

CPM Care Limited

Breck Lodge Care Home

Inspection report

78-80 Breck Road
Poulton Le Fylde
Lancashire
FY6 7HT

Tel: 01253894567

Date of inspection visit:
28 February 2017

Date of publication:
05 April 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 28 February 2017. The inspection was unannounced.

Breck Lodge Care Home is a residential home that provides personal care for up to 15 people. The home is situated near the centre of Poulton-le-Fylde and is within easy reach of local shops and facilities. The home is a large detached property with a parking area at the side. There are garden areas at the rear of the home. Communal accommodation consists of three lounges and a dining room. Accommodation is provided in 15 single rooms all of which have en-suite facilities. A chairlift provides access to the first floor.

There was a manager in place who was registered with the Care Quality Commission. 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 service is run.

We last inspected Breck Lodge Care Home in October 2016. We identified no breaches in the regulations we looked at.

During this inspection carried out in February 2017 we found the registered provider was working in line with the principles of the Mental Capacity Act 2005. Appropriate applications to deprive people of their liberty were made to the local authorities as required. We observed care and support being provided in a safe way. Documentation recorded the care and support people required to maintain their safety.

Documentation we viewed evidenced people were involved in the planning of their care and people we spoke with confirmed this. People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

We looked at the auditing systems in place to identify shortfalls at the home and drive improvement. We found that when accidents or incidents occurred, the registered manager reviewed these. We spoke with staff that were able to explain the steps taken to minimise the risk of reoccurrence. The registered manager carried out checks of medicines, care records and the environment to identify if improvements were required.

Staff were able to explain the actions to take if they were concerned someone was at risk of harm or abuse. People who lived at the home told us they felt safe. One person told us, "I'm not worried about my safety here."

We found medicines were managed safely. We observed medicines being administered and saw this was carried out safely. Staff told us they received training to enable them to administer medicines correctly and we saw documentation which evidenced this.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out prior to starting work at the home.

Staff told us they met with the registered manager on an individual basis to discuss their performance. Staff were complimentary of the training provided and told us further training was being arranged to ensure their skills remained up to date. Staff spoke positively of the registered manager and registered provider. We found staff meetings took place to enable information to be shared and guidance sought if this was required.

We discussed staffing with people who lived at the home. People told us they considered there were enough staff to support them. Relatives and staff we spoke with raised no concerns regarding the staffing provision at the home.

People who lived at Breck Lodge Care Home told us they considered staff were caring. One person told us, "Staff are kind. They go out of their way to help me." We observed people being supported with kindness and compassion.

During the inspection we saw an organised activity being provided. We observed people joining in a musical activity. The activity was seen to be enjoyed by people who lived at the home.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they enjoyed the food at the home. We observed the lunchtime meal and saw this was a positive experience for people who lived at Breck Lodge Care Home. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at the home told us they could speak with the registered manager or registered provider if they wished to do so. Staff we spoke with also gave positive feedback. They told us they found the registered manager and registered provider to be approachable and supportive. Relatives we spoke with also told us they found the registered manager and registered provider to be approachable.

People told us they were involved in their care planning and we saw documentation which evidenced this. We saw evidence that meetings were held to gain peoples' views and a survey was provided to people who lived at the home. This was developed into an action plan to improve the service 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.

Medicines were managed appropriately.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care documentation contained information on how risks were managed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned.

The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the registered manager and registered provider were approachable and supportive.

Breck Lodge Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on the 28 February 2017 by one adult social care inspector. At the time of the inspection visit Breck Lodge Care Home provided care and support to fifteen people.

Before the inspection visit, 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 included this within our inspection planning. In addition we viewed information the Care Quality Commission (CQC) holds about Breck Lodge Care Home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with five people who lived at the home and two relatives. We spoke with the registered manager of Breck Lodge Care Home, the registered provider, the cook and two care staff. We also spoke with a visiting health professional. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff.

We looked at a range of documentation which included two care records and three staff files. We also looked at staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "'I'm not worried about my safety here." And, "I feel safe here." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative told us, "[Family member] is safe here because of the care [family member] receives." A further relative told us, "[Family member] is very safe here."

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Care records contained information to instruct staff on how to manage these risks. For example, we saw one person needed specific equipment to maintain their safety. We visited the person in their room and saw the equipment was in place and was working correctly. We spoke with the person and they told us staff delivered care and support in accordance with their individual care plan. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We observed medicines being administered. We saw the staff member concentrated on their duties and checked the medicine administration records MAR and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. We checked a sample of (MAR) records and medicines and found the quantities matched. This indicated people received their medicines as prescribed. We discussed the ordering and disposal of medicines with the staff member. They were able to explain the action to take if medicines required ordering or disposal. This helped ensure medicines were managed safely.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We discussed staffing with people who lived at the home. People told us they were happy with the staffing arrangements. We were told, "Oh yes, there's enough staff." And, "I ring for help and help comes." Relatives we spoke with raised no concerns. One relative commented, "There's always staff around to help, I'm happy." We carried out observations during the inspection. We timed two call bells and saw these were answered promptly. We also checked an alert mat. This is a mat that sounds an alarm when it has been stood on. These may be used to minimise the risk of falls. We found staff attended the alarm swiftly. We saw staff spent time with people during activities and we noted one staff member sat with a person and comforted them when they appeared anxious. As a result of staff intervention, the person appeared much happier.

We asked the registered manager and registered provider of Breck Lodge Care Home how they ensured there were sufficient numbers of staff available to meet peoples' needs. They told us they used a staffing calculation tool. This is a tool which helps calculate the needs of people who use the service and indicates

the number of staff required to support people. They explained this was regularly reviewed and adjusted as required. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed one week's rota and saw staffing levels were consistent with the registered manager's explanation and the assessed needs of people who received care and support.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered provider, the manager, or to the local safeguarding authorities if this was required. One staff member told us, "[Registered manager] and [Registered provider] have a real commitment to keeping people safe." A further staff member said, "I wouldn't hesitate to report anything at all." Staff told us they could access the local authorities safeguarding number in the office and we saw there was a safeguarding policy for staff to refer to if required.

We discussed safeguarding referrals with the registered manager and the registered provider. We noted an incident had occurred which had not been referred to safeguarding and discussed this with the registered provider and registered manager. They responded swiftly to our discussion. Following the inspection we were informed by the registered provider they had sought further advice from the Lancashire safeguarding authorities and had amended their policy to include the information gained.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) and we saw documentation which evidenced this.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We noted window restrictors were fitted and water temperatures were monitored to minimise the risk of scalds. This helped ensure peoples' safety and security.

Is the service effective?

Our findings

We spoke with people who lived at Breck Lodge Care Home to ascertain their views on the care provided. One person told us, "I'm looked after really well here." A further person said, "My care is very good." Relatives we spoke with raised no concerns with the care and support their family members received. One relative told us, "The care here is excellent."

Care files we viewed contained contact details of people who were important to those who received care and support from Breck Lodge Care Home. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered manager and other health professionals as required. This demonstrated staff were aware of the action to take if a person became unwell. We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see doctors and district nurses as their needs changed. We spoke with one person who lived at the home who described the support they had received from external health professionals. They told us this was arranged to ensure they received the correct care and support. We viewed the person's care records and saw these reflected the advice of the health professionals. This demonstrated people received professional health advice to help ensure their needs were met.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw documentation which evidenced if people were unable to consent to care and support, mental capacity assessments were carried out. We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

During the inspection visit we saw people were asked to consent to care and support before this was given. We saw one person was asked if they wanted to take part in an organised activity. The person declined and their wishes were respected by staff. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered manager or registered provider to ensure people's rights were protected.

We reviewed documentation to check people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. We noted preferences were taken into consideration. For example, we saw people's

favourite foods were recorded. We observed the lunchtime meal being served and saw people were encouraged to eat until they were satisfied. We noted drinks were available throughout the meal. We asked people their opinion on the food provided and received no negative feedback. One person said, "The food is lovely here. You get a choice and I can have what I want if I don't like the choices." Another person said, "The food's very good." We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods were also available. During the inspection we saw fruit, biscuits and snacks were freely available and offered to people throughout the day. Relatives we spoke with raised no concerns regarding the food. One relative commented, "The meals here are fantastic."

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as first aid, MCA, safeguarding and moving and handling. We reviewed the training matrix. This is a document that records the training staff have completed and the training staff are required to complete. We saw where gaps were identified, a forward training plan was arranged to ensure staff had the skills and competence to provide safe and effective care.

Staff we spoke with were told staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We saw documentation which evidenced these took place.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. Feedback included, "I find everyone here very kind." And, "One of the things I like here is the way staff are with me. They're very caring. " A relative we spoke with commented, "Staff are a god send. They're very discreet and have patience and understanding."

People told us they were involved in their care planning and we saw documentation which evidenced this. Care records contained information about people's current needs as well as their wishes and preferences. We saw information regarding peoples' social histories and people who were important to them was included. One person told us they had been involved in the development of their care plan. They told us staff had worked with them to identify risks and they had agreed the risk control measures with staff. This demonstrated people were involved in the development of their care plan. A further person commented, "I'm very independent and staff check if I'm happy with my care and what I want my care to be."

We found staff were caring. We observed staff talking with people respectfully and offering reassurance. For example, we noted one person was anxious. We saw a staff member sat with them and offered comfort. We saw appropriate touch was used and this was welcomed by the person. The staff member reassured the person they would stay with them until they felt happier. We noted this took place. This demonstrated staff were caring.

We saw staff were patient with people who lived at the home. We observed one person being helped to mobilise and saw this was carried out with compassion and understanding. The staff member offered encouragement and was gentle in their tone of voice. We noted this had a positive impact on the person who smiled and hugged the staff member.

Staff told us they were committed to making Breck Lodge Care Home a positive place to live. One staff member told us, "I want the best for people here." A further staff member said, "I'm passionate about making a difference to people's quality of life." Staff told us they took time to get to know people as this enabled people to feel comfortable and valued. One staff member said, "We deliver person centred care here." A further staff member commented, "I want people to feel confident and happy here."

We asked people who lived at the home if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "The staff are very aware of my needs and what I want." And, "Everyone here knows me and what I want." We spoke with one relative who told us, "They took time to get to know my [family member]. They know my [family member] well."

We discussed the provision of advocacy services with the registered manager. We were informed there was one person accessing advocacy services at the time of the inspection. The registered manager informed us advocacy support was arranged at people's request.

During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff

knocking on people's doors prior to entering their rooms. People who lived at Breck Lodge Care Home told us their dignity was protected. One person commented, "I've never felt embarrassed here."

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at Breck Lodge Care Home spoke positively regarding the care and support they received. People told us, "I'm not dissatisfied at all with my care here. The staff arrange for me to see the doctor or district nurse if I need to." And, "I've seen the doctor a few times. The girls are very good at arranging my appointments." Relatives we spoke with voiced no concerns regarding the care and support provided. One relative commented, "The care here is excellent."

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see doctors and district nurses as their needs changed. We spoke with one person who lived at the home who described the support they had received from external health professionals. They told us this was arranged to ensure they received the correct care and support. We viewed the person's care records and saw these reflected the advice of the health professionals. This demonstrated people received professional health advice to help ensure their needs were met.

We found care records were person centred. Prior to people moving to the home we saw a pre-admission document was completed. This was then developed into a care plan. Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented.

People we spoke with told us their personal preferences were considered and respected. One person told us, "I prefer to be on my own and staff know and respect that." A further person described their personal routine to us. They told us this was important to them and staff respected their wishes. They said, "I feel happy here because staff work round me and what I want." This demonstrated peoples' preferences were considered as part of their care planning.

People told us they were able to take part in activities if they wished to do so and they enjoyed the activities provided. One person said, "I look forward to the exercises we do." A further person said, "There's always something on here." During the inspection we observed people being supported to take part in an organised event. We saw people were asked if they wanted to take part in the musical entertainment. People who agreed to take part were seen to be laughing and singing with the musical entertainer. We observed people laughing and joking with each other and clapping in time to the music.

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit people told us they had no complaints. People told us they would speak with staff if they had any concerns. We were told, "I'd talk to staff if I wanted to complain, I've never had to." And, "I've no complaints with anything." Relatives we spoke with told us they would speak with the registered manager if they any complaints. We were informed by the registered manager they had not received any formal complaints at the time of the inspection.

Staff told us if people were unhappy with any aspect of the service they would pass this on to the registered manager. This demonstrated staff were aware of the process to follow to enable complaints to be addressed.

Is the service well-led?

Our findings

People told us they considered Breck Lodge Care Home to be well-led. Comments we received included, "It's a well organised home. Everything runs like clockwork." And, "[Registered manager] and [registered provider] run this home well." Relatives we spoke with told us they could approach the registered manager if they needed to discuss anything with them. One relative commented, "[Registered manager] and [registered provider] always make me feel at ease, they've said I can approach them at any time."

We asked the registered provider and registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which evidenced this. The registered manager explained checks were also carried out in other areas. They further explained they visited the home at night to carry out unannounced night time checks, however these were not documented.

Staff we spoke with told us if shortfalls were identified, action was taken to improve the service. One staff member explained the registered manager carried out checks to ensure care records were completed consistently. They further explained that as a result of errors being noted, a new recording system had been introduced. This was confirmed by speaking with the registered manager. We reviewed a sample of the care records and saw these were accurate and up to date. This demonstrated the checks in place had identified improvements were required and action had been taken to minimise the risk of errors occurring.

We found staff meetings were held and staff were informed of improvements that were required. We reviewed staff meeting minutes and saw the registered manager had identified the issue with errors within the care records. The registered manager had addressed this at a staff meeting. This demonstrated staff were given information and guidance to enable improvements to be made.

We reviewed an environmental audit and noted a failure in a piece of equipment had been identified. We saw recorded that the equipment had been replaced. We checked the equipment and saw this was the case. This demonstrated action had been taken when the audit had identified a hazard.

We saw people were offered the opportunity to give feedback on the quality of the service provided. We viewed eight surveys which had been completed by people who lived at the home. We noted the responses were positive. In addition we found the registered provider and registered manager had reviewed the survey. There was an action plan in place to respond to the feedback given by people who lived at the home. For example, we saw the action plan identified a notice board was required to enhance communication. During the inspection we saw this was in place. This demonstrated action was taken in response to feedback.

The registered manager and registered provider told us they were committed to driving improvement. They explained they invited relatives to comment on all areas of the care provided and this included care for people who were approaching their end of life. We saw documentation which evidenced this. We saw the registered provider and registered manager had developed a tool to capture the views of relatives and this

was sensitively explored. This demonstrated the registered manager and registered provider sought to improve the experiences of people who lived at the home.

We spoke with staff and asked them their opinion of the leadership at Breck Lodge Care Home. Staff told us they found the registered manager to be approachable and supportive. One staff member commented, "[Registered manager] and [registered provider] are hands on and very supportive." Staff told us staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "They let us know where we need to improve and we iron out any issues."

We saw documentation which evidenced staff meetings took place. We noted the registered manager gave praise to staff. For example, we noted positive feedback had been given to staff regarding the care given to people at the end of their life. In addition, we saw staff were reminded of the importance of following the established procedures within the home such as the taking of unplanned leave. This demonstrated the registered manager gave feedback to staff and refreshed staff knowledge of the homes policies.

We saw documentation which demonstrated people who lived at the home were invited to attend 'residents meetings.' The documentation we viewed showed people were asked their opinion on various aspects of the service provided. For example we found people were asked their views on the food provided when a new cook had started to work at the home. We noted the responses were positive. This demonstrated people were invited to share their views so any improvements required could be identified.

The registered manager told us they did not hold formal meetings with relatives. They explained this was because they had arranged these previously and these had not been attended. They said these would be introduced if people requested this. Relatives we spoke with told us they did not feel the need to attend formal meetings.