Braemar RCH Limited

Braemar Care Home

Inspection report

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Date of inspection visit:
23 April 2019

Date of publication:
05 July 2019

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: Braemar Care home is a residential care home that is registered to provide accommodation and personal care for up to 35 people. At the time of the inspection 34 people were living at the home. People living at the home had a range of care needs, including people living with dementia.

People's experience of using this service:
Medicines were not always managed in line with best practice guidance. We recommend that the provider seek advice and guidance on adopting the latest best practice in respect of the safe management of medicines.

At the inspection we observed housekeeping staff did not always follow best practice guidance when managing soiled laundry. We informed the registered manager who took immediate action to ensure staff were aware of the appropriate policies and procedures in place.

Oversight of the quality of service delivery was not always robust. For example, care records and daily recordings were not always effective to ensure people's care plans were up to date and accurate. However, the provider took immediate steps following our feedback to address this.

There were clear systems and processes in place to protect people from the risk of abuse.

People and their relatives told us they felt safe with the care provided at Braemar Care Home.

We received positive feedback from people that they enjoyed the range of food on offer and we saw people appropriate support to meet their nutritional needs.

The environment was clean and homely, however the decoration and signage was not always supportive of people living with dementia.

People's rights and freedoms were protected. We saw people were supported to make their own decisions where possible.

Where people required additional support to make decisions about their care, staff consistently followed the principles of the Mental Capacity Act 2005.

People and relatives told us they were happy with the care and support provided. We also received positive feedback from healthcare professionals that people were treated with care and compassion.

Staff told us they felt supported by the provider and had access to a range of training and learning opportunities to promote good outcomes for people they support.

People were encouraged to access a range of activities to meet their interests both in the home and local community.

There was a clear management structure in place, and the registered manager had established positive relationships with people and their relatives.

Rating at last inspection: This service was previously rated as Good at the last comprehensive inspection. That report was published on 13 December 2016.

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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**

Braemar Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors and an expert by experience with an area of expertise in dementia care. 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: Braemar Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 35 people, including people living with dementia. Braemar Care Home had been converted into one service based on three older type houses in the urban area of Southsea. It had three floors and was served by one lift and three staircases with stairlifts.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had not changed since the last inspection.

Notice of inspection: This planned comprehensive inspection took place on 23 April 2019 and was unannounced.

What we did: Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we gathered information from:

Eight people using the service
Four relatives
Two visitors
A visiting healthcare professional
The registered manager and senior management team
Ten members of staff including care, house-keeping and activities staff.
The chef
Observations of residents and staff interactions including meal times
Records of accidents, incidents and complaints
Audits and quality assurance reports
Four people's care records
Environmental risk assessments and building maintenance certificates
Medicine Administration Records (MARS)
Health and Safety Records, including fire safety practices
Three staff records including recruitment practices

After the inspection we gathered information from:
Feedback from a healthcare professional
Two staff members
Staff training records
Four weeks staffing rotas

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.
There was an increased risk that people could be harmed.

Using medicines safely:
• Medicines were administered by staff who had been trained and had their competency to administer medicines checked. However, the provider and staff did not always follow best practice and the National Institute for Health and Care Excellence (NICE) guidance. For example, the provider did not have systems and processes in place to ensure that the temperature where medicines were stored was monitored appropriately; medicine administration records (MAR) were not always accurate, as staff did not always record the correct time when the medicine was administered; and some MAR charts did not contain information in respect of allergies.
• MAR charts in respect of topical creams were not always completed correctly therefore, the provider could not be assured that people had received their creams in line with their prescription.
• Where paraffin based creams had been prescribed to people, risk assessments were not in place in respect to their use and storage away from sources of ignition; and action had not been taken to mitigate those risks related to the use of this type of cream. The provider told us that the home's head of care had already identified this as an issue.
• We raised the above medicines issues with the registered manager and by the end of the inspection they had taken appropriate action to put in places systems and processes to ensure people were safe.
We recommend that the provider seek advice and guidance on adopting the latest best practice in respect of the safe management of medicines.

• Other aspects of the medicines' management were safe and in line with best practice. We observed a medicine round. This was managed in a person-centred manner.
• Staff administering medicines wore a tabard to discourage people and staff from disturbing them during the medicines round.
• Where people were prescribed medicines on an 'as required' basis, such as pain relief, guidance was available to staff with specific information such as the reasons for giving the 'when required' medicine, how much to give and the minimum time between doses if the first dose has not worked.
Preventing and controlling infection:
• People we spoke with told us, "The place is generally always clean, and they [staff] do my room" and, "It's very clean here."
• The home looked clean, and staff completed regular cleaning in accordance with set schedules.
• Staff had been trained in infection control techniques and usually followed safe operating procedures to reduce the risk of infection; for example, they used personal protective equipment, including disposable gloves and aprons, when delivering personal care to people.
• However, we found that some of the housekeeping staff did not always follow Department of Health (DoH) guidance in respect of dealing with soiled laundry and the appropriate use of red bags.

• We raised our concerns with the registered manager who took action to ensure all of the housekeeping staff followed DoH guidance.
Assessing risk, safety monitoring and management:
• Care records included a range of assessments which identified where people were considered at higher risk, and detailed steps staff should take to reduce these.
• Where people required additional support to mobilise through the use of aids and equipment such as hoists, we saw individual and detailed assessments were in place to support safe moving and handling practices.
• In the event of a fire people had a personal emergency evacuation plan in place, which detailed the individual level of support and/or equipment they required to maintain their safety.
• Environmental risks were managed effectively. For example, fire detection systems were monitored regularly, and people had individual evacuation plans in place.
• The lift and lifting equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.

Systems and processes to safeguard people from the risk of abuse:
• People and relatives consistently told us they felt Braemar Care Home was safe. One person told us, "I feel safe, I'm happy here, no complaints" and a relative said, "Absolutely no problem with [relative's] safety, the care here is excellent."
• A health professional said, "People are safe here. I would put my family here."
• There were appropriate systems in place to protect people from abuse. We reviewed records where concerns had been identified and saw appropriate steps were taken to keep people safe. This included contact with other organisations such as local authority safeguarding teams where this was appropriate.
• Staff we spoke with knew how to raise concerns with the registered manager and external agencies to keep people safe if this was needed.

Staffing and recruitment:
• People told us they had access to enough staff support to meet their needs. We reviewed staffing rota's which confirmed this. Comments we received included, "[There] seems to be enough staff, you can always get help, if you want it" and "I have no concerns about staff numbers.
• Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong:
• The registered manager ensured all accident, incident and safeguarding records were monitored and reviewed monthly. We reviewed records which demonstrated the registered manager maintained oversight of any actions required and evaluated information to identify any themes or triggers and taking steps to prevent reoccurrences.
• The registered manager told us they promoted an open and transparent culture within the home, which included sharing information on lessons learnt or updates on best practice from the provider's other service to drive improvement.

Good

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.

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 before they were supported at Braemar Care Home. The registered manager and senior care staff completed detailed assessments of people's care and support needs.
• People's care and support assessments reflected guidance and input from other organisations and agencies involved in their support and welfare.
• A healthcare professional told us the home was "forward thinking and innovative" in their approach to evidence-based care through participation in research projects with other organisations such as local health commissioners.
• People's care records demonstrated where possible they were involved in their care planning. Care plans included detail of people's likes, dislikes and preferences on how to meet their needs.

Staff support: induction, training, skills and experience:
• Staff completed a comprehensive induction linked to the Care Certificate for those staff who were new to care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Staff were offered a range of ways to train, including face to face and workbooks. The training manager ran individualised workshops to support staff who found studying using workbooks difficult. They also ran a workshop for staff for whom English was not their first language to help them understand the training.
• The provider had a system in place to identify the training staff had received and when it needed renewing.
• Periodic supervisions and annual appraisals were used effectively to support and provide professional development to the staff team.

Supporting people to eat and drink enough to maintain a balanced diet:
• People consistently told us they enjoyed the food on offer. We received comments such as, "Excellent chef, very good meals" and, "The meals are always good."
• We observed positive interactions between people and staff during the meal times. For example, one person was asked how much salt they wanted on their meal.
• People were offered a choice and if they did not want what was on the menu an alternative was offered. One person told us, "There are two choices and we can have something else if we want."
• Where people needed support with their meal staff were patient and engaged the person in conversation to ensure it was a positive experience.
• Where people required a modified diet such as soft or puree foods, we saw staff and the chef ensured their needs were met.

Staff working with other agencies to provide consistent, effective, timely care:

• People told us, "They [staff] call the doctor if I need to see him" and, "If you need any medical attention, like the chiropodist, you would get it."
• A visiting healthcare professional spoke positively of the care people received. They told us staff were very good at identifying risks to people's health, they said, "they are very hot on that. If they have got a concern they always check with us."
• People's care records detailed contact with health and social care professionals and contained information shared at visits to ensure staff were up to date with people's care and treatment needs.

Adapting service, design, decoration to meet people's needs:
• The building decoration lacked dementia friendly signage to promote people's independence. For example, the menu for the day was written on a whiteboard in the dining area. However, it was written in pale orange coloured marker pen which made it difficult to read for older people and people living with dementia.
• The provider told us this was an area they were aware of and exploring and they showed us colour themes and research they had gathered to address this.
• Bedrooms were personalised with people's furniture and photographs displayed.
• People had access to a range of communal areas and could choose where to spend their time.
• We observed there was a range of soft furnishings and trinkets which provided a homely feel.
• People at the home had access to a lift and stair lift to support them to move between floors where appropriate. A person commented, "I use a walking frame to move around and I go upstairs in the lift."

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

• We observed staff seek consent from people before supporting them with daily tasks and one person told us, "When staff come to help, they always ask first."
• Where people were identified by the registered manager to lack capacity to make certain decisions, staff consistently followed the principles of the MCA to protect people's rights and freedoms.
• Where people required decisions to be made in their 'best interest' records clearly demonstrated how decisions had been reached and who was involved in the discussions, including relatives where appropriate.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• We saw most people had appropriate applications made to the local authority where they were identified by the registered manager as being unable to consent to their living arrangements.
• The registered manager kept a record of all DoLS applications, and the head of care followed up pending applications with the relevant authorising body.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported:
• One person told us, "They [staff] are very kind"; "I can have a bath quite often" and "They help me wash every morning."
• A relative commented, "The whole team of staff are so caring, they are all on the same page."
• A health professional told us, "Staff are very friendly and know what they are doing."
• We observed people were treated with kindness and consideration by staff. People seemed comfortable in their interactions with staff and each other.
• Staff were committed to providing person centred care to people and demonstrated a good understanding of people's preferences, interests and dislikes.

Supporting people to express their views and be involved in making decisions about their care:
• People told us they felt involved in decision making. One person we spoke with said, "Staff are chatty, you can go to any of them with questions" and a relative commented, "I was here when they interviewed her when she came in."
• People were encouraged to give their feedback about the quality of the service through regular meetings. Minutes of the last meeting showed that people were consulted on the activities, menus, housekeeping and the facilities offered by the home.
• We observed staff regularly interacted with people to seek their views and wishes.
• The registered manager and staff had a good understanding of equality, diversity and people's rights.
• The registered manager discussed how they supported people to continue to embrace their religious and cultural beliefs and things that were important to people. This was confirmed by a person who told us, "Staff are very welcoming to visitors and I am visited by the vicar."

Respecting and promoting people's privacy, dignity and independence:
• Staff understood their responsibilities when respecting people's privacy and people could choose to spend time alone in their rooms.
• We observed one member of staff supporting a person to mobilise. The member of staff positively engaged with the person and explained, "I am just going to move your chair for you, is that okay?" They then encouraged the person to stand by themselves and remained present providing reassurance and support when needed.
• Staff spoke with people in a dignified and respectful manner. A person told us, "I do think the staff are respectful with us here."
• Care records promoted people's strengths and abilities. For example, people's needs and goals were included in care planning to ensure people were supported to maintain their independence where possible.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People's care records prompted staff to support people to have choice and control. For example, one person's care plan stated, "Give information and time to enable [person] to make an informed decision if one needs to be made."
• Where people required additional support to manage their needs, we saw care records reflected professional guidance and detailed plans. For example, where people were prescribed a modified diet by the speech and language therapist, plans detailed people's needs, choices and preferences to meet this.
• People's care records supported staff to provide responsive person-centred care. For example, where a person's mobility and ability fluctuated their care plan provided 'best scenario' and 'worst scenario' descriptions and the support staff should offer to meet their needs.
• We saw technology was used to support people to have choice and control. For example, some people who were assessed as being at a higher risk of falls, had pressure activating mats in place to allow them to spend time in their room whilst maintaining their safety.
• People spoke positively about the range of activities offered at the home. There was a dedicated activities staff member who regularly sought people's views, ideas and interests for activities planned in the home and the local community.
• People told us, "There is enough to do, and you can choose what (activities) you like to do" and "Some of the activities are of interest to me and mainly the programme is varied."
• Activities on offer included entertainment coming into the home, weekly organised social trips in the community and bigger planned events such as sailing throughout the year.
• Feedback from a healthcare professional said, "the home is always looking at bringing in entertainment and fun tasks to make life enjoyable. It is a pleasure to visit this home."

Improving care quality in response to complaints or concerns:
• The provider had systems in place to record, respond to, follow up and close complaints.
• We reviewed the complaints and concerns that had been raised. These had been dealt with in line with the provider's policy and closed.
• People we spoke with said they would feel comfortable raising any concerns. For example, a person told us, "I've no complaints about this place, but I would go to the manager."

End of life care and support:
• Where appropriate people were involved in their end of life care planning. A relative we spoke to told us, "I sat down with the practice nurse and [person] to plan palliative care."
• The registered manager told us staff had received training from a local hospice in the 6 steps to success for enhancing end of life care. This included introducing a recording tool to monitor people's level of need and state of wellbeing, however for one person this record had not been updated to reflect palliative care being

provided.
• We reviewed people's end of life care plans which included information about the persons wishes, any funeral arrangements and important people to contact.
• The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

Requires Improvement

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.

Service management and leadership was not always effective. Oversight of systems and processes were not always operated consistently to support high quality service delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The provider had some quality assurance processes in place to monitor and review the overall delivery of people's care and the service provided, however they were not always effective.
• We found audits of people's care files identified where information required completing or updating, however systems in place did not ensure oversight that actions had been carried out. For example, where a person's care plan audit completed on 05/04/19 identified staff had to complete an end of life care plan and moving and handling risk assessment, this had not been completed.
• We reviewed people's daily care notes and found information of care provided did not always reflect their care plan. For example, where a person's care plan directed two hourly repositioning to minimise risks to skin integrity, daily records failed to evidence staff ensured this was completed within this timeframe. The registered manager took immediate action during the inspection to address this which included re-instating a turn chart recording tool and liaison with the community district nursing team to clarify the care plan.
• Following feedback, the provider told us they had taken immediate steps to improve the home's quality assurance systems, which included introducing a range of auditing tools to support the senior management team in their role.
• There was a clear management structure in place which included the registered manager, head of care, compliance and training manager and senior and junior staff members.
• Management and staff communicated regularly and there was an open and transparent culture to service delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• We received consistently good feedback from people and their relatives that the provider and staff team were person-centred in their approach. Comments included, '"The owners do have a heart for care and the ethos of the place is great," and, "The manager is very good, she will go the extra mile, she has been known to go to the pharmacy to pick up late [medicines]."
• The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
• Staff consistently told us they felt supported by the registered manager and were encouraged to develop their knowledge, skills and interests.

Continuous learning and improving care:

• The registered manager was extremely passionate in enhancing knowledge and sharing information across the service to improve people's outcomes. This included seeking out opportunities to participate in a range of research with local commissioners. For example, people at Braemar Care Home were invited to engage in a pilot study to improve oral hygiene in care homes and the registered manager told us this had positive results for people who participated.
• Feedback from a healthcare professional said, "The home is part of the local NHS Trust's research partnership and is extremely keen to be involved in all aspects of research to enhance intervention and patient care. Further it has been awarded a Solent Partnership Certificate for its contribution to several research studies over the years."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider regularly carried out an informal walk around speaking with people and their families to seek their views on the service provided by the home.
• Satisfaction surveys had been completed with people and their families in April 2019. All of the feedback was positive. The provider told us if areas for improvement had been noted an action plan would have had been developed to address these concerns.
• Advocates and visitors were also encouraged to complete a survey on their views of the home. We looked at the results of the latest survey and all the comments were positive.
• Staff were encouraged to comment and share ideas about how practice and care might be improved during staff meetings.

Working in partnership with others:
• The registered manager encouraged partnership working and community networking. For example, the activities co-ordinator made links with local schools and colleges to explore sharing resources to enable people living at Braemar Care Home to have access to a mini-bus for community visits.
• We received positive feedback from healthcare professionals that the home had made good partnerships which included, "I am delighted to have been able to work closely with the manager and [the] staff."
• The registered manager ensured they were updated about any changes in other organisations through e-mail subscriptions which included health and safety, clinical commission group updates and training.