Sanctuary Care Property (1) Limited

Breme Residential Care Home

Inspection report

46, Providence Road
Bromsgrove
Worcestershire
B61 8EF
Tel: 01527 571320
Website: www.sanctuary-care.co.uk

Date of inspection visit: 16 and 17 October 2014
Date of publication: 30/03/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Breme Residential Care Home provides accommodation and personal care for a maximum of 60 people many of whom may have a dementia related illness. The facilities within the home are arranged over three floors. When we carried out our inspection the home accommodated 56 people.

At the time of our inspection there was 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.

This unannounced inspection was carried out over two days on 16 and 17 October 2014. At our previous

Summary of findings

inspection on 6 February 2014 we identified a breach in a regulation associated with the Care and welfare of people who use services. Following the inspection the provider sent us an action plan to tell us how they intended to make improvements. We found that improvement had been made in the areas we had previously identified.

People told us that they felt safe and well cared for by the staff. We saw that staff were respectful and calm when they spoke with people. Staff had awareness and demonstrated ways that they upheld people's privacy and dignity. They also recognised the importance of people's appearance and respected people's choices and views. Staff were aware of their responsibility to protect people from the risk of abuse to ensure people were safe and not at risk of harm.

Staff received training and supervision to provide them with the skills, knowledge and support to enable them to care for people who lived at the home.

People felt that at times there was not sufficient staff on duty. We saw occasions when lounges had no staff member present and we became aware that the call bell was not always answered promptly by staff on duty. Medicines, creams and ointments were not always signed for to evidence that people had received them as prescribed.

We saw that care plans and risk assessments were in place and that these were regularly reviewed and updated. Some information available to staff was conflicting about people's care needs. People had access to medical professionals to ensure their health care needs were met. People's social needs were met by means of a range of methods for people to engage in pastimes and interest.

The registered manager and staff were aware of the requirements around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). These are to protect people who may not be able to make an informed choice about their care.

We received positive comments from people about the food provided at the home and about the choice available to them. We saw that staff supported people and provided assistance and encouragement in eating as necessary. Snacks and drinks were available throughout the day to ensure that people were provided with sufficient food and fluids.

Systems were in place to monitor the quality of the service provided to people. People were able to raise concerns and make comments about the service provided. These were used by the provider as a means of making service improvements. Accidents and incidents were monitored and reviewed to ensure people's wellbeing.

Summary of findings

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 safe

Requires Improvement

Medicines were administered although not always recorded. We found unsafe procedures regarding the application of creams and ointments. Improvement was needed in the monitoring of the temperature of the designated refrigerator to ensure medicines are stored correctly.

People who lived at the home and relatives told us that they felt there were not always sufficient staff on duty to meet the needs of people. When people used the call bell system staff did not always respond in a timely way.

Risks to individuals are assessed to protect people from risk. Conflicting information was seen within some of the available documents.

People who lived at the home told us that they felt safe and well looked after by staff.

Is the service effective?
The service was effective.

Good

Staff received training and supervision to enable them to support people who lived at the home.

The registered manager had an understanding of The Mental Capacity Act (2005) and the need to ensure its full implementation within the home. Consent to care and support is sought in line with legislation.

People who lived at the home enjoyed their meals and had a choice about what they ate.

People are able to maintain good health and have access to medical support and professionals input.

Is the service caring?
The service was caring.

Good

People told us that they were well cared for. People received care that met their needs. Staff were friendly and compassionate while meeting people's needs.

We found that staff took account of people's preferences and choices taking account of individual decisions.

We saw that staff up held people's privacy and dignity and encouraged independence.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were able to make choices about their daily lives. People were able to engage in individual and group interests and interacted well with staff.

People were able to raise concerns they may have regarding the service provided.

Is the service well-led?

Good

The service was well-lead.

The registered manager, the provider and others monitored the quality of the service provided.

Staff were complimentary about the registered manager who they found to be approachable. Staff told us they enjoyed working at the home.

The provider had systems in place to review and monitor risks to maintain people's wellbeing.

Breme Residential 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 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.

This inspection took place on 16 and 17 October 2014 and was unannounced.

The membership of the inspection team was made up of three inspectors although only one inspector attended on the second day.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a document designed to ask the provider some key questions about the service provided at the home. This includes what the provider does well and areas were improvement is needed. We also reviewed the information we held on the home such as notifications completed on behalf of the provider and sent to us. A notification is information the provider is required to send following an incident or event.

During the inspection we spoke with six people who used the service as well as seven relatives. We spoke with care workers, domestic staff, senior carers and the registered manager. We spoke with one visiting professional.

We observed the care and support provided by staff and 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 looked at records about people's personal care, medicine records and audits.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us that they felt safe. One person told us, "I am safer here than anywhere else". Another person said "They (staff) look after us" while another said, "It's first class here." One visitor said that they had found, "Staff to be on the ball" when looking after their relative.

We spoke with staff and found that arrangements were in place to safeguard people from the risk of abuse and avoidable harm. One member of staff told us that they would report any concerns to the registered manager. The same member of staff was aware of the procedures they would expect the registered manager to take. Another member of staff stated, "I understand about safeguarding". Staff confirmed that they had received safeguarding training and that refreshers had also taken place. The registered manager was aware of their responsibilities to report any actual or allegations of abuse to the relevant authorities.

We found that staff had a knowledge of people's care needs to ensure that they were kept safe. We saw care plans and risk assessments where in place to ensure that staff had sufficient information to keep people safe. These plans and assessments were to enable staff to support people. For example we saw that checks were in place if people lost weight so that this could be monitored and suitable action taken. We did however see conflicting information about some people's care needs. For example details displayed on a board in an office did not match the care plan regarding a person's ability to swallow. This meant that incorrect information was available which could have led to inappropriate care.

We asked people about staffing levels at the home. People we spoke with felt that at times they were low. During our inspection there were occasions when people who lived at the home were left alone in the lounge areas. One member of staff told us that somebody should always be visible, but that was not always possible. One person who lived at the home commented that they have at times to wait to go to the toilet. Another person told us, "When it comes to help it's a matter of ringing the bell. I have to wait about 10 minutes" for staff to respond. Throughout our inspection we heard the call alarm sound. We found that call bells were not always answered promptly. For example, on one occasion we saw that the display panel indicated that a call bell was activated for 15 minutes before it was answered by a member of staff. On another occasion the call bell was activated for 13 minutes before it was answered. As a result people could not be assured they would receive attention promptly to maintain their safety. We brought our findings to the attention of the registered manager. The registered manager assured us that they would take action to ensure that calls were answered promptly and that systems were put in place to monitor the time taken to respond to people in a safe manner.

We observed staff administer medicines to people who lived at the home. We saw that staff checked the medicine against people's individual Medication Administration Record (MAR) sheet before it was given. We saw staff inform people that they had their medicine and encouraged people to take them. The MAR sheets contained important information such as any allergies people had as well as a photograph so staff could ensure the right person was receiving the medicine. We looked at five people's MAR sheets. The MAR sheets contained gaps where staff had not signed to demonstrate that they had administered people's medication. We found no evidence that people had not received prescribed medicines or come to any harm.

Although one person told us that staff regularly applied their creams. However, we found that the cream records did not always evidence that prescribed creams and ointments were applied as prescribed. In addition we found one person had a cream whereby staff were not signing for it as it did not appear on their records. The registered manager took our comments on board and assured us that improvements would be made to ensure people received their creams.

Some medicines were stored within a designated refrigerator. We saw that the fridge temperature was routinely recorded. We found that staff were not aware of the need to reset the temperature display to ensure it read accurately. As a result staff could not demonstrate that medicines had been kept at a temperature in line with the manufactures recommendation. This meant that there was a risk that medicines were stored at an incorrect temperature.

We found that some medicines were prescribed on an as and when basis. Guidance was available for staff to refer to as to when these items should be administered to people.

Requires Improvement

Is the service safe?

We saw that assessments were in place regarding self-medication to ensure that any potential risks had been identified while ensuring that people retained their independence.

Good

Is the service effective?

Our findings

We found that people who lived at the home felt that staff knew them well and supported them with their care needs. One person who lived at the home told us, "If you are unwell they call the doctor". A relative told us, "The staff are very good with people" and that overall they found the care provided to be, "Excellent".

We spoke with staff and they told us that they felt supported in their job. They confirmed that they received supervision and that training was provided to enable them to carry out their role. The registered manager told us training was on-going, for example we saw end of life training had been arranged for staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We found that the registered manager understood the MCA and DoLS requirements. The registered manager had made applications as needed under DoLS to the local authority including one urgent application. The registered manager told us that they had attended training with the deputy manager. Staff we spoke with had an awareness of the principals of MCA and DoLS. Staff assured us that nobody who lived at the service was subject to restraint. During our inspection we saw that staff obtained consent from people before they provided care and support to them.

One person who lived at the home told us, "The food is excellent. It's nice and hot". Another person said, "The food is lovely here. If you want egg on toast they (staff) get you one. We saw that hot food was on offer for breakfast, lunch and supper. The menus we saw offered two main choices for lunch and supper. We observed meal times on different units within the home. We saw that meal times were a positive experience for people. People were engaged with staff and they offered assistance and encouragement were needed. Staff checked that people were happy with their food and offered people more or an alternative as needed. When people needed assistance this was done at a suitable pace. Staff were seen eating with some people as a means of encouragement for them to eat. One person told us, "They (the staff) would get you something else if wanted for dinner". Staff we spoke with confirmed that if people requested food not on the menu this would be provided where possible. A relative we spoke with described the food as, "Good and varied".

We saw that snacks were available for people to eat between the main meals such as homemade cakes. These snacks were seen to be offered to people. We also saw that people had drinks available to them throughout the day.

One person who lived at the home told us, "If not well they (staff) ring the doctor or nurse". We spoke with staff and they told us that they would report any concerns regarding people's health to the senior on duty for them to take the appropriate action. People told us that they were able to see heath care professionals as needed and we saw evidence of this in people's individual care plans. We spoke with a community nurse who visited the home during our inspection. They described the staff as, "Attentive". They told us that they had, "No concerns with the care provided". They felt people received suitable care and that staff took the necessary action when they made recommendations about people's treatment.

Good

Is the service caring?

Our findings

People we spoke with felt they were well cared for. One person who lived at the home told us staff are "Very kind, nice people. You can have a joke with them". Other people said, "I'd never say anything against it (their care)" and, "They (staff) are always helpful. They help you".

One relative told us, "I looked at a lot of homes. You won't find better than Breme". Another relative said, "My [relative] is well looked after. She has got on fine here". Relatives told us that they were able to visit their family and friends at any time they wished. We saw that relatives were made welcome and interacted well with staff.

We saw that people sat in the lounges looked comfortable and relaxed. The atmosphere within the home was calm, warm and friendly. Staff recognised the importance of people's personal appearance and respected people's individual choices. The provider caters for people who have differing degrees of memory loss. We saw that facilities were available around the home to enable people receive information in a way they could understand. For example we saw signage, large clocks and calendars, menus in large print and items that people could touch or feel.

During our observations we saw that that staff interactions with people were kind and compassionate. We saw that when staff provided care and support they were sensitive and supportive to people living at the home. Staff listened to people who lived at the home and we found that they were given time to respond. We saw that encouragement was offered to people as needed to ensure their personal needs were met. For example we saw staff ask one person if they needed assistance to get from a chair. The member of staff stated, "Shall we walk together". The member of staff waited for a response before assistance was provided.

Staff had access to personal histories to enable them to provide people with personalised care and support. Staff knew about people's individual likes and dislikes as well as about their personal interests.

We saw that people were given sufficient time and information for them to make choices. For example what people wanted on the television and the food available to them. We heard staff ask people if they would like to help wash up after breakfast.

People told us that staff were respectful to them and that their privacy and dignity was up held. We spoke with staff about privacy and dignity and they were able to described measures they put in place. Staff described how they provided personal care to people to maintain people's privacy and dignity. For example by explaining to people what they are doing. Staff told us that they covered people when receiving personal care and ensured the bedroom or toilet door was shut. We saw staff knocked on bedroom doors before they entered and waited for a response. People who lived at the home were able to lock their bedroom doors if they wanted.

Good

Is the service responsive?

Our findings

All staff we spoke with were able to tell us how they responded to people's needs. For example staff told us how they responded if a person needed support with their anxiety, to eat and drink enough or how to manage people's fragile skin. We saw that people who had been assessed as having fragile skin had pressure relieving cushions to sit upon when there were in the lounge. This equipment was used to present the risk of people developing sore skin.

We saw that staff responded to one person appropriately when they accidently spilt a drink. Staff offered reassurance to the person while they responded to the accident and ensured that the person was supported while their immediate needs were addressed.

We found that people's care plans were reviewed and updated each month. The care plans we saw contained evidence that they had been up dated to reflect people's changing needs. We saw that care plans included the wishes of people who lived at the home as well as their personal history and feedback from relatives. Personal histories helped staff to provide personalised care to people. Staff spoke of their awareness regarding gender specific care. They told us of people who preferred to receive care from a member of staff of the same gender.

We found that staff were aware of the health care needs of people who lived at the home. We were informed that changes had taken place regarding handovers between shifts to ensure that staff were available to care and support people while these meetings took place.

People who lived at the home told us that they were able to engage in different interests and pastimes. For example one member of staff was seen carrying out hand massage on people. People told us that they had enjoyed the massage. The member of staff described the event as 'pamper day'. One person who lived at the home told us that they had taken part in a quiz earlier that day. We saw people reading books and newspapers and were told that people were regularly involved in watching films and playing games. We saw staff taking time with people on a one to one basis such as holding a person's hand and joining in when they started to sing. We saw other examples of staff taking time with people on an individual basis. For example staff used techniques involving dolls to reduce people's levels of anxiety.

People who lived at the home were confident that they could raise issues of concern with management and staff. We spoke with one person who told us that they had raised concerns a number of time and felt that these were on-going and not resolved to their satisfaction. We brought this to the attention of the manager who was aware of the issues. We were assured that the registered manager was aware of these concerns and that they were working towards resolving them and ensuring that suitable care was provided to meet individual needs. The registered manager assured us that systems were in place to analyse complaints to identify any trends in order that reoccurrence could be prevented. We saw that the provider had a complaints procedure in place. This was displayed within the reception area.

Good

Is the service well-led?

Our findings

We found that people who lived at the home were cared for by a consistent staff team. Staff were found to understand the needs of people who lived at the home. One member of staff told us. “I like working here”. A relative told us that they would speak with the manager if they had any concerns with the care provided. The same relative described the care and support provided at Breme Residential Care Home to be, “Superb”.

Staff we spoke with were complimentary about the registered manager and felt that the home was well organised. Staff were confident that they could speak with the registered manager as needed. In addition staff felt supported in the work they carried out. The registered manager had undertaken management and leadership training relevant to their role at the home.

Staff confirmed that staff meetings took place where they had the opportunity to raise concerns or share in the improvement of the service provided to people living at the home. We saw a notice reminding staff of a forthcoming meeting was on display. Prior to our inspection the registered manager returned a Provider Information Return to us as required.

Throughout our inspection the registered manager assisted staff in the care provided to people. For example the registered manager was seen washing up and prepare meals such as breakfast and drinks. We saw that they had a good knowledge of people’s care and support needs. People who lived at the home responded well to the registered manager and spoke highly of them.

We saw information following a survey carried out during 2014. A full analysis of the findings was not available. We saw a poster which highlighted the areas where the provider had scored the highest marks. For example the survey found that 99% of people were satisfied with their living environment and 98% were both happy overall and with the meals and service provided. The registered manager was not aware of any areas where people had stated improvement was needed.

Systems were in place to monitor and review accidents and incidents. We saw that this information was completed with an assessment of the incident. Accident and incident forms were made available to the provider so that they could assess the action taken by the registered manager. This ensured that accidents were reviewed to reduce the risk of reoccurrences of a similar nature.

The provider had a system in place whereby a quality assurance audit is completed by other people working within the organisation. The last audit dated August 2014 had found the provider to be compliant following recommendations. Audits were in place for example a medication audit was done on a weekly basis. In addition we saw monthly care plan audits were undertaken as well as annual health and safety audits. These were in place to identify shortfalls in the service provided and seek improvement.

We found that the registered manager was aware of their responsibilities. For example they were aware of the need to notify CQC and the local authority following certain events within the home.