

Mrs S L Burcham

# Braceborough Hall Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Braceborough Hall retirement home is a residential care home providing personal and nursing care. 19 people aged 65 and over at the time of the inspection were receiving care. The service can support up to 25 people.

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

The risks to people's safety were not always assessed, and measures to reduce risks were not implemented. People were not always protected from the risk of abuse as not all staff had received safeguarding training to support their knowledge of safeguarding issues. The investigations into safeguarding issues did not show learning from events. People's medicines were not always managed effectively. People were not always protected from the risks of infection, as there was a lack of personal protective equipment in some communal areas, and there was a lack of cleaning schedules to show how areas were being cleaned.

People were supported by adequate numbers of staff, however due to staff shortages the registered manager had been required to undertake duties extra to their role. This had impacted on their ability to retain effective oversight of the service. Quality assessment processes were not robust, and this had impacted on the quality of information in people's care plans to provide staff with clear information on their care. There was a lack of analysis of falls and environmental risks had not been properly assessed.

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; however the policies and systems in the service did not support this practice. The mental capacity assessments in place for people lacked clarity and consistency and were not completed in line with the mental capacity act.

People were supported by staff who were kind and caring. People and relatives told us the staff communicated well with them. Staff told us they felt supported by the registered manager

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 28 April 2019)

### Why we inspected

This was a planned inspection based on the previous rating.

We have identified breaches in relation to safe care and treatment, person centred care, recruitment processes, and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Braceborough Hall Retirement 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.

#### Inspection team

This inspection took two days to complete by one inspector.

#### Service and service type

The Braceborough Hall Retirement 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.

At the time of our inspection the service had a manager registered with the CQC. A registered manager 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 information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

The provider was not asked to send us a provider information return form prior to the inspection. This is information providers are required to send us yearly with key information about their service, what they do

well, and improvements they plan to make.  
We used all this information to plan our inspection.

#### During the inspection

We spoke with four people at the service and four relatives to ask about their experience of the care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff, and a housekeeper. We also spoke with the deputy manager, the registered manager and the provider. We also spoke with a visiting health professional.

We reviewed a range of records. This included all, or sections of four care records, medication records, agency and staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

#### After the inspection

We reviewed further information sent by the service for the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- The risks to people's safety were not always properly assessed and measures were not consistently in place to reduce the risks. This included environmental risks.
- The provider was unable to produce an up to date overview of the numbers and names of the people currently using the service. The personal emergency evacuation profiles (PEEPs) were not in place for everyone at the service. This meant if people need evacuating in an emergency the professionals supporting them would not have essential information to evacuate people safely. The registered manager addressed this prior to our visit on the second day.
- The service had a wide staircase in the main hallway and people could access the first floor from this staircase. There was a lack of risk assessments in place to establish the level of risk of falls for people whilst using the stairs.
- The service did not have a lift to the first floor, people who required it used the stairlift to get up and downstairs. There were no risk assessments in place to show people had been assessed as safe to use this stair lift and what level of support they required.
- One person who was at risk of falls and had a number of falls at the service over the previous months had incorrect information in their risk assessment. This meant they were rated as a medium risk when they were at high risk. There was a lack of care plan in place to provide information for staff to mitigate risk, and no prevention measures were in place to reduce the risk to the person.

The provider failed to ensure that people were properly assessed to enable any risks to be appropriately mitigated. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Recruitment

- Safe recruitment practices were not always undertaken when staff were employed at the service. Some staff files we viewed did not show people's full employment history. One file had only one personal reference in place and there was a lack of clarity to show who their last employer was, or when they had left their employment. Another staff member had recently been employed without employment references having been received.
- Risk assessments had not been completed to show what precautions the registered manager had undertaken to ensure people were supported by fit and proper staff, when there was a lack of full employment history or professional references were not in place.
- The disclosure and barring service (DBS) had been used to ensure staff working with people had no

criminal convictions which could affect the safety of people at the service.

We recommend that the provider follows best practice as laid out in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to recruitment processes.

#### Using medicines safely

- People's medicines were not always managed safely. Safe practices were not always followed.
- Some medicines had not been dated on opening. One medicine's dispensing label was so faded we were unable to see who the medicines was meant for. Another medicine did not have a dispensing label on but just a room number and what the medicine was. The meant staff were unable to determine when or how long the medicine could be used for.
- When people required medicines on an as required basis the protocols we viewed which were meant to guide staff were generic. They did not give staff enough guidance on why each individual required these medicines.
- When prescriptions had been hand written on medicine administration record sheets they were not always signed and checked by a second person to ensure the transfer of prescription was correct.
- Medicines audits had not highlighted the issues we found on our inspection. When areas of concern were highlighted there was a lack of clear actions in place to show issues had been addressed.

#### Preventing and controlling infection

- People were not always protected from the risks of infection as measures in place did not support safe practices.
- Majority of the service was clean, there was a lack of disposable hand towels in people's rooms and some communal toilets to allow people and staff to wash their hand at point of contact. Some toilets we viewed had debris under the toilet seat.
  - There was a lack cleaning schedules to show how often areas should be cleaned so the registered manager did not have over sight of how often areas were being cleaned and who was meant to undertake the task.
- Some staff had not undertaken their infection control training. This placed people at risk of developing infection.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The systems and processes in place were not always effective in ensuring safeguarding issues were monitored by the registered manager and not all staff had up to date safeguarding training to support them in their role.
- Seven members of staff were showing on the training matrix as not completed their safeguarding training. One member of staff who had not received the training had not worked in a care home before and had been at the service since April 2019. Although one staff member was able to tell us how they would protect people from abuse, we could not be sure all staff had the knowledge and skills to protect people for potential abuse.
- We looked at one safeguarding incident which had been investigated by the registered manager. However, there was no evidence to show what measures had been put in place to mitigate the risk of reoccurrence or what lessons had been learned by the staff team.

#### Staffing

- The registered manager worked to ensure people were supported with adequate numbers of staff to meet their needs. However, in order to meet the established staffing levels the registered manager was required to undertake roles such as cook or work as part of the care staff. This impacted on her ability to undertake

her own role and effectively manage the service. The service had also been required to use agency staff to cover short falls.

- People and relatives told us they felt the staffing levels met the needs of their family members. Staff told us they felt there was enough staff and the registered manager supported them. One member of staff said, "She [registered manager] works the floor to help us if we are short of staff."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were not always assessed in line with care standards. Although there were assessment tools in place to assess the risks of falls, malnutrition and tissue viability, these tools were not always used effectively to provide care to meet people's needs.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had completed training appropriate for their roles. The training matrix we viewed showed there were significant gaps in training staff had received. This included safeguarding training, infection control, health and safety, dementia awareness, end of life care, diabetes and fire safety.
- Some staff who did not have this up to date training worked on night duty when support from other staff members would not be available. This put people at risk of unsafe or inconsistent care
- Although some staff had received supervision and staff told us they felt supported by the registered manager. The supervision matrix showed staff were not receiving regular supervision to support them in their roles. The registered manager confirmed she had not been able to undertake regular supervisions for staff.

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

- People's nutritional needs were not always well managed.
- One person's care plan showed they had been weighed at the end of September 2019 showing they had lost 10kg in a month. The registered manager told us the person had spent some time in hospital and the weight loss was as a result of this. The person's care plan had not been up dated to show the weight loss and their weight had not been checked since the end of September.
- However, the majority of people had maintained a healthy weight and people told us they enjoyed the food at the service. While we found the information on people's nutritional needs was not always up to date in their care plans staff we spoke with were aware of the different diets people required.

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

- People's health needs were not always clearly managed. Although people and relatives told us the staff were quick to deal with any health issues they had, and we saw records to show health professionals had visited people. There was a lack of information in people's care plans on how health conditions were being

managed.

- None of the care plans we viewed had any guidance in place relating to specific health conditions. Some people had underlying health conditions such as diabetes, epilepsy or chronic obstructive airway disease (COPD). There was a lack of information to support staff to manage or recognise any escalating symptoms from these conditions.

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

- The service had been adapted to meet the needs of the people living at the service. People were encouraged to decorate their rooms in a way they chose. There were a number of communal areas for people to spend their time.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There had been appropriate applications for DoLS for people at the service and the authorisations in place were in date. However other aspects of the MCA principles had not been met.

- People's mental capacity had not always been assessed in line with the MCA. One person who was blind had an inappropriate mental capacity assessment in place to assess the need to support them with their decision making for personal care. The reason for the need for support was recorded as poor vision. There was no clear consistent information in the person's care plan to show their mental capacity had been assessed.
- We also found two do not attempt resuscitation forms in the person's file to show resuscitation should not be attempted. However, one form completed this year stated the person had capacity to make the decision and it had been discussed with them. A second form completed in 2017 showed they did not have the capacity to make the decision and the decision had been discussed with their relative.
- We discussed the issues with the registered manager who told us they were aware the information in people's care plans required further work to ensure the information regarding their needs was both up to date and clear.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and kindness by the staff who supported them.
- People and relatives told us staff attitude was respectful and caring. One person told us they enjoyed a laugh and joke with staff and during our visit we saw them interacting positively with staff. All the relatives we spoke with told us they were able to visit their family member when they wanted to, and was always made welcome by staff.
- We saw numerous examples of staff offering compassionate and empathetic support to people. One member of staff while supporting a person walking to the lounge noticed the person didn't feel very well. They offered the person different alternatives such as a wheelchair, sitting for a few minutes, or a drink, they offered the support in an unhurried way and gave the person time to make their choices and continued to monitor the person to ensure they were ok.

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

- People were supported by staff to express their views, and make day to day decisions about their care such as where to sit, what activities they wanted to undertake or what they wanted to eat and drink. However, there was a lack of information in their care plans to show their choices and wishes had been discussed with either them or their relatives.
- People and relatives told us they had been involved in decisions on their care when they had been admitted to the service.
- Although no one at the service had any diverse cultural needs, staff showed an understanding of differing cultural needs they should be aware of, such as diets or religious needs. They felt they would be able to support people with differing needs should they need to. During our inspection we saw a local religious leader come to the home to lead a service for people who wished to join them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was supported by the staff who cared for them.
- People told us staff were respectful of their wishes, when providing care staff made sure doors were closed and during personal care people were covered. During our inspection we saw there were notices on doors, to show when people were receiving personal care, to support their privacy.
- Staff we spoke with told us they all worked to support people's dignity and independence by speaking discreetly to them about care needs and supporting people to be as independent as they could be. Throughout the inspection we saw staff providing care in this way, offering support to people but allowing

them to make the choice as to whether they required staffs help.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- The documentation in place to support planning personalised care did not provide clear information for staff to provide people with personalised care.
- Although staff employed by the service were knowledgeable about people's individualised needs, the service had been required to use agency staff to support people. The information in people's care plans was not detailed enough to provide clear up to date guidance for staff who did not know people well. This put people at risk of receiving inconsistent care from staff who supported them.
- Assessments of people's needs were incomplete or lacked detail on aspects of care. One person's care plan had a template to assess the person's religious preferences, there was no information on the record. In another part of the care plan it noted the person practiced their religion. There was no information on what support they needed to do this.
- There was a lack of care plans in place to support staff to provide consistent care for people whose anxieties caused them particular behaviours. One person's daily records showed they called out throughout the day, but there was no information as to why the person called out or how staff should manage the person's behaviours.
- One person who had suffered a number of falls had no mobility care plan in place to provide staff with guidance on their care.
- There was information in people's care plans to show equipment had been requested to support people, such as pressure relieving equipment for tissue viability. However, there was no supporting information to show why the equipment was required or if it was in use.
- One person had a body map in place to show bruising but had no other information. We discussed this with the registered manager. They told us the person was taking a medicine which meant they were prone to bruising, and they had behaviours which meant they tended to knock themselves. However, there was no information in the person's care plan to show this or how the behaviours were being managed.

End of life care and support

- At the time of our inspection no one was receiving end of life care and the care plans we viewed had no information on advanced wishes in relation to people's end of life care. There was no information to show people or their relatives had been offered support to discuss their wishes around their end of life care.

This is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide clear information and guidance for staff to provide safe, effective person centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although one or two relatives felt people could be supported with more social activities We saw the registered manager and their staff worked to provide people with activities which they enjoyed
- One person told us they enjoyed bingo and relatives told us their family member enjoyed the exercise classes. The registered manager told us they had a regular group of entertainers who did sing songs and pantomimes for people. Another relative told us their family member preferred to stay in their room, and staff ensured the person had their newspapers and magazines they enjoyed reading.
- Relatives told us the staff at the service also spent time decorating the service to celebrate different times of the year such as Easter, Halloween and Christmas.
- Relatives also told us people enjoyed sitting outside in the good weather as the grounds were lovely. The registered manager also told us they hosted the village fete each year in the grounds, and people enjoyed attending this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a lack of assessments in place to ensure people had information in a way they could understand. The complaints procedure displayed at the service was in a form not accessible to everyone using the service. There was no easy read or pictorial information available for people and there was a lack of clear signage for people around the service. We discussed the lack of accessible information with the registered manager who told us they would address this.
- The registered manager told us there had been no formal complaints to the service, and any concerns people raised to her were dealt with immediately. People we spoke with confirmed they had no complaints about the service. Any minor issues or concerns were always dealt with quickly by the registered manager and staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The lack of up to date information in people's care plans meant people's care was not always managed in a person-centred way. However people and relatives spoke highly of the registered manager and their staff. All the people and relatives we spoke with told us they could discuss anything with the registered manager.
- Staff told us there was a positive, open culture and this was created and maintained by the registered manager.

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

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. The rating from our previous inspection was displayed at the service in line with legal requirements and on the provider's website.

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

- Quality monitoring processes had not always identified the issues we found in some areas of care. Some areas of care did not have auditing processes in place to ensure consistent standards of care were maintained. The lack of robust quality monitoring processes put people at risk of receiving inconsistent and unsafe care.
- Although there was an auditing tool in place for medicines, the document was not completed to show clearly what actions had been taken if issues had been identified.
- Information on falls had been collected each month, however there was no analysis of trends to learn from incidents and work to reduce the number of falls for people. Some people had a number of falls and our analysis of the information showed there were measures that could have been introduced that may have reduced the number of falls for these people.
- There had been a lack of auditing of care plans and this had led to poor information on people's care needs. There was a lack of environmental audits and Infection control audits. This had led to a lack of oversight and assessment of some environmental hazards mentioned earlier in our report.
- The need for the registered manager to undertake duties as a cook and care worker impacted on their ability to have effective oversight of the service.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 There was a lack of effective oversight of the quality monitoring processes in place to ensure they were used to improve care and learn from events at the service.

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

- Although people and relatives told us the registered manager worked in an open and transparent way, there was a lack of evidence to show how people and relatives had been involved in the running of the service.
- There was a lack of resident and relative meetings, and one relative told us they felt it would be beneficial to have these meetings. While they were happy with the registered manager they felt a regular meeting would help people air their ideas for things like social events.
- The registered manager told us they did hold staff meetings, however they told us they did not keep minutes of the meetings so we were unable to see what subjects the meetings covered or how often they took place.

Working in partnership with others

- The service did work in partnership with others. A visiting health professional told us they regularly visited the service and staff worked well with them, listening to guidance and discussing issues with them. One relative was able to give an example of how the registered manager had worked in partnership with them, and health professionals to ensure their relative received the timely treatment and support for an underlying health condition.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to provide clear information and guidance for staff to provide safe, effective person centred care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to properly assess and mitigate risks to people's safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective oversight of the quality monitoring processes in place to ensure they were used to improve care and learn from events at the service.