

East And West Healthcare Limited

Braeside Care Home

Inspection report

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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

About the service:

Braeside 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 home can accommodate up to 36 older people, some of whom were living with dementia. At the time of this inspection there were 35 people using the service.

People's experience of using this service:

- The service had an experienced registered manager who had ensured all the issues from the previous inspection had been resolved and systems were in place to drive continued improvement.
- We received positive feedback about the service from all stakeholders including people who lived at the home, their families, care staff and health and social care staff. One relative told us, "They are friendly and there is a very good atmosphere. They had her up and dancing last week. Mum has a good rapport with staff. I feel they look after mum as if she was one of their family." A visiting professional told us, "This is one of the good homes. The care and attention given to the residents is very good". Relatives told us that the good communication and openness gave them confidence and reassurance.
- Stakeholders were engaged in a meaningful way where consultation led to improvements being made to the service.
- We observed an open, friendly and caring atmosphere in the home and this was supported by a low turnover of staff.
- People's care needs were met safely and we received good feedback about staff being caring and treating people with dignity and respect. There was also good feedback about the cleanliness of the home, the food and the activities on offer.

Rating at last inspection: At the last inspection the service was rated requires improvement (published 23 March 2018). The overall rating has improved at this inspection.

Why we inspected: This was a planned inspection based on the current timescales for returning to re-inspect services rated requires improvement overall.

Follow up: We will continue to monitor the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Braeside 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:

The inspection was carried out by one adult social care inspector and one 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; in this case they had experience of older people and people living with dementia.

Service and service type:

Braeside Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. No concerns were raised about the service.

During the inspection we spoke with nine people who used the service, the registered manager, three care staff, one cook, two activity coordinators, nine visiting relatives, a eucharistic minister and three visiting professionals.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff recruitment files, training and supervision records, five care plans, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management and safety of the service.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in March 2018 this key question was rated as "requires improvement". We found that Oxygen had not been stored safely. This was a breach of regulation 12 (2) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the service had taken the necessary steps to ensure that the oxygen was stored safely.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff.
- Oxygen cylinders were stored safely.
- The provider had a policy in place regarding the safe management of medicines. This provided detailed guidance to staff to help ensure people received their medicines safely.
- Staff were trained in the safe administration of medicines and their competence was assessed annually.
- People were receiving their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.
- We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

Assessing risk, safety monitoring and management

- Environmental risk assessments were in place to ensure the safety of people's living space.
- Detailed and up to date PEEPS and a detailed building plan was on display in the reception.
- The premises and equipment were well maintained.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a system to record accidents and incidents. We viewed the records and saw appropriate action had been taken in response to reported accidents.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to support staff. Appropriate information was on display on a notice board. This supported residents and families to raise safeguarding concerns if required.
- Staff had undertaken safeguarding training and safeguarding was covered in the induction for new staff.
- Staff were aware of how to recognise a potential safeguarding issue and understood it was their

responsibility to report any concerns. They were confident the registered manager would respond appropriately. The registered manager made referrals to the local safeguarding authority when required.

- People told us staff supported them to stay safe. One person said, ""Yes, I feel safe here. Two relatives also told us, "Yes [relative] is safe, because the carers are nice" and "[relative] is definitely safe here, it's one of the things I love".

Staffing and recruitment

- Staff were recruited safely and the provider carried out appropriate pre-employment checks prior to them commencing their role.

- The staff dependency tool was effective at ensuring there were enough staff and this was reviewed regularly. One person told us, "I think there's enough staff" One person's relative also told us, "There's always plenty of staff knocking about". Staff confirmed there were enough staff on duty to allow them to meet people's needs responsively.

Preventing and controlling infection

- The home was clean, tidy and with no malodour.

- Infection control policies and procedures were effective and provided appropriate guidance to staff. Staff received infection control training and understood their infection control responsibilities.

- Cleaning schedules were detailed and included deep cleans. Staff had access to personal protective equipment such as gloves and aprons. We observed these being used during the inspection.

- People told us the home was clean. One person's relative told us, "I want the best for my mum and I would recommend it here, and I have done. It's very clean".

Learning lessons when things go wrong

- Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. Staff were confident to report. There was an open culture and an open-door policy. One staff member told us, "Yes we are encouraged to report any incidents".

- The management team were keen to drive improvements throughout the service. Learning lessons, where required, was systemic and included changes made in response to stakeholder surveys and meetings.

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.

At our last inspection on March 2018, this key question was rated as "requires improvement". Food and fluid charts had not been completed correctly. This was a breach of Regulation 9 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the service had taken steps to ensure records were up to date and the service was proactive in providing people with good nutritional care.

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

- Care plans were regularly reviewed and were up to date. This included food and fluid charts.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People were supported to receive meals which met their dietary requirements. For example, people with diabetes were offered a low sugar dessert and people with swallowing difficulties a pureed diet.
- The home had their own cook who regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People we spoke with were happy about the food. One person told us, "It's all fresh food here. I have poached egg for breakfast, it's lovely, he's a brilliant cook."
- The registered manager had implemented nationally guidance designed to help ensure people's needs in relation to modified consistency diets were met. This would help keep people safe from the risk of choking/aspiration.

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

- People's needs were assessed before a placement was accepted. This helped to ensure the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- Care plans confirmed how people wanted to be supported and captured people's choices and preferences. This included asking where they wanted to eat and if they preferred a bath or shower.
- Care plans were regularly reviewed and were up to date. This included records of people being supported to prevent pressure areas from developing. We received good feedback from health and social care professionals about the quality of the care provided.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, the staff used the north west end of life care model to support people receiving end of life care.

Staff support: induction, training, skills and experience

- Care staff received the induction, training and support required to enable them to deliver effective care.

- People told us staff had the right skills to meet their needs. One relative told us, "They have loads of training sessions, they know what they are doing".
- Staff told us they received enough training to carry out their roles. Comments included, "Yes we have enough training. No gaps", "The training is very good here. It was effective doing it in full over two days. Yes, we get additional training when we need it", "Yes, I've had quite a lot. Face to face and we get to practice".
- Staff were supported through regular supervisions and annual appraisals.

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

- The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from three health care professionals about the support offered by staff. Comments included, "This is one of the good homes. The care and attention given to the residents is good. Staff take time on a one to one basis. We have no concerns. There is good continuity of staff and they are helpful".
- People were consulted when their care was reviewed and important people invited, such as relatives and advocates. Relatives told us, "I very much like the communication, they keep me up to date, they are responsive to his health needs. I have confidence in the home", "They are very good at communicating with other professionals and us around health needs and they always update me".
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- Staff arranged specialist health referrals when required.
- Daily records were maintained of all healthcare visits and contacts. The five files we looked at included records of visits and contacts with podiatry, opticians, the falls team, speech and language therapists, GPs and social workers.

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

- The premises were adapted appropriately for the people who lived there.
- The home was in the process of decorating and refurbishing the second floor. This included new flooring and dementia friendly décor including different colour bedroom doors. This helped to promote independence as people with dementia are more likely to find their rooms without assistance if the doors are clearly identifiable.
- Good signage for rooms was in place throughout the building to assist people who were living with dementia.
- We saw aids and adaptations were provided to promote independence as well as maintain people's safety.
- People were supported to go outside into the community. However, there was no dedicated outside space available to use. The registered manager explained that plans are in place to make the area at the front safe to use as a garden space in future.

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.
- 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.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- We saw that policies and procedures were in place to guide staff on MCA and DoLS. A review of people's records evidenced that capacity and consent was explored. We saw that where people had capacity, people consented to their care and support and best interest meetings had taken place when people who were unable to give consent.

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.

At our last inspection on March 2018, this key question was rated as "requires improvement". We found a lack of engagement between staff and people using the service. This was a breach of regulation 9 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the engagement was good and that staff were attentive to people's needs throughout the inspection visit.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect.
- People and their relatives told us people were treated with kindness and respect. One person told us, "They are all very caring and look after me. I feel like I am in a holiday home, you get waited on hand and foot. My husband joins us for lunch regularly".
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families.
- Through talking to people, staff and relatives and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Advance decisions to refuse treatment were in place when people had chosen to make these plans. Supported decision making had involved care staff, family and appropriate health and social care professionals.
- Where people struggled to communicate verbally, the service accessed communication tools such as picture boards. One person used an 'eye gazer' which enabled them to access their computer using a mouse that they controlled with their eyes.
- Independent advocacy services were promoted. People can have a legal right to an advocate in some circumstances under the Care Act 2014, and when they are under a DoLS. The advocate acts as a safeguard by supporting people to express their views and checking that people's rights are being met.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and dignity. One relative told us, "The staff are brilliant, they have time for each person. It's a vocation, they seem to enjoy it and want to do it. We can come at any time. They 100% respect mum's dignity. I tried to change mum's top in the lounge they brought something to cover her up, because I never thought. Whatever she wants she can do."

- We observed that someone needed care and attention in the lounge. Their privacy and dignity were protected using a screen.
- Staff told us how they promoted people's independence by letting them do as much for themselves as possible. One staff member told us, "Some people can struggle to eat, but we let them try even if it is easier to feed them ourselves".

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

- Good systems were in place to support the provision of activities in the home. The home employed two activities coordinators. One staff member commented, "I love it, I enjoy finding out what people's skills are. Seeing the person and not the disability". People were happy with the activities provided, one person told us, "We have monopoly, bingo, armchair exercises, the singer was brilliant. I helped make a cake for someone's birthday".

- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activities coordinator.

- An assessment of people's needs had been undertaken before any care and support was provided.

People's care records were detailed, person-centred and accurately described what support they needed from staff. This included sections on each area of support people required, such as support with personal care, moving and handling and medication.

- People were given information in a way they could understand. Where people had communication difficulties staff were aware to look for non-verbal signs. For example, the service communicated with one person using pictorial prompt cards to establish this person's choices.

- People and their family members were involved in their care. This helped to ensure that the information contained in the care plans remained factual and up to date. Relatives commented, "They are very good at communicating with other professionals and with us around health needs", "They listen, they care, they respond. Over all his needs are met they have done an amazing job. The nursing side in particular. One nurse is outstanding".

Improving care quality in response to complaints or concerns

- The home was focused on service improvement and responded to complaints and other feedback to make changes where required. Carpet had been replaced with polyfloor when a relative had raised concerns about a malodour in a room and an additional activities coordinator was employed in response to a survey with families.

- Information about how to complain was accessible and displayed in communal areas.

- The complaints procedure outlined how to complain and where to go externally if people weren't happy with the outcome of the complaint. We reviewed the most recent complaints and found that appropriate action had been taken and corrective actions put in place where required.

End of life care and support

- The registered manager informed us no people were receiving end of life support at the time of our inspection.

- People were supported to make decisions about their preferences for end of life care where appropriate.

- Staff had received training to enable them to support people at the end of their life.

- Staff engaged with people and their families to develop person centred care. One family member told us, "They went the extra mile to enable my mother to have a dignified death and she was also reunited with her husband".
- Staff worked closely with the local hospice when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People told us the service was well-led.
- There was a clear management structure and lines of responsibility. The provider had clear expectations of the registered manager and met with them regularly to assess the running of the service.
- We received positive feedback from staff about the way the home was run. People told us the manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "Yes I get good support. Supervision focuses on what I do well and areas to improve", "Yes, I get good support. The registered manager cares and the door is always open. She's the best manager I've had", "There has been a massive improvement in the last 12 months. It has come on leaps and bounds. There has been a real shift in culture to focus on person centred care".
- The quality assurance systems in place to monitor the service had been effective. When issues had been identified action had been taken to make improvements. These systems included monthly audits for accidents and incidents, call bell audits, care plan audits, medications and their administration and infection control. A new monthly external audit carried out by the provider was introduced in February 2019.
- Since the last inspection the home had also introduced staff champions including safeguarding and moving and handling champions. This helped to improve each area and both involved staff and gave them ownership of the work.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was aware of the statutory duty of candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Relatives told us that there was an open culture where they were kept informed. One relative told us, "They are open and honest. They update me if there are any incidents". The service had notified us of all significant events which had occurred in line with their legal obligations.
- There was a clear vision for the service which prioritised safe, high quality, compassionate care. The management team had the experience and capability to make the vision happen in practice.
- The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as severe weather or loss of gas supply.
- Ratings from the last inspection were clearly displayed in the reception area of the home.

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

- Staff meetings took place, so the provider and registered manager could share information about the

service and discuss any areas that required improvement with staff. Staff reported an open culture and were confident that their ideas or concerns would be responded to.

- People and their relatives participated in the running of the service and made suggestions to improve practice. This engagement included satisfaction surveys with residents and families and meetings with both residents and relatives where issues raised were taken seriously and responded to. One person had raised an issue with cleanliness, for example, so cleaning audits were reviewed in response. One person told us, "We have a resident meeting I think they are worthwhile, we get the minutes, you get a feel for what is going on." A new initiative was in place where three volunteers from the relatives meeting met more frequently to look at areas for improvement and development in the home.

- The home had displayed information about changes made at the service based on suggestions made in residents meeting. This included a, "You said, we did" list of improvements on noticeboard.

- A staff survey was carried out and all returned forms were positive. A new employee of the month award had been introduced and a new nomination box for staff that had gone the extra mile.

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and commissioning group who commissioned the care of some people living in the service.