

Niwas Care Home Limited

# Breadalbane Residential 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Breadalbane Residential Home is a care home that provides accommodation and personal care for older adults, including adults who are living with dementia. The home can accommodate up to 15 people in one building over three floors. At the time of this inspection, there were 13 people residing at Breadalbane Residential Home.

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

Where there were systems and processes in place to monitor and improve the quality of the service provided these were ineffective as they had not picked up on the issues identified at this inspection. The service did not always check and maintain the premises and equipment to ensure people were safe.

Staff understood what it meant to protect people from abuse. Safe procedures were in place to make sure people received their medicines as prescribed. People gave us mixed feedback about the number of staff deployed.

We have made a recommendation the provider review their dependency tool and the deployment of staff.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they enjoyed the food served at Breadalbane, which we saw considered their dietary needs and preferences.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed.

Positive, caring, and supportive relationships had been developed between people and staff. People were treated with dignity and respect.

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 the service under the previous provider was good (published on 08 January 2018).

### Why we inspected

The inspection was prompted in part due to concerns about infection control. A decision was made for us to inspect and examine those risks.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Breadalbane Residential 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 Health and Social Care Act 2008.

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

#### Inspection team

This inspection was completed by two inspectors 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.

#### Service and service type

Breadalbane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the provider two support workers, and the cook. We observed interactions between the staff and people living at the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# 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, under the previous provider, this key question was rated as good. At this inspection, this key question has changed 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 people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems to identify risks to the health and safety of people who use the service were ineffective. For example, water safety and equipment tests such as hoists had not been completed.
- The physical environment posed a risk to people's health and safety. Windows were not restricted sufficiently or suitably to withstand force, in the event of someone trying to open them or to prevent accidents. Window restrictors are a legal requirement for resident safety.
- Fire drills were taking place, but not regularly. The manager assured us these would be regularly undertaken going forward. Fire safety arrangements, such as fire doors, and fire evacuation equipment, needed to be reviewed. Fire escape doors, for example, had keys above them and led to external fire escape stairs. This meant that people had access to areas when it was not safe to do so.
- Areas that may cause harm to people were not secured. For example, the laundry, a cupboard containing potentially hazardous cleaning materials, and boiler room were locked, but with the key left in the door. Not all radiators had protective coverings to protect people from the risk of burns. Older people's skin is more fragile and sensitive to heat.
- Risk was not always monitored and managed. The provider had systems in place to analyse and monitor accidents and incidents. However, these were not always operated effectively to ensure trends and themes were found. This meant the provider could not always make sure that action would be taken to stop similar incidents from happening again.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the new provider. The provider took immediate action to address these concerns. Following the inspection, they sought advice from the fire service, health and safety specialists and arranged for the appropriate safety checks to be completed.

- Risks to people were assessed and usually managed safely. Assessments were detailed and guidance for supporting people safely was clear. They covered areas such as continence, nutrition and hydration, moving and handling and skin care.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- People gave us mixed feedback about staffing levels. Comments included, "You can't get hold of a carer when you want one," and another person said they never had to wait for assistance.
- We received mixed feedback from staff about staffing levels. Some staff felt the levels were appropriate. However, other staff felt levels needed to be increased, especially when the home had more people with high dependency needs. We discussed this with the provider who said the registered manager was currently providing additional support whenever needed and they were in the process of recruiting additional staff.

We recommend the provider review their dependency tool to assess if there are enough staff on each shift.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse.
- Staff received training in how to keep vulnerable people safe from the risk of abuse.
- The registered manager was aware of their responsibilities in relation to safeguarding and had made referrals to the local authority and submitted notifications to CQC as required by law.

Using medicines safely

- People received their medicines as prescribed.
- All staff had completed training and competency checks in the safe administration of medicines.
- Audits and checks were completed, and actions taken where issues had been identified.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors to the service followed current government guidance.

# 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, under the previous provider, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practise guidance and research.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender, and ethnicity, were identified as part of their needs' assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supervised to provide care and support to people who used the service.
- Staff told us they were supported in their role by the manager and the management team. We observed that morale was good.
- New members of staff completed a short induction and shadowed an experienced member of the staff team to get to know people and their support needs.
- Staff had regular supervision and staff meetings, where they were able to raise any issues and discuss people's support and training needs..

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

- Staff supported people to maintain their diet.
- People had access to a balanced diet, and there was a good range of food and drink available at all times.
- Where people were at risk of losing weight, a risk assessment was in place with guidance for staff to support the person with maintaining their diet.

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

- The atmosphere and appearance of the home was homely, and people looked comfortable and relaxed in their surroundings.
- People said they liked their rooms and they were able to personalise them as they wanted.
- People were comfortable in their environment and spent time in their own bedrooms and communal areas.

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

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.
- Care records evidenced the involvement of external health care professionals. This included specialist health services, speech and language therapists , and dieticians.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. All staff received training in this area. Staff were able to tell us how they gave people choices on a day to day basis. For example, the staff told us they would show people the food on offer and ask them to pick out what they would like to eat.
- People's care records contained consent to care documents. We saw some records of best interest meetings taking place when significant decisions needed to be made. However, one person's care record indicated they needed bed rails, and there was no associated mental capacity care plan. We discussed this with the registered manager, who said they would take immediate action to address this concern.

# 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, under the previous provider, 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

- Staff knew people and their needs well. We observed kind and positive interactions between people and staff. Comments from people included, "I like living here, 'cos I love being with all my friends," and "It's my home."
- People were positive about the staff team. Comments included, "They're [staff] good people" and "The staff are excellent."
- Support plans included information about people's preferences, hobbies, and cultural beliefs.
- Information on people's past lives was recorded to assist staff in better understanding them. Staff and the management team demonstrated a good understanding of the people they were supporting.

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

- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff supported people to make decisions about their care.
- We saw staff asking for consent from people before supporting them.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with kindness and compassion throughout our inspection, treating people with dignity and respect.
- Staff knew people well, including the support they needed and their daily routines.
- Staff were able to explain how they maintained people's privacy and dignity whilst supporting them.

# Is the service responsive?

## Our findings

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

At the last inspection, under the previous provider, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were assessed, and clear and detailed plans of care were put in place. These were largely appropriate, person centred, and reviewed.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication, and regular team meetings.
- People's communication needs were recorded in their care files. Guidance was provided for staff in the support people needed to understand any information provided.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled. Concerns forms were available in the reception area of the home in the event of people wanting to complain.
- No complaints had been made at the time of our inspection.

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

- Comments as to whether people were supported to take part in activities were mixed. Comments included, "They used to do all sorts of things in here, but they don't do them anymore" and "Occasionally I sleep, I read, do crosswords, I can make my own mind up. I'm quite content to sit here and watch television." We discussed activities with the registered manager and the provider, who said the activities coordinator had left recently and they were in the process of recruiting a replacement.

We recommend the provider consider current guidance on developing and improving the range of activities on offer.

#### End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.

# 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, under the previous provider, this key question was rated as good. At this inspection, this key question has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying some areas for improvement. However, they had not identified the issues we found during this inspection.
- Systems for identifying, capturing, and managing organisational risks and issues as described in the safe domain were not effective. We found shortfalls in the monitoring of health and safety and fire risks.
- There was no effective system for analysing, investigating, and learning from incidents. This failure to conduct effective analysis of incidents meant opportunities may have been missed to identify ways of preventing future incidents, and exposed people to the risk of potential distress or harm.

Systems had not been operated and established effectively to assess, monitor, and mitigate risks to the health, safety, and welfare of people using the service. This placed people at a risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken an audit since taking over the service and had identified issues that needed resolving. They demonstrated they were committed to addressing any concerns or suggestions for improving the service's quality.
- The registered manager completed a daily walkaround of the home. We saw completed documents from these walkarounds, which included checks on people's care, infection control, dining experience, colleagues, and bedroom checks, and feedback from people was obtained.
- The registered manager told us they received enough support from the provider. They told us there was a consistent approach to ensure all staff were supported and well led.
- The provider audited the service regularly, to help share learning and ensure consistent high standards.

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

- There was a positive culture throughout the service, which focused on providing personalised care.
- The culture of the service valued people's individuality and worked towards positive outcomes for people.

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

- Staff felt able to raise issues with the management team and felt their contributions were listened to.
- Staff engaged with people and worked together to create a warm and welcoming atmosphere.

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

- Throughout the inspection, the manager was honest and open with us. They acknowledged the shortfalls identified during this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.
- The provider understood their legal responsibilities to be open and transparent about when things went wrong.
- The manager was aware of their obligations to submit notifications to the CQC, as required by law.

Continuous learning and improving care

- The nominated individual and registered manager demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. This included family members, social workers, nurses, and GPs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been operated and established effectively to assess, monitor, and mitigate risks to the health, safety, and welfare of people using the service. This placed people at a risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>