

Braemar RCH Limited

Braemar Care Home

Inspection report

24-26 Wimbledon Park Road
Southsea
PO5 2PU

Tel: 02392811399

Website: www.braemarcarehome.co.uk

Date of inspection visit:
18 May 2021

Date of publication:
09 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Braemar Care Home is a care home providing accommodation for up to 35 people, some of whom are living with dementia. At the time of our inspection, there were 31 people living in the service. Braemar Care Home provides single and shared bedrooms with ensuite WC's and a range of suitable communal facilities.

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

People were happy living at Braemar Care Home and spoke positively about the care they received. They told us they felt safe.

People received their prescribed medicines as required. There were safe arrangements in place for obtaining, storing and disposing of medicines.

Recruitment practices were effective and there were always sufficient numbers of staff available to meet people's needs in a safe and unhurried way.

People were protected from avoidable harm. Risks posed to and by people had been assessed and measures were in place and followed by staff, to manage individual people's risks. Environmental and infection control risks were also managed appropriately.

People's care plans and risk assessments contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. Staff had received appropriate training and support to enable them to carry out their role safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a very positive person-centred culture. People and staff told us the registered manager and other members of the management team were approachable. Staff, external health and social care professionals, people and their relatives all felt the registered manager was open, approachable and supportive. Everyone was confident actions would be taken to address any concerns promptly.

The service worked in partnership with other agencies to aid joined up, person centred care provision. There were effective governance systems in place to identify any concerns in the service and drive improvement.

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

Rating at last inspection

The last rating for this service was Requires Improvement (Published 4 July 2019).

At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service and looked at the management systems under the Well-led key question. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braemar Care Home on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Braemar Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Braemar Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information, we had about the service, including previous reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 five people who lived at Braemar Care Home about their experience of the care provided. We carried out observations of people's experiences throughout the inspection. We viewed the home's environment, looked at medicines management systems and records, records relating to the environment and risk assessments for individual people. We also looked at recruitment records for newer staff members and assessed how the home was managing infection prevention and control.

We spoke with the registered manager, deputy manager, provider's quality manager, two housekeeping staff and seven care staff members. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four additional staff members, contacted 11 relatives and 12 external health or social care professionals. We reviewed additional information sent to us by the registered manager. This included a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training.

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 requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and were followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person said, "I do feel safe." Another person told us, "Yes I do feel safe, the staff are nice and other people are nice." A relative told us, "I consider that the residents in Braemar are safe and that their care needs are appropriately met."
- The registered manager and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and reporting concerns to the local authority safeguarding team. An external professional told us, "I have no particular concerns about this (Safeguarding)."
- Staff were confident if they raised a safeguarding concern with the management team, it would be taken seriously. One member of staff told us, "I would make sure the resident was safe and then tell my senior or the manager. I know they would do whatever needed to be done but I could also speak to you (CQC) or the safeguarding team."
- When safeguarding concerns had been identified staff and the registered manager had acted promptly and appropriately to ensure the person's safety.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs, individual behaviours and health conditions. Care plans provided staff with guidance about how to reduce risks for people without restricting their rights and independence. Staff were kept informed about risks via handheld computerised devices. This care planning system meant they could easily and quickly check details should the need arise. Our observations and discussions with people and staff showed that risks posed to/by some people were managed safely, following external professional guidance.
- Staff were knowledgeable about the risks associated with people's needs. They told us this information was always available for them on the handheld care management equipment in use.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff were aware of the actions they should take if the fire alarms sounded. Fire evacuation drills had been completed to ensure staff knew and followed correct procedures in the event of fire alarms sounding.
- Fire safety risks had been assessed by an external fire safety specialist and detection/management

systems were checked weekly or monthly as required. Moving and handling equipment, gas, water and electrical systems were checked and serviced regularly. Where a need for improvements was identified, such as to meet fire safety or food hygiene requirements appropriate action had been taken.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff who they described as kind and caring.
- People told us they felt there were enough staff who knew how to support them. One person said, "They're [staff] excellent. I'm very confident in them they absolutely know what they're doing." Another person said, "They (staff) always come quite quickly if I need them." Another person said, "The staff are lovely, I like them." A relative told us, "Whenever I have visited or telephoned the home, there appear to have been sufficient numbers of staff responding to the residents and spend time with me discussing my relative."
- Care staff told us they felt there were enough staff. One staff member told us, "We have time to do everything we need to do." They also confirmed two staff were always available when required to support people who required a higher level of support such as with moving and repositioning. Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Staffing levels were determined by the number of people using the service and the level of care they required. Short term staff absences were covered by existing staff members which helped ensure continuity of care for people.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- There were safe systems in place for the management of medicines.
- People confirmed that they received their medicines as prescribed and that they could request PRN medicines when needed. One person said, "They (staff) give me my pills, I'd pick them up if they were wrong, but they never are!"
- Medicines were stored securely within suitable locked facilities. Staff monitored the fridge and the room temperature where medicines were kept ensuring medicines were stored within safe temperature ranges. We noted that although temperatures of the medicine's fridge were safe staff were incorrectly recording these temperatures and this had not been identified during medicines audits. We raised this with the management team and were informed action was promptly taken to correctly record the temperatures.
- Arrangements were in place for obtaining, administering and disposing of medicines safely. There were supplies in stock of all medicines people had been prescribed. Systems would also ensure that any new medicines could be received promptly meaning there would be no delay in people receiving these.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely. Two staff had initialled all amendments to MARs as per requirements. There were also effective systems to ensure prescribed topical creams were managed safely and applied as required.
- For people who were prescribed medicines to be administered on an 'as required' [PRN] basis, there was guidance to help staff understand when to give specific medicines and in what dose. A record was kept of the effectiveness of these 'as required' medicines meaning medical staff reviewing a person's medicines would be able to do so appropriately.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Systems were in place to update training and competency assessments as required.

- A monthly audit of medicines records and stock levels was undertaken by a senior staff member using a comprehensive audit tool. Where this had identified issues, such as missing signatures, appropriate action was undertaken.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. Appropriate arrangements were in place to control the risk of infection including that presented by COVID-19. The home's policies and procedures reflected the latest best practice guidance from the Department of Health.

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed. People told us staff always wore masks.

- We were assured that the provider was preventing visitors from catching and spreading infections. A family member confirmed they were supported to visit their relative safely. The procedure described followed best practice guidance from the department of Health. This included undertaking a Lateral Flow Detection (LFD) test immediately prior to visiting and the wearing of appropriate PPE. A family member told us "When visits have been permitted, all appropriate safety measures were in place whilst also ensuring that I was able to comfortably spend time with my relative. In addition, regular video contact as well as email updates and photos have been available."

- We were assured that the provider was accessing testing for people using the service and staff. Staff told us they were tested three times a week and that people were tested each month.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "Oh yes, it is very clean, all the time." The home was clean and housekeeping staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.

- We were assured that the provider was admitting people safely to the service. The registered manager explained how an ensuite room adjacent to a side entrance had been identified for admissions. Signs were in place to remind staff to use additional PPE when entering the room and the same staff would be assigned to care for the person during their initial period of two weeks isolation. The registered manager said consideration of people's ability to cope with a period of post admission isolation were considered when agreeing to any new admissions. Similar procedures of isolation, enhanced PPE, and regular testing were seen in place for a person who had recently had a short hospital stay.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Discussions with the registered manager showed they were aware of recent changes in government guidelines in relation to the management of risks relating to COVID -19.

- We were assured that the provider was meeting shielding and social distancing rules for both people and staff.

- Infection prevention and cleanliness was part of the home's formal audit processes. Where internal or external audits identified a need for improvements action was taken. For example, all necessary remedial action had been taken when the local environmental health team had awarded the home three stars for food hygiene.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

- The computerised care management system allowed the management team to look for patterns and trends in terms of accidents such as falls. This would mean appropriate action could be taken to reduce

future risks for individual people or other people.

- The registered manager told us the action they had taken following incidents. The actions taken would help ensure that, should a similar situation occur, people would be safe.

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 Requires improvement. At this inspection this key question has now improved to Good.

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

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

- People and their relatives were extremely happy with the service provided at Braemar Care Home and felt it was well managed. One person told us "I like it (Braemar Care Home), I think I'm going to stay on here." A family member said, "I can only say that I remain totally impressed with the care which Braemar has continued to give my relative and would have no hesitation whatsoever in recommending them."
- A person told us they had never had to raise any concerns but were aware of who the registered manager was and would feel comfortable doing so should the need arise. Relatives also confirmed they knew who the registered manager was. An external professional said, "The management are always responsive and passionate about the care they give at the home. They have always proved to show a holistic approach towards their clients ensuring they deliver safe, caring and effective care." People, relatives, staff and external professionals all said they would recommend the home as a place to live.
- People, relatives and external professionals felt able to approach and speak with the registered manager or other staff and were confident any issues would be sorted out. An external professional told us, "I feel the management at Braemar are always professional understanding, empathic and kind." Another external professional said "The deputy manager has been very helpful both via email and over the phone. She has been very supportive when discussing the options of new patients."
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Throughout the inspection they demonstrated a good knowledge of the people living at Braemar Care Home showing they had taken time to get to know them all individually.
- Staff were proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there.
- External professionals were all clear that Braemar Care Home achieved good outcomes for people. One told us, "They will always ensure they are able to meet their clients' needs prior to any admission giving consideration to staffing and equipment required." Another external professional told us, "I have met the registered manager at (local hospital) to complete a joint assessment for a patient and she was very person centred and caring. The home provides a very holistic and supportive approach and attitude to their residents."
- The registered manager ensured all people and staff were treated fairly and were not discriminated

against due to any protected characteristics.

- The registered manager said their goal was for, "People to be happy, contented and living the best life possible." Our observations demonstrated that these values were embedded in the culture of the service and were adhered to by staff.

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

- There was a clear management structure in place which included the nominated individual, the registered manager, a deputy manager and a senior staff member responsible for monitoring the quality of the provider's services. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager and deputy manager had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs. All members of the management team had clearly defined roles and responsibilities and were actively involved in the running of the service.
- There were robust quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. Braemar Care Home had recently moved to a computerised care planning system which required care staff to log when they had undertaken any care related tasks for people. The system allowed the management team to view 'in real time' the running of the home giving them oversight of the service.
- Policies and procedures were in place to aid the smooth running of the service. The provider had contracted with a care management systems company who provided a range of policies, procedures as well as audit and monitoring tools which were updated whenever required by changes in best practice guidance. These were then amended, if necessary, to reflect the procedures in place within the home. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met. We joined the staff handover before the afternoon shift. Appropriate and relevant information was provided to staff before the commencement of their shift.
- The previous performance rating was prominently displayed in the entrance of the home.
- The registered manager had high expectations about standards of care the service provided. People, relatives and staff confirmed this was achieved. Staff were motivated and committed to providing a person focused service.
- Staff told us they enjoyed working at the service and could seek support from the registered manager. One staff member said, "I'm really happy working at Braemar and am confident in the (registered) manager and the company. They are there if we have any problems."
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team."

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

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the registered manager or wider management team, they would be listened to and these would be acted on. A person told us "(The deputy manager and registered manager) are good, I think I would raise something if I needed to yes." A family member said, "The staff do not hesitate to contact me in all matters in relation to my relative's health and/or care needs."
- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding

concerns and significant events as required.

- The registered manager was aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.

Working in partnership with others

- The management team worked with other organisations and professionals for the benefit of people. The home had participated in several research projects. At the time of this inspection they were involved with a national research project looking at COVID 19 in care homes. An external professional connected to the study said, "I have been working closely with the registered manager and senior staff in supporting their staff and residents to participate in a Covid-19 research trial (this involves using results from the routine swabbing, as well as phlebotomists taking bloods to look for antibodies). They have been extremely responsive and helpful in organising this and expressed enthusiasm about offering this opportunity to be involved in research to their staff and residents."
- The registered manager and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups and local statutory services. These were accessed where appropriate, to meet people's individual needs. For example, they had offered a local graduate the opportunity to gain work experience prior to commencing an art therapy post graduate course.
- The registered manager was clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support. An external health professional told us they were contacted appropriately and that the management team and staff followed their guidance and suggestions.
- The registered manager was part of a local care homes group forum, which they identified helped keep them up to date about changes affecting social care. They had attended relevant training and developed supportive networks with other registered managers and local care providers.