

Mrs S L Burcham

Braceborough Hall Retirement Home

Inspection report

Church Lane
Braceborough
Stamford
Lincolnshire
PE9 4NT

Tel: 01778560649

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04 April 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection took place on 4 April 2017 and was an unannounced inspection. The home is registered to provide accommodation with personal care for 25 older people. At the time of our visit there were 16 people living at the home.

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 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 home is run.

People and their relatives told us that they felt safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. The risk assessments recorded what action staff should take if someone was at risk. Referrals were made to appropriate health care professionals to minimise risks and meet people's health needs.

There were sufficient staff to keep people safe and meet their needs. The registered manager had followed safe recruitment procedures. Medicines were given to people on time and as prescribed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. Staff understood the processes in place for ensuring decisions were made in people's best interests. Staff and the registered manager were ensuring these steps were taken for people living at the home. Staff sought people's consent and recorded this.

Staff were caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and they had positive working relationships with them.

People and their relatives were involved in the assessment and reviews of their needs. Staff had knowledge of people's changing needs and they supported people to make decisions or changes to the way their planned care was delivered. Staff offered choices to people regarding all aspects of their care and support, and upheld these choices. People told us that they had access to activities and hobbies.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people and relatives were sought as part of the service's quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

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.

Staff knew how to recognise and report abuse and had received safeguarding training.

There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and their practice was observed by the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought people's consent and recorded this.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering support and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to identify and support people if they had concerns about the home.

Is the service well-led?

Good ●

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 April 2017 and was unannounced. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the provider. This included notifications, which are events that happened in the service, that the registered provider is required to tell us about. We also contacted social care professionals within the county for their views.

We spoke with seven people living in the home and two relatives. We also spoke with the registered manager; the deputy; the cook; a senior carer; and a care staff member. We spent time observing care provided to people during the day.

We reviewed the care records of two people, training records and staff files, as well as a range of records relating to the way the quality of the service was audited. There were three visiting healthcare professionals on the day of our visit who we also spoke with.

Is the service safe?

Our findings

At our previous inspection in October 2015 we raised concerns over the recruitment of new staff and whether safe recruitment practices were followed. At this inspection we found that improvements had been made.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff that were deemed suitable were employed to work with people living at the home.

People living at the home told us that they felt safe. One person told us, "I feel safer here as there is help if I need it." A relative told us, "I have never seen anyone badly treated or even shouted at."

Staff we spoke with had a good awareness of how to protect people from harm. There was training in safeguarding available and staff knew how to raise a concern. There was dedicated time for staff to discuss safeguarding concerns at team meetings. The registered manager confirmed that staff could approach them outside of this time, if they had any concerns.

We saw in people's care records that any risks that people faced had been identified and assessed in order to keep them safe. We saw that one person was at a high risk of developing pressure areas. We saw this was detailed within the care record and subsequent risk assessment with instructions for staff to follow. Staff told us what these issues were and how they would manage this to minimise the risk of the person developing a pressure area on their skin. On the day of our inspection visit a visiting health professional was at the home. This health professional told us that they had no concerns with pressure care. They said that staff at the home knew the signs and they raised concerns with the community nurse team.

If a person was at risk of falling we saw that this was addressed within the care record. We saw that a risk assessment was also completed. This included information for staff around equipment that people required to mobilise safely. We saw that people within the home had the appropriate equipment and staff reminded them to use this when they needed to. We observed one person being supported to stand and transfer to a chair. This was carried out in a safe manner and the staff member encouraged the person to carry out as much as they could themselves.

There was information available to staff for dealing with emergencies, and staff told us where this was. Staff could tell us what they did in the event of an emergency and this was consistent with the documents we viewed. Additionally the home had in place generic assessments for the health and safety and maintenance checks for around the home, which served to ensure people were kept safe.

We concluded that staff knew the risks that people faced and had put in place steps to monitor and record these. The registered manager was aware of the people at the highest risk. They had in place systems to involve the most relevant professionals if a person required support from outside the home.

People and their relatives felt that there were enough staff to meet people's needs. They told us that staff were quick to respond when they needed support. One person told us, "I don't have to wait very long for them to come if I ring [for staff]." Staff confirmed that staffing levels were appropriate to support people and their needs. We observed throughout the day that call bells were answered swiftly. We saw that staff were available throughout the day. Staff would sit and talk with the person who had called them and not just check on them. The registered manager confirmed how they managed staffing levels and how this was based on people's requirements. We saw from records that these requirements were met.

People living at the home told us that they received appropriate support with their medicines. People knew what medicines they were taking and why. One person told us, "Oh yes, they explain to me [what my medicines are] and then watch me take them."

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines during lunch and they followed a methodical procedure and updated records as they went. We observed staff asking people discreetly before administering medicines and staff waited until the medicines had been taken. We saw that medicines were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records also showed people's personal preferences on how they liked to take their medicines. Where a person required a medicine as and when it was needed, a PRN medicine, these were administered effectively. Staff asked a person if they wanted a specific medicine and recorded the response. We saw that a PRN protocol was in place and staff were able to tell us about this.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Is the service effective?

Our findings

At our previous inspection in October 2015 we had concerns about how people at risk of not eating and drinking enough were monitored. We found at this inspection that improvements had been made.

On the day of our inspection visit only one person was at risk of not eating or drinking enough. We saw that staff recorded what this people ate and drank on a daily basis. We saw from records that the intake of food and drink was improving. Staff were able to explain to us why this person required a food and fluid chart. They told us that they reported any changes to other staff during the staff handover. The registered manager confirmed that when a person's needs changed regarding food and drink they would seek support from either a doctor or other health professional where appropriate.

We saw from people's records that staff weighed people living at the home. This was to ensure that people maintained a healthy weight. We saw that one person had gained a significant amount of weight in one month. The registered manager told us that this person was now being weighed weekly. The registered manager had informed the person's doctor and was aware that the person's medication could have been a cause. They confirmed that they would continue to monitor this person until such time as there was a resolution. This showed us that staff were responsive to the changes in people's weights and appetites and appropriate support had been sought for this person.

Staff were supported by management to have the appropriate resources to carry out their caring role. The registered manager showed us their records for staff training and the timetable for when this was due. Staff confirmed to us that they received the relevant training and that they felt they could ask for additional training if they wanted it. Staff told us that new staff completed the Care Certificate, (the Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.). Existing staff were supported to undertake formal care qualifications in health and social care. This meant that staff had access to effective training that supported them to undertake their specific roles and care for people living at the home.

Staff told us that they received an induction period when they started at the home. The registered manager confirmed this. They went on to tell us that they worked with more experienced team members to learn how to support the people living at the home. Staff and the registered manager told us that if someone felt they needed more shadowing experiences then this was put in place.

The registered manager told us that they carried out observations of staff when they delivered care, and we saw evidence that this had been undertaken. The registered manager told us, and staff confirmed that these observations supported them to determine if they required any further training.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

At the time of our inspection visit there were no people with a DoLS in place. Staff told us that they had received training in the MCA and could explain the principles of the Act. We saw, where appropriate, people had best interest meetings in place to support with decision making. These meetings also identified what the least restrictive plan was. Records confirmed that where best interest decisions took place, these were that safest and least restrictive method, this was accompanied by a risk assessment for the person. This meant that staff had all the appropriate information for people and could ensure they received effective care.

We saw that people's individual care records showed that consent had been discussed, and people had signed with their agreement. Where appropriate a family member or advocate had signed on the person's behalf. We checked records to ensure that these nominated individuals had the correct permission and that this was in place.

People told us that they enjoyed the food and were given enough to eat and drink. One person said, "I like my food and really look forward to it." Another person agreed and said, "It is very good, tasty." People confirmed that they received a choice of food. One person said, "If I don't like it [choice] I only have to say, they will find me something else." One person told us that they could have snacks when they wanted them. They told us, "We get cake with our afternoon tea and then we get soup or sandwiches for supper."

The cook was able to tell us about the different diets people had. The cook, and staff, confirmed that a choice was available at all meals. We saw that people had access throughout the day to a choice of drinks. The cook told us that they also attended the staff shift handover. They felt that this was useful as they found out additional information that would also support with ensuring people received the correct diet and right food choices. Throughout the day we observed drinks were offered regularly and there was a choice available.

People told us that they were supported to access healthcare services. One person told us, "The GP comes most weeks." Another person said, "The chiropodist comes every six to seven weeks and at the moment I see the district nurse to dress my legs." Another person told us that they were supported to have their eye's tested. They said, "I get my eyes tested by Specsavers who come here every year."

Whilst we were on our inspection visit we met with three visiting health professionals who were also on site. All of them told us that they had a very positive relationship with the registered manager and staff. They said that if they left instructions for the people that they visited staff acted upon them quickly. They also said that staff knew the people well and therefore gave very detailed updates as to how a person had been between visits.

Staff told us that they felt confident to call health professionals when they felt it appropriate. Staff also confirmed that they would ask people first if they wanted help. We saw in care records that there were visits from other health professionals and that staff responded to instruction that was left. For example, where people required support from a chiropodist we saw that visits were regular and had been recorded.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and kind. One person told us, "It is like a home from home here." A relative told us, "[Relative] is in good hands and it is such a lovely peaceful place." We observed a staff member supporting a person to a chair. After the staff member had finished the person told them, "You really are a lovely person, thank you."

Staff told us that it was important to get to know the people that they cared for. They explained that they would ask a person before delivering any care and always tell the person what they were doing. Staff told us that they encouraged people to carry some tasks out themselves. They told us that this was to support people to be as independent as possible. For example, one person had a visual impairment. Staff brought this person a cup of coffee and showed the person where the drink was on the table. This meant that this person was able to maintain their independence but that staff were there to ensure they received regular drinks.

Throughout the visit we observed staff with the people at the home. We saw that staff got down to people at their own level in their chair and talked with them, made people laugh with jokes and were considerate in their approach. We saw one person being supported to transfer from a wheelchair to a chair. The staff were encouraging, asked the person if they were ready and did not rush the person. Staff were kind and caring throughout the transfer. Staff were able to tell us about the people that lived at the home and their past lives. Staff talked to people about their life experiences and we saw that people's care records also contained this information.

We spoke with people regarding their involvement in planning their care. Most people told us that family dealt with this for them. One person told us, "My daughter deals with everything [care planning]." A relative told us that staff always called and invited them to care reviews. They told us, "Oh yes, we do sit and talk about the options." At the time of our inspection visit no one required the support of an advocate to help them plan their care and support. If this service was required this was confirmed as being available.

When we viewed people's care records we saw evidence that people were involved in planning their care. The registered manager told us that care records were checked and reviewed every six months on a formal basis. They continued to tell us that the person and their family were included if this was their wish. The registered manager confirmed that a review could take place at any time and did not need to wait for the six month point.

The registered manager carried out a more formal annual review and audits of the care plan records. We saw on the day of our visit that care records were detailed and up to date. This meant that the registered manager and staff involved people in planning care that was meaningful to them, and carried this out.

Some people shared a room with someone else. We saw that care records showed how staff involved people and their families when they had matched them for a shared room. We saw that the conversations were recorded when a person had said they were happy to share a room. We saw that in these rooms there

was a curtain that could divide the space in half. Staff also confirmed that at times when care was not being delivered people could still draw the privacy curtain, just as someone could close their door whilst resting. However one person, who shared a room, preferred to spend the day in the lounge with other people living at the home.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. We noted throughout the day that staff were discreet with people when they asked if they required help. One person who lived at the home often tried to remove clothes whilst in a shared space. Staff spoke with the person's relative as they felt it was due to the person liking to undo buttons and doing them back up. Therefore clothes were obtained that were harder to remove so the person's dignity could be maintained. In addition to support the person further it was felt that they may benefit from a twiddlemuff (a twiddlemuff is a handmade tactile object which supports people who live with cognitive impairments). We saw that the manager had obtained a twiddlemuff for this person and would be introducing this to the person.

This showed us that staff were committed to ensuring a person's privacy and dignity was maintained.

Is the service responsive?

Our findings

At our previous inspection in October 2015 we had concerns about how people were supported to maintain their own hobbies and access activities. We found at this inspection that improvements had been made.

People and their relatives spoke positively about the activities that were available at the home. One person told us, "I do enjoy going down to the lounge for the activities sometimes, I like the singing especially." Another person said, "We had a lovely trip out to Hunstanton last year." A relative told us that their relative did prefer to stay in their room. However added that, "She does come out [to the lounge] for the activities and the trips."

When we reviewed people's records we saw that their likes and dislikes regarding hobbies and interests had been recorded. We saw that people were asked what newspaper they preferred and on the day of our inspection visit people had the paper of their choice. Staff told us that there was a planned activities schedule, which we reviewed. However staff went on to add that they could change the activities depending on what people wanted to do. There was something planned for every day of the week. The manager confirmed that outside entertainers were also booked and these were shown on the schedule. Staff told people what activities were due each day so people could choose to be involved or do something else.

People were supported to maintain their religious beliefs. There was a communion service once a month. The registered manager confirmed that if a person wanted to observe another religion then this would be catered for. For example until recently a person had been supported by a member of the Catholic church on a monthly basis, they had since left the service.

People and their relatives told us that people had choice in what they did. One person preferred fruit for their desert. On the day of our inspection visit we saw this person remind a staff member who was new. The staff member then fetched fruit for this person. One person told us, "I wanted a shower today, been and had one." A relative told us, "[Relative] prefers to stay and eat in their room." They continued and said staff upheld this choice, but always offered the choice of the dining room.

We reviewed the care records of people living at the home. We found them to be detailed and up to date. They included information that was needed by staff to best support people individually. We saw that choice and preference was recorded. This included whether a person had a preference to male or female carers; the times people liked to get up and go to bed; choices of baths or showers as well as day-to-day choices such as newspapers and drinks. Staff confirmed to us that they found these care records to be helpful and they continued to work with people daily to keep the records relevant and individualised to them.

Staff told us how they supported people to make choices and decisions using the care records and their knowledge of the people living at the home. Sometimes they would suggest things they knew that the person liked, or show them objects. This showed us that staff felt it was important for people to choose how they spent their day, to support their independence.

Some people told us that they had told staff in the past if they were not happy about their care or the home. One person told us of a situation they were not happy with their care. We asked if they felt this had been resolved they confirmed it had, and to their satisfaction. One relative told us that they had not made any formal complaints but said if there were minor concerns, "The staff are good, they just get on top of it right away." We saw that there was a complaints process in place and this was on display. The registered manager confirmed this procedure but told us that there had been no formal complaints in the last 12 months.

Is the service well-led?

Our findings

At our previous inspection in October 2015 we had concerns about how the quality of the service had been monitored and audited effectively. We found at this inspection that improvements had been made.

The registered manager had a number of audits that they used to track the quality of the service. This included the quality assurance audits; health and safety audits; accident and incident audits; care plan audits and pressure care audits. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision with staff. The registered manager had a good understanding of the key challenges that the service could face in the future, and explained how this was managed.

There was a business continuity plan and risk register in place for the service. This meant the registered manager had effective processes in place in case there was a disruption to the running of the home. The registered manager told us that a large amount of the quality assurance for day-to-day care was done in an informal manner, which included observations, which enabled the registered manager to act in a responsive manner.

The service had submitted all the relevant notifications, to the Care Quality Commission, that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.

People and their relatives told us that management team was always available and they they could talk to them at any time. One person told us, "They are very welcoming; I could talk to them about anything." A relative confirmed and said, "They keep me informed of anything that happens with [relative], I trust them to do their best for them." A visiting professional commented, "I wish all homes were as pleasant as this one to come in to."

Staff felt supported by the registered manager and spoke highly of them. They told us that the registered manager was approachable and helpful. Staff were confident that they could raise any concerns about the home both internally and externally if they thought it was needed. Staff were aware of the core values of the home and spoke passionately about them. These included promoting independence and individualised care. Staff took pride in their work, and gave us examples of where they encouraged choice and independence.

There were regular team meetings in place and staff said that they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw that there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

The registered manager told us that they felt much supported by the owner of the home. They said they felt

listened to and had the support they needed to carry out their own role.

The registered manager told us that they did not hold formal 'residents meetings' as they had not been well attended. Instead opinions were sort from people living at the home at their formal reviews. We saw in care records that people were asked about their service and if they were happy. Staff also spoke with people regularly and people confirmed they could talk to staff at any time. We saw that there was an annual satisfaction survey that was sent to relatives and the last one had received positive feedback.