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

Overall summary

This was an unannounced inspection carried out on 1 October 2015. Our last inspection took place on 15 December 2014 when we found that the registered persons were meeting the requirements of the regulations.

Braceborough Hall Retirement Home provides accommodation for up to 25 older people who need personal care. There were 18 people living in the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One of these referred to the arrangements that had been made to support people to eat and drink enough. The arrangements were not robust or reliable. The second breach referred to the provision made to support people to pursue their interests and hobbies. People had not been offered a suitable range of opportunities to become engaged in this aspect of daily life. The third breach referred to the way in which quality checks had been completed. They were neither rigorous nor effective and this had resulted in a number of shortfalls not being quickly identified and resolved. These breaches had increased the risk that people would not always safely and responsively receive all of the care they needed. You can see what action we told the registered persons to take in relation to each of these breaches of the regulations at the back of the full version of this report.

Although staff knew how to recognise and report any concerns so that people were kept safe from harm, background checks on new staff had not always been completed. People had been supported to promote their good health, were helped to avoid having accidents and had their medicines managed safely.

Staff had not received all of the training and guidance they needed to assist people in the right way including supporting people to have enough nutrition and hydration. People had benefited from seeing a range of healthcare professionals. Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. The safeguards protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered person had taken the necessary steps to ensure that people's rights were being protected.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Although people had been consulted about the care they wanted to receive, the catering arrangements did not always offer people the amount of choice they preferred. People had received a wide range of practical assistance including people who had special communication needs and were at risk of becoming distressed. There was a system for resolving complaints.

Although people had been involved in the development of the service, they had not benefited from staff receiving good practice guidance. The service was run in an open and inclusive way that encouraged staff to raise any concerns they had.

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?

Requires improvement 

The service was not consistently safe.

Background checks had not always been completed before new staff were employed.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to promote their good health and to avoid having accidents.

There were enough staff on duty to promptly give people the care they needed.

Medicines were managed safely.

Is the service effective?

Requires improvement 

The service was not consistently effective.

People were not reliably helped to eat and drink enough to stay well.

Staff had not received all of the training they needed to fully develop their ability to care for people.

Staff had liaised with healthcare professionals to help to ensure that people received the medical attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in their best interests.

Is the service caring?

Good 

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

People had not been fully supported to pursue their hobbies and interests.

Catering arrangements did not provide people with a choice of meals.

People had been consulted about the care they wanted to receive and had been provided with all the assistance they needed.

Summary of findings

There were arrangements to support people to celebrate their diversity.

There was a system to resolve complaints.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality checks had not consistently identified and resolved shortfalls in the care and facilities provided in the service.

People had not benefited from staff receiving good practice guidance.

People had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager who had supported staff to develop good team work and who encouraged staff to speak out if they had any concerns.

Braceborough Hall Retirement 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 registered persons were 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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered persons to give us some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed the information we held about the service. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. We also received information from local commissioners of the service who contributed towards meeting the costs of some people who lived in the service. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 1 October 2015 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience**.** An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with a senior care worker, two care workers, a housekeeper, the laundry manager, the deputy manager and the registered manager. We observed care in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

After our visit, we spoke by telephone with a further three relatives.

Requires improvement

Is the service safe?

Our findings

We found that the recruitment and selection procedure had not always been robust. This was because some background checks had not been carried out in relation to one of the two newly appointed members of staff whose personnel records we checked. This oversight had reduced the registered persons' ability to ensure that only people who could demonstrate their previous good conduct were employed in the service. However, the registered manager had obtained a disclosure from the Disclosure and Barring Service to show that member of staff in question did not have criminal convictions and had not been guilty of professional misconduct. We also noted that no concerns had been raised about any aspects of the conduct of the member of staff since they had started work in the service.

People said that they felt safe living in the service. A person said, "I have no trouble at all with the staff who are kind and helpful. I'm pleased to see them around". Another person said, "It's a very nice place here". A relative said, "I can leave the service completely reassured that my family member is in safe and caring hands. I've been here numerous times and never once have I had any cause for concerns about how staff care for the people who live here." Records showed that staff had received guidance in how to keep people safe. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. This action included contacting external agencies such as the Care Quality Commission, the local authority and the police.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training. We noted that they correctly followed the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Staff had taken action to promote people's wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas.

Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Although the registered manager had not prepared a written personal emergency evacuation plan for each person, staff knew how to assist people should they need to quickly leave the building.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had been identified to be at risk of falling an additional call point had been installed in their bedroom. This made it easier for the person to ask for assistance and made it less likely that they would attempt to walk on their own when it was not safe for them to do so.

The registered manager had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received all of the assistance they needed. For example, staff responded promptly when people used the call bell to ask for assistance. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service, relatives and staff said that there were enough staff on duty to meet people's care needs. A relative said, "The staff are always busy that's for sure, but I've never seen anyone being rushed when receiving care or having to wait for an unreasonable length of time."

Requires improvement

Is the service effective?

Our findings

Some of the arrangements used to support three people who were at risk of not having enough nutrition and hydration were not robust. Only one of the people concerned had been offered the opportunity to regularly have their body weight monitored. This was the case even though the registered manager said that all of them had a low body weight and appeared to have lost weight in the recent past. A dietitian had said that one of these people needed to take a special high calorie supplement to help increase their weight. However, records showed and staff confirmed that the supplement had not always been offered to the person as frequently as necessary.

The registered manager said that staff needed to keep a record of how much each of the three people had drunk each day. This was necessary so that advice could quickly be sought from healthcare professionals if the amounts were not sufficient to promote their good health. However, the arrangements were not robust. This was because staff had not correctly recorded how much any of the people had drunk each day. Some drinks had not been recorded at all and others had been recorded inadequately so it was not clear how much hydration had been taken. In addition, staff had not been given clear guidance and they were not sure how much the people in question should drink each day to maintain their good health. We saw that no action had been taken even though the amount people had drunk had varied widely between days and was sometimes below the minimum that a healthcare professional considered to be necessary.

Although other care records for the people concerned did not indicate they had experienced any direct harm, the shortfalls had reduced the registered persons' ability to ensure that they were eating and drinking enough to promote their good health.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were at risk of choking were being provided with the assistance they needed. This included having their food specially prepared so that it was easier to swallow. In addition, staff were correctly giving some people individual assistance so they could eat and drink safely and in comfort.

The registered manager said that staff needed to receive guidance and support in order to be able to care for people in the right way. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development. Although new staff had received introductory training, there were shortfalls in some of the refresher training provided for established staff. For example, records showed and some staff confirmed that suitable training had not been provided in relation to supporting people to eat and drink enough. This situation had contributed to the shortfalls we noted in the competencies that some staff brought to this aspect of their work. For example, some staff were not confident that they could recognise all of the signs when someone was becoming dehydrated or not having enough nutrition. This shortfall in providing training for staff increased the risk that people would not consistently receive all of the care they needed.

People who lived in the service said and records confirmed that they received the support they required to see their doctor. A person said, "The staff are very good at that and keep asking me if I'm in pain from my legs." In addition, staff had received assistance and guidance from district nurses who were calling regularly to the service to care for people who had medical conditions such as pressure ulcers. This meant that people's health could be quickly assessed and treatments provided. A relative said, "I know from what they tell me that the staff keep a close watch on my family member's health and call for the doctor as soon as they're needed."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is intended to ensure that whenever possible staff support people to make important decisions for themselves. These decisions include things such as managing finances and receiving medical treatment. We saw examples of staff having assisted people to make decisions for themselves. This included carefully explaining to people why it was advisable for them to see a healthcare professional and why particular medicines needed to be used.

When people lack the capacity to give their informed consent, the law requires registered persons and staff to ensure that important decisions are taken in their best interests. We noted that the registered persons had the necessary procedures in place to ensure that people's best interests were protected. These included consulting with

Requires improvement

Is the service effective?

relevant health and social care professionals and with relatives when a significant decision needed to be made. A relative said, "I do feel fully involved in my family member's care because the staff tell me what the doctor has said and why any change in treatment is necessary."

In addition, the registered manager knew about the Deprivation of Liberty Safeguards. We noted that they knew how to apply for the necessary permissions from the local authority should someone need to be deprived of their liberty. This helped to ensure that only lawful restrictions were used that protected people's rights.

Good

Is the service caring?

Our findings

People who lived in the service and their relatives were positive about the quality of care that was provided. A person said, "I find the staff to be very kind indeed and helpful." Another person said, "The staff always say 'you're welcome' after helping me." A relative said, "I chose this service because it has a friendly and informal atmosphere. It's not at all hospital-like and staff treat everyone as being an individual."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support for people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and noted how these supported people's wellbeing. For example, we saw a member of staff chatting with a person while they assisted them to walk to the bathroom. They spoke about a news story that interested them both and which referred to an event that had taken place in the local neighbourhood.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff supporting a person to reflect on how much Peterborough had changed over the years including the streets on which they had both lived. Another example involved the way in which staff helped people to celebrate special events such as birthdays with cards and a special cake.

Staff gave people the time they needed to express their wishes and respected their choices. For example, we saw that a person sitting in one of the lounges wanted to read a magazine but was distracted by the television. A member of staff noticed that they were looking for the remote control, found it for them and then helped them to reduce the volume setting.

There were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who are independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. Staff had assisted two people who were related to each other to use a bedroom as their own private lounge. We noted that they had organised the room as they wanted and had used items of their own furniture.

Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, "When the staff help me get up and go to bed it's done in private with my door closed which is how I like it." Another person said, "The staff are definitely respectful. I couldn't find fault with them."

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, "When I call to see my family member I often sit with them in the lounge but I could just as easily go to their bedroom to speak in private if I wanted."

Written records that contained private information were stored securely and computer records were password protected so that only appropriate staff could access them. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis. A person said, "The staff don't talk about other people's business to me which is right of course."

Requires improvement

Is the service responsive?

Our findings

Staff had not fully supported people to pursue their interests and hobbies. There was no one to coordinate and evaluate how well people were being supported to engage in activities. In practice, staff were expected to offer people opportunities to pursue their hobbies and interests as and when they had the time. Apart from a planned gentle exercise class each week, there was no system to inform people in advance about any small group activities staff held in the lounge. Records showed that during the five weeks preceding our inspection on most days the majority of the people living in the service had not been offered the opportunity to become engaged in a social activity.

During our inspection visit that lasted all day, we did not see anyone being offered the opportunity to become involved in an activity. We noted that most people spent time on their own. Although some people read their newspapers and watched television other people sat in their armchairs without anything in particular to do. A person said, "We have a lady who comes to do musical exercises but I'd like to do some other things." Another person said, "Occasionally the staff will do a quiz or bingo. I'd like to try painting, as I used to do it when I was younger". A person who preferred to spend time in their bedroom said, "No-one comes round to do anything with me."

During our SOFI observation that lasted for 30 minutes we noted how three people who were sitting in the lounge were spending their time. We saw that for nearly all of the time they did not have any contacts and were withdrawn. When we spoke with each of the people afterwards they responded positively, smiled and chatted. One of them said, "It can be a long afternoon, dozing and waiting for tea time."

Records showed that most people had not been supported to leave the service to enjoy community resources. None of the staff could recall when people had last been supported to visit a place of interest. We noted that no visits had been planned and staff did not anticipate that any would take place.

These shortfalls had reduced the registered persons' ability to ensure that people were adequately supported to pursue their interests and hobbies. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they enjoyed their meals. A person said, "The food is good and fresh." We were present when people had lunch and noted the meal time to be a pleasant and relaxed occasion. However, we saw that people were only offered a set main meal and so were expected to ask staff if they wanted to have an alternative. Some of the people we asked about this arrangement expressed reservations about how it worked in practice. One of them said, "I like the meals most days and put up with it when it's something I'm not keen on. I don't like to ask for something different because it makes more work for staff." Another person said, "The food is alright, I've never noticed a choice though. I'd like to have a salad choice as we don't often have any salad." This shortfall in the catering arrangements had reduced people's ability to always enjoy their experience of dining.

Staff had consulted with people about the help they wanted to receive and had recorded the results in a care plan for each person. We saw a lot of examples of staff supporting people to make choices. For example, we saw that people were supported to use their bedroom whenever they wished to do so. This included a person being assisted to return to their bedroom after lunch for a rest. Later on we saw the person being helped to go back to the lounge to be in the company of other people. A person said, "There are no rules here as such, I can do what I like when I like."

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A relative said, "I know my family member likes being checked on at night to make sure that they are comfortable and I find it reassuring to know that staff are keeping track of things."

Staff knew how to relate to people who had special communication needs and who expressed themselves using short phrases, words and gestures. For example, we observed how a person who was being cared for in bed

Requires improvement

Is the service responsive?

pointed towards the door of their bedroom. This indicated to a passing member of staff that they wanted their door to be closed a little further but not to the point of being shut. We saw the person smile broadly when the position of the door had been adjusted as they had requested.

In addition, staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in the lounge was frowning and becoming upset. A member of staff realised that the person could not see the walking frame they routinely used and was anxious about its location. Once the frame was moved to be more in view, the person became relaxed and rested in comfort in their armchair. The member of staff had known how to identify that the person required support and had provided the right assistance.

People were supported to express their individuality and to celebrate their diversity. The registered manager knew how to make the necessary arrangements if people wanted to meet their spiritual needs by participating in a religious service. In addition, the registered manager was aware of how to support people who did not have English as their first language including being able to access translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A person said, "I've not had to complain yet because if there's something not quite right the staff attend to it." Another person said, "I'd talk to the boss." A relative said, "If there was a problem I'd just have a word with the registered manager who is very kind and easy to talk to."

Each person who lived in the service had received a document that explained how they could make a complaint. The registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints since our last inspection in December 2014.

Requires improvement

Is the service well-led?

Our findings

Although there were systems to assess the quality of the service they were not always effective. This was because quality checks completed by the registered persons had not consistently ensured that people were protected against some important risks to their wellbeing and safety. All of the problems we have described in this report had not been identified by the registered persons before our inspection. These included oversights in providing key elements of the care people needed to receive, oversights in providing training, completing background checks and promoting people's ability to enjoy social activities.

In addition to these issues, we found that quality systems had not effectively ensured that the electrical wiring system remained safe to use. This had resulted in the registered persons not taking prompt action to complete a number of repairs that an electrician had said needed 'urgent' attention. This oversight had increased the risk that people would not be consistently kept safe when using electrical services and appliances.

Shortfalls in the completion of quality checks meant that the systems and processes in place were not operating effectively to ensure compliance with the regulations.

In addition, the registered persons had not provided the leadership necessary to enable staff to benefit from nationally recognised good practice guidance. For example, the service had not engaged with a number of initiatives that are designed to promote high standards of care for people who live with dementia or who need additional assistance to have enough nutrition and hydration. This oversight had contributed to the shortfalls we identified including those relating to how people were supported to pursue their hobbies and interests and in the arrangements made to promote people's ability to eat and drink enough.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been supported to contribute to the development of the service. We saw that staff consulted with people informally about the day to day running of the service. In addition, people and their relatives had been invited each year to complete a quality questionnaire. This had enabled them to give their views about how well the service was doing and to suggest improvements. We noted that the registered manager had acted upon people's observations. For example, additional seating had been provided in the garden so that people could more easily enjoy sitting outside.

People who lived in the service and relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew about most of the care each person was receiving and about points of detail such as which members of staff were on duty on any particular day. This knowledge helped them to manage the service and to provide guidance for staff. A relative said, "I find the registered manager to be genuinely caring and in general the staff are happy working together which sets the tone for the service."

There were arrangements to develop good team working practices to help ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures contributed to supporting staff to be able to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff were confident that they could speak to a senior colleague or to the registered manager if they had any concerns about another member of staff. They said that positive leadership from senior staff in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **The registered persons had not ensured that there were safe systems to meet people's nutritional and hydration needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered persons had not ensured that people were supported to promote their autonomy, independence and involvement.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.**