Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received initial training and regular refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. The registered manager confirmed that induction training for the new member of staff was in progress but was unable to confirm what this was in accordance with the Skills for Care, Care Certificate which had been introduced since they last recruited a member of staff. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. We advised the registered manager that this was an area for improvement.

Staff were provided with support and supervision. Staff confirmed that regular supervisions took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset, and chatting to them about their family or previous events in their lives. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that they were aware of the requirements and had made DoLS applications to the supervisory body when necessary

During the last inspection we highlighted that the recording of mental capacity assessments and best interests decisions required more information and evidence to support the process and conclusion. At this inspection we reviewed the processes followed and records kept regarding two people and found that the information recorded had improved. Records showed that staff had completed refresher training and had a reasonable understanding of the MCA.

People's dietary likes and dislikes were recorded in their care plans and staff were also aware of any special diets, such as gluten free, which people required. The person we spoke with told us they enjoyed the food. We observed the lunchtime meal on the day of the inspection. This was a sociable occasion with enough staff available to support people, offer encouragement and generally engage people in conversations.

People's care plans also included a nutritional assessment that was regularly reviewed and updated. People were weighed every month or at more frequent intervals if there were concerns about their weight. In these circumstances people were offered a fortified diet and a referral was made to dietician.

People had access to healthcare professionals such as GP's, district nurses, occupational and physiotherapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary.

Is the service caring?

Our findings

People, who were able to, told us that they were happy living at Bracken Lodge and found the staff to be kind and caring. Interactions between people and staff were good; staff offered choice, prompted discussions and started conversations with people.

People received care and support from staff who had got to know them well. The relationships that were observed between staff and people receiving support demonstrated dignity and respect at all times. During the inspection we observed staff interacting with people. For example, we saw people being assisted appropriately when getting to their feet and being guided when walking around the home. Staff were patient and caring with people, explaining how they would assist them making sure that they were comfortable and appropriately supported.

Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and could use screens in public areas if necessary.

Is the service responsive?

Our findings

We saw that staff were responsive to people's needs. They responded to people's verbal and non-verbal gestures and communications. One person was very frail but staff still took time to assist them with their hair and clothing as they knew this was important for them.

People and relatives told us that they felt their needs were met and that staff were quick to consult GP's and other health professionals such as the community nurses if they had any concerns.

At the last inspection it was noted that whilst people received personalised care that was responsive to their needs, this was not always supported by the standard of recording and in some instances could have led to people not getting the care that they required. During this inspection we found that the standard of recording had improved. Assessments were more detailed and care plans accurately reflected people's needs and gave clear information about how people liked to have their support provided.

During the last inspection we noted that where people were at risk of malnutrition or dehydration, records of the support provided were insufficient. At this inspection, no one needed their food or fluid intake monitoring but the registered manager explained that systems were in place should there be concerns that a person was not having enough to eat or drink.

Similarly, at the last inspection there was little information available about the treatment that staff from the home had provided for the care of a wound and for the prevention of pressure sores. Again, the registered manager confirmed that a review had been completed and systems to monitor wounds had been put in place. The registered manager told us that they took pride in the low incidence of pressure sores.

None of the people living in the home during this inspection required support to move from specialised equipment such as hoists. At the last inspection some people had needed this help but we found that there were not enough slings for each person to have their own to minimise the risk of cross infection and staff were unclear about the specific types of equipment required for each individual. The registered manager confirmed that they had reviewed the types and numbers of equipment available and was satisfied that there was sufficient equipment available and that assessments and care plans would include specific information to guide staff as required.

People's needs were regularly reviewed and their care plan, medicines and risk assessments were updated. People and their relatives told us that they were consulted during reviews. Where staff identified concerns either through the review process or through daily care provision, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Staff had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain.

A range of activities were available including music, arm chair exercise and board games. During the inspection members from a local church visited to provide a multidenominational service and to sing hymns. The service was well attended, people joined in with the service and singing and there was lots of chatting after the service over tea and biscuits.

Information about how to complain was available on notice boards in the home and in people's rooms. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff in the home were also very helpful.

One member of staff told us, "We all work as a team and get on well together." Another member of staff told us, "it's like we are part of one family and we support each other." They said that the registered manager also worked alongside them in supporting people and leading by example.

Staff rotas for the weeks commencing 26 May 2017 and 2 June 2017 showed that the registered manager was working in the home as the registered nurse on duty for 48 hours and 42 hours respectively. This was in addition to their registered manager duties. This meant that the registered manager may not have enough hours to properly carry out their role. It also meant that, should the registered manager be unable to work the hours as the registered nurse on duty, there would be staff shortages in the home for providing care to people.

At the last inspection we highlighted that the registered manager needed additional support with administrative tasks in the home which would allow the registered manager more time to concentrate on their role and tasks. The registered manager reported at this inspection that they were still trying to recruit someone with appropriate skills.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the registered manager and were confident that they would be addressed. They were also aware of how to raise concerns and whistle-blow with external agencies such as Care Quality Commission.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken regularly; there were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to both people living in the home and to relatives and friends that visited. Surveys were analysed on an individual basis. Three surveys had been completed since the last inspection and all had been positive in their responses. The registered manager stated that had any areas been highlighted as requiring action, a plan with timescales to implement the required actions would be created and discussed with the person who raised the issues.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent by The Care Quality Commission and other independent

supporting bodies

All of the records that were reviewed during the inspection were up to date, accurate and stored confidentially.