

Golden Age Care Ltd

Breach House

Inspection report

Holy Cross Lane
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Stourbridge
West Midlands
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Tel: 01562730021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Breach House is a residential care home providing regulated activity of accommodation and personal care to up to 34 people. The service provides support to older people some of which have dementia. At the time of our inspection there were 5 people using the service.

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

Improvements had been made to the assessment and management of risks however further improvements were needed. Improvements had been made to the administration of medicine though further improvements were required to ensure the safe storage of medicines. Staff were recruited safely, and a sufficient number of staff were employed to meet people's needs. Staff understood and followed infection control measures, and when things went wrong, the provider had learned lessons and developed improved systems.

The provider had introduced audit systems to monitor the safety and quality of the service, but these required further development and time to embed. A positive person-centred culture was promoted, and the manager promoted learning and development.

Staff gained the skills and knowledge necessary to meet people's care and nutritional needs through regular training. People were supported to access healthcare as needed; through positive links the manager had established with external professionals.

We found an improved culture in the home. The manager and staff were caring and respectful of people which ensured a person-centred approach to the people living in the home. People's views were sought with equality, privacy and dignity promoted.

Staff were responsive to the needs of each individual. The provider had introduced a new complaints procedure to manage and respond to any complaints they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 21 July 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 July 2022. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Breach House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Breach House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Breach House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. The manager in post had submitted their application to register with CQC. Following our inspection the manager left their post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 3 people who lived at the home and 4 people's relatives. We also spoke with the manager, deputy manager, 2 senior carers and the chef. We looked at the care records and medicines records for the 5 people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits, and recruitment checks carried out within service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

Our last inspection found Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service which placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however there were further improvements needed.

- Our last inspection found risks were not always identified, assessed and well managed. This inspection found some improvements had been made though further improvement was needed.
- Environmental risks to maintain people's safety were not always identified and mitigated. For example, window restrictors were not fitted to all windows, wardrobes were not always securely fixed to walls to prevent them toppling over and a damaged light switch in a bedroom was not reported. The manager took immediate action to address these concerns.
- Fire risk assessments had not been carried out for topical creams which contained flammable ingredients. All staff we spoke with understood how to mitigate the risks associated with the topical creams which contained flammable ingredients. The provider took immediate action to risk assess all topical creams.
- Personal Emergency Evacuation Plans (PEEP's) had been compiled though were not always included in the home's emergency bag. PEEP's collate all the essential information staff and emergency services need to know about each person. We found the PEEP for the person most recently admitted to the home had been written, though had not been added to the home's emergency grab bag. The manager took immediate action by adding this information to the emergency bag.
- Risk assessments and care plans were very detailed and were regularly reviewed to ensure they reflected people's current needs.
- Falls risks were well assessed, monitored and recorded. Referrals were made to other professionals to ensure changing needs were assessed and care plans updated. This was an improvement on our findings from our last inspection.

Using medicines safely

- Medicines were not always stored safely.
- Topical creams prescribed to people were not always stored in line with NICE guidelines. The manager immediately took action to ensure all prescribed creams were stored safely.
- There was no facility in place to securely anchor the medicine trolley within the medication room. The provider had already ordered a system to secure the medicine trolley in the medication room though it had not yet been delivered.

- The manager could not always be assured medicines were stored within the correct temperature range to maintain their effectiveness. Room temperatures were recorded each morning at 9am and on 2 occasions the maximum temperature was recorded for safe storage. The provider took immediate action to better monitor temperature and ordered an air conditioning unit to be able to control the temperature of the medication room.
- Our last inspection found people did not receive their medicines in line with their prescribed instructions. This inspection found people did receive their medicines as prescribed and how they preferred to take them. A staff member said, "We check it is the right person, gain their consent and administer as the person prefers."

Systems and processes to safeguard people from the risk of abuse

Our last inspection found systems and processes to prevent abuse and improper treatment did not operate effectively. This placed people at risk of harm and was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Our last inspection found systems did not ensure people were safeguarded from the risk of abuse or improper treatment. Staff had not understood their safeguarding responsibilities. This inspection found clear safeguarding and whistleblowing procedures had been implemented.
- People living in the service and their relatives told us they people felt safe in the home. A relative told us, "The home it is absolutely wonderful, everything is done properly, and everything is brilliant."
- Staff had received training in safeguarding and whistleblowing and knew how to keep people safe. A staff member said, "We have had training and are always aware of our duty of care to safeguard people. If I had any concerns, I would raise it to [manager] or the deputy; I could raise to [provider] or to the safeguarding board if needed."

Staffing and recruitment

Our last inspection found there were not sufficient numbers of suitable staff to effectively meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Our last inspection found staffing levels did not support the timely and safe delivery of care and the provider had not considered the skill mix of staff. This inspection found the provider had a clear staff dependency tool to determine safe staffing levels and there was a sufficient number of skilled staff on duty. A relative told us, "I feel there are always enough staff, and they are great. I visit regularly and just turn up, there are no issues at all."
- Our last inspection found the provider became increasingly reliant on agency staff who did not always have the knowledge or understanding to identify emerging risks to people's health. This inspection found agency staff were not working in the home because the provider had their own staff to cover additional shifts and they continued to recruit new staff.
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance there were no restrictions placed on visiting and visitors could access the home freely.

Learning lessons when things go wrong

- The provider had implemented a new procedure to review and analyse accident and incident records for reportable incidents as well as identify any trends so that action could be taken to reduce the risk of avoidable harm.
- Staff told us any actions taken following incident and accident analysis were shared with them at handover and team meetings. Updates were also made to people's records. One member of staff told us, "We are embedding the actions from the last inspection, we are in a good place."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

Our last inspection found care was not always provided with the consent of the relevant person or in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Our last inspection found some people living at the service were being deprived of their liberty. This inspection found DoLS applications had been made when required to keep people safe.
- All staff spoken with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions, in line with the MCA principles. A staff member said, "Capacity is decision specific, if someone has an impairment of the brain or appears to be unable to make a decision, then a capacity assessment needs to take place, and if they do not have capacity, then a DoLS needs to be applied for in relation to any restrictions."

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

- Our last inspection found staff did not always support people to access healthcare services in a timely way. This inspection found the manager and staff were responsive in supporting people to access healthcare services when needed. A relative said, "They (staff) kept me informed and took [person] to

hospital. The staff were very good and responded well. They also arranged additional support with the district nurse team."

- Staff worked closely with people's GP's and district nurses. Advice and input from healthcare professionals was included in people's care plans. People were encouraged to be as independent as possible though when people's needs deteriorated staff identified this the manager referred to professionals as needed.

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

- Our last inspection found care was not delivered in accordance with people's needs because staff lacked guidance on how to support people safely. This inspection found the manager completed an initial assessment of people's needs before the service began to provide support. The information from the initial assessment was used to complete people's care plans and risk assessments to ensure their needs and protected characteristics, as required by the Equality Act 2010 were met as soon as they began receiving the service.
- Our last inspection found people's needs were not routinely assessed and care plans were not updated following changes in people's health. This inspection found records were regularly updated and provided an accurate view of people's care and treatment needs.
- Changes in people's needs were shared with the staff team through meetings and updates to people's records.

Staff support: induction, training, skills and experience

- A new training programme and a new system to monitor staff training had been introduced to continually develop staff knowledge and skills. Not all staff training had been transposed from the old system to the new one. The manager told us they were addressing any gaps in training records as a priority.
- Staff told us they received an induction when they started work at the home and were required to complete a range of training which the provider considered mandatory. This included the Care Certificate. A staff member said, "We get regular eLearning training and some face to face such as first aid, we also had manual handling competency face to face training in another home when we had no service users here." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives told us they had consistent staff supporting them who spent time getting to know their needs. One relative told us, "They (staff) will ask about mum's needs and what she likes and dislikes. They (staff) are still getting to know [relative] but they are great." Another relative said, "The staff are very caring and know [relative] well."

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

- Our last inspection found people were not always encouraged to eat and drink enough This inspection found people were encouraged to eat and drink and were involved in choosing their meals from menus. A relative said, "[Person] has good support [person] is enjoying the food on the whole." One person told us, "I don't eat much lunch, but I like the puddings."
- The chef and care staff understood people's dietary needs and meals were prepared and served in line with people's needs and preferences.
- Staff received training in food hygiene and safety to ensure meals were prepared safely. Staff maintained records of what people ate and drank to ensure people ate a healthy balanced diet and maintained hydration.

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

- Our last inspection we found areas of the home needed attention and decoration. This inspection found

the home was undergoing significant improvement work to redesign and adapt the environment to be more modern and functional to the needs of people. The improvement work was also being undertaken to make the home safer.

- People were encouraged to personalise their bedrooms with photographs, furniture, and other personal possessions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

Our last inspection found people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Our last inspection found people were not always treated with respect, this inspection found the manager and staff respected people and promoted their privacy and dignity. A staff member said, "The way they talk to people, dignity and respect for people, it has all improved."
- Relatives provided positive feedback regarding how care staff supported them. One relative told us, "The staff are very respectful of [relatives] privacy and dignity. They always ask what [relative] wants and explain the help they are giving." Another relative said, "[Person] is very private, they (staff) are really patient and are very understanding. They (staff) respect [persons] dignity by approaching and supporting her as [person] likes."
- Staff had received training in equality and diversity and employed this training in the course of their duties. A staff member said, "We ask about assistance promote choice and explain what we are doing and promote independence when doing personal care. When people are using the phone, we make sure they have privacy."

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

- Our last inspection found people were not supported to express their views, this inspection found people were supported to express their views and to have choice in their daily lives. For example, we observed people being offered choice of drinks, food, what they wanted to do and where they wanted to sit.
- Care plans had been developed with the support of people and their families. A relative said, "They (staff and manager) will ask our views and opinions on care needs and the support they are providing."

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

- People and relatives told us they were treated well and respected by the staff. One person told us, "The staff here are always around. I love them. We'd get nowhere without them." A relative said, "The staff always ensure [person's name] is considered and has a say."
- The staff and manager promoted compassion, empathy and respect to people living in the service. For example, we observed staff were kind and caring towards people and extra care was being taken due to the heat and staff ensured people had drinks available and that people were drinking them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Our last inspection found care and treatment did not meet people's needs and reflect their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Improving care quality in response to complaints or concerns

Our last inspection found the provider did not have a system to identify, record or respond to complaints. This was a breach of regulation (16) (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Our last inspection found there was no system to record, investigate, or action any complaints from people or their relatives. This inspection found a new policy and procedure had been implemented to enable the provider to record, investigate and action complaints.
- People and their relatives told us they had been informed of the complaints procedure. At the time of inspection, no complaints had been received. A relative said, "I do know how to make complaints if I needed, but I don't need to, they (staff) are really great with [person] and keep us informed."

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

- Our last inspection found there were not sufficient care plans and risk assessments to provide the guidance for staff to meet people's individual needs or preferences. This inspection found care plans and risk assessments were specifically detailed to people's individual needs.
- Care plans that staff used to support people's needs were reviewed regularly to ensure they remained person-centred and people's preferences remained current.
- People and their representatives were involved in the planning of person-centred care and support. A relative said, "We are involved in all of [person's] care plans."

Meeting people's communication needs

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

- The management team were aware of the Accessible Information Standard, and there was clear direction

for staff about people's communication needs.

- Staff understood people's communication needs and difficulties and took the time to learn how best to communicate effectively with people. For example, we saw a staff member communicating effectively with a person whose speech was not very clear and used other intonations to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social activities were provided and staff encouraged people to socialise in the communal areas of the home. A staff member said, "[Person] likes to go out in the garden though deterioration has reduced this so we support [Person] to make flower arrangements. People also like looking at photos, watching sports, reading the newspaper and doing Jigsaws in the communal rooms."
- The small number of people living in the home at the time of inspection limited friendships for some people. One relative said, "[Person] finds it difficult to speak with others as they (other people) are not able to communicate with [person] so well." However, we saw staff made time to spend with people and encouraged visitors to ensure people were not socially isolated.

End of life care and support

- Last inspection found there was not enough detail in care plans to indicate people's wishes at the end of their lives. This inspection found clear personalised end of life plans were in place.
- At the time of inspection no one required end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider's systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there were further improvements needed.

- Following our last inspection, the provider put an action plan in place to provide oversight of service delivery, including performance, risks and drive learning and improvement. However, we found further work needed in relation to assessment and mitigation of risks.
- Our last inspection found governance systems and processes were not in place or operating effectively to monitor risks. This inspection found the provider had new systems in place though these had only recently been introduced and had not yet been embedded.
- New audits and quality assurance systems had been introduced but these required further development to provide sufficient oversight of the service delivery. Further work was needed in relation to medicines oversight. Audits had identified some of the medicine issues we found though not all. For example, storage of topical creams.
- Our last inspection found the provider did not have sufficient oversight of the service including care provided to people. This inspection found oversight had improved though further improvements were needed. For example, environmental risks, such as the need for window restrictors on some windows to keep people safe had not been identified by the providers new systems.
- The provider had introduced a new training package and a new system to monitor staff training since our last inspection. However, this was not accurately completed to show the training staff had completed. The provider made immediate amendments to ensure records were up to date and accurate.
- The provider had established procedures to maintain oversight of service delivery in the absence of the manager who left their position following our inspection. The provider was recruiting for a new manager.

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

- The manager and staff were passionate about always providing good quality person-centred care to people. An open, inclusive and empowering culture was promoted through the management team being visible in the home and we saw people knew who they were and had a positive relationship with them.

- The manager and provider promoted family involvement to support the achievement of good outcomes for people. A relative told us, "We communicate regularly, [manager] is very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager worked in accordance with this regulation.

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

- Our last inspection found people and their families were not involved in their care planning. This inspection found people and their families were involved in initial assessments and subsequent care plan reviews and updates. A relative told us, "The initial assessment was good and they include us in her care needs."
- People and relatives were encouraged to input to the development of the service through regular contact by the provider. The provider had plans for meetings and surveys with people and relatives though these had not yet commenced as services had only recently resumed.

Working in partnership with others

- The manager and staff team worked closely with other organisations including the local GP who visited weekly and district nurses to improve outcomes for people.