

Mrs Saima Raja

Braemar Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Braemar Lodge Residential Care Home is a residential care home providing accommodation and personal care for 14 people at the time of the inspection. The service can support up to 17 older people and people living with dementia.

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

At our last inspection the provider had not ensured the systems to monitor and improve the quality and safety of the service were reliable and effective. At this inspection we found some improvements had been made however, the provider remained in breach of regulations.

The provider's quality monitoring system was not effective in assessing and improving the quality of the recruitment processes and the administration of 'as required' medicines was not managed in line with the individual's protocols. Staff administered people's medicines calmly and safely making sure people were not rushed. The medicine rounds were evenly spaced out throughout the day to help ensure people did not receive their medicine doses too close together or too late. Staff had been trained in the safe administration of medicines and had their competency assessed to ensure they remained competent to undertake this task safely.

The provider's quality monitoring had failed to identify where short-term actions to promote the safety of one person had not been assessed or reviewed to find alternative options suitable to promote the safety and wellbeing of all people using the service. Staff and management did not always recognise how their actions or the environment impacted negatively on people's privacy and dignity. Facilities provided for people to use were not always maintained in a way that promoted their dignity.

Some facilities such as a bath hoist and a commode chair were damaged and therefore posed a potential infection control risk. The registered manager was aware of these issues but only took the necessary action after the inspection. The provider's infection prevention and control policy was up to date and visitors were welcomed at any time without restrictions imposed and in line with current government guidance.

The provider had systems to monitor accidents and incidents, the actions taken, and lessons learnt and were shared across the team as a result. The provider and registered manager gathered views and opinions about the service by surveys, meetings and ongoing communication with people and their relatives.

People were protected from the risk of abuse because the entire staff team had now received training and demonstrated a clear understanding on how to recognise and report abuse. People's care plans and risk assessments had been reviewed since the previous inspection and transferred onto a digital system so that staff had access to the up-to-date information they needed to care for people safely.

Accidents and incidents were monitored and environmental risk assessments, were in place. The provider

operated a robust recruitment and induction process where all the appropriate pre-employment checks were undertaken. Staff felt well supported by the management team.

The registered manager had a good understanding of their responsibilities towards the people they supported. They promoted an open culture where everyone's views and opinions were valued. People, relatives and staff said they would be confident to approach a member of the management team should they wish to raise a concern.

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 requires improvement. (Published 30 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

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

We carried out an unannounced comprehensive inspection of this service on 11 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and management oversight.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braemar Lodge Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to dignity and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Braemar Lodge Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Braemar Lodge Residential Care Home 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. [Care home name] is a care home [with/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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 04 July 2023 and ended on 25 July 2023. We visited the service on 11 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives and 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.

We spoke with 3 care staff, 2 admin staff, the chef and the registered manager. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating the rating for this key question has remained 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured safeguarding training was provided to all staff and notifications were made to CQC. This 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 in relation to safeguarding vulnerable people.

- The staff team, including admin and housekeeping staff, had received training on how to recognise and report abuse. Staff demonstrated an understanding of the different types of abuse and explained how they would escalate any concerns about people's safety to the registered manager and external agencies such as the local authority and Care Quality Commission.
- The registered manager was aware of their responsibility to raise safeguarding concerns to the local authority. The registered manager gave examples to show they had submitted notifications to CQC at the same time as making appropriate referrals to the local authority adult safeguarding team.
- People told us they felt safe living at Braemar Lodge Residential Care Home. A person said, "I feel very snug and safe here." A relative told us they felt significant peace of mind knowing their family member was, "Safe and sound."

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured all risks to the health and safety of people receiving care had been assessed. This was a 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 in relation to assessing risks to the health and safety of people using the service.

- At the previous inspection we found people's care plans contained conflicting or limited information and detailed care plans and risk assessments were not completed for people on short term respite stay. People's care plans had been reviewed since the previous inspection and transferred onto a digital system. This meant staff always had access to the information needed to care for people safely. At this inspection we found risks to people's safety had been assessed and recorded clearly.
- At the previous inspection we found fluid and nutritional charts were completed retrospectively. At this

inspection we found the registered manager checked food and fluid charts every morning so they could advise staff if a person needed to be further encouraged to take fluids for example.

- Staff told us the registered manager spent time observing staff care practice and sometimes worked alongside the team. A staff member told us, "My [registered] manager watches us and checks our practice including moving and handling." This helped the registered manager ensure staff were working safely.
- Accidents and incidents were monitored. Where needed, action was taken to help reduce a reoccurrence.
- Environmental risk assessments, for example those relating to fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people. Fire detection, warning systems and emergency evacuation equipment were in place and checked regularly to help ensure they remained effective.
- After we had entered the home, the registered manager locked the front door behind us. They explained they needed to do this as a short-term measure because the busy road outside posed potential risk for a person living at the home. We discussed how this was not in accordance with fire safety protocols. The registered manager advised they were researching other options to maintain the individual's safety without compromising the safety of others in the home.

Using medicines safely

At our last inspection the provider had not ensured people's medication was managed and administered safely. This was a 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 in relation to safe administration of medicine.

- At the previous inspection we found poor practice in recording of medicines administered and people's medication records did not always include protocols for 'as and when required' (PRN) medication. At this inspection we found there were no gaps in medication administration records (MAR) and protocols were present for PRN medicines. However, a person's PRN medicine was to be offered when the person became anxious and agitated. The person had experienced anxiety on the day of the inspection but had not been offered the PRN medication as stated in the protocol. The registered manager undertook to address this matter immediately.
- Staff administered people's medicines calmly and made sure people were not rushed. The medicine rounds were evenly spaced out throughout the day to help ensure people did not receive their medicine doses were not given too close together or too late.
- Staff who administered medicines were trained in safe administration of medicines and had their competency assessed to help ensure they remained competent to undertake this task safely.

Staffing and recruitment

At our last inspection the provider had not ensured people's care was provided by staff who were trained and competent to do so safely. 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 in relation to staff training and competency.

- At the previous inspection we found staff had not had appropriate induction, training or supervision to assure the provider safe care was being delivered. At this inspection the registered manager demonstrated a robust recruitment and induction process. We reviewed 2 staff files and found all the appropriate pre-

employment checks had been undertaken. For 1 applicant we noted the previous job history needed more accurate dates instead of just the year. The registered manager undertook to ensure this practice was amended going forward.

- The registered manager took new starters through the initial induction to the home personally and then mentored the new staff member through the Care Certificate. 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. The registered manager advised any established staff who had not yet achieved NVQ level 3 have been encouraged to complete the Care Certificate.
- Staff told us they felt well supported by the management team. A staff member told us, "The registered manager respects the staff team and knows how hard we all work. We feel valued."
- People, visitors and staff told us there were enough staff on duty to meet people's needs in a timely manner. A person told us "I am completely safe here. These [staff] are so patient and very kind. I can't find fault with them."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some items such as a communal bath hoist and a person's commode chair were damaged and therefore not 'wipe clean surfaces' which posed a potential infection control risk. We shared this with registered manager who was aware of these issues but only took the necessary action after the inspection.
- 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 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

- Visitors were welcomed at any time without restrictions imposed and in line with current government guidance.

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. Staff told us where safeguarding concerns and complaints were raised; a review was undertaken to help ensure lessons were learned to prevent re-occurrence. A staff member said, "The outcomes of accidents and incidents and complaints are shared with us to help make sure these things don't happen again."
- Accident and incidents were logged and analysed to identify possible trends and themes. This was to mitigate risks and help ensure people's safety and wellbeing.

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 requires improvement. The rating for this key question has remained 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

At the last inspection the provider had failed to comply with a condition of their registration namely to accommodate a maximum of 14 people at Braemar Lodge Residential Care Home. The provider was issued a Fixed Penalty for this offence which was settled within appropriate timescales. The provider is now compliant with this condition of their registration.

At our last inspection the provider had not ensured the systems to monitor and improve the quality and safety of the service were reliable and effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made however, the provider remained in breach of regulation 17.

- The provider's quality monitoring system was not robust in assessing and improving the quality of the service provided for people.
- The quality monitoring of the recruitment process was not always robust. The monitoring system had not identified insufficient detail in a staff member's work history or where people had not been offered PRN medicines to manage their anxiety in accordance with their PRN medication protocols.
- The provider's quality monitoring had failed to identify where short-term actions to promote the safety of one person had not been assessed or reviewed to find alternative options suitable to promote the safety and wellbeing of all people using the service.
- The provider's quality monitoring had failed to identify where practice by staff and management had a negative impact on people's dignity and privacy.

The provider did not have robust processes to monitor the quality and safety of the service. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The provider had systems in place for accident and incident management. We saw evidence of incidents and accidents which had occurred, the actions taken, and lessons learnt and shared across the team as a result.

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

- We noted a culture where staff and management did not always recognise how their actions impacted on people's privacy and dignity. For example, there was a list of people's full names with room numbers on the wall in the communal lounge in very large print. This had been for staff to learn people's room numbers for when the call bell sounded. The registered manager agreed staff knew everybody's room number and there was no need for this information to be on display in the home for all visitors to see. The registered manager removed this list during the inspection.
- The registered manager and staff had failed to recognise the impact of poor practice on people's dignity. For example, a person's catheter leg bag had not been discreetly covered whilst they were in the communal areas of the home. This not only impacted on the dignity of the person themselves but also all people and visitors in the vicinity.
- Facilities provided for people to use were not always maintained in a way that promoted their dignity. For example, we saw a commode chair with ripped vinyl on the arms, water damage to the flooring in a person's room and rust to the base of a bath seat. The registered manager agreed these issues did not serve to promote people's privacy and dignity.
- The service had three rooms for shared occupancy. When we spoke with staff and management about how people's privacy and dignity was promoted in a shared room the feedback we received was varied. There were no written protocols for staff to follow to ensure each person was afforded as much dignity and privacy as possible.

The provider did not always ensure people received their care and support in a way that promoted their dignity. This was a breach of Regulation 10 [Dignity] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager had a good understanding of their responsibilities towards the people they supported. They promoted an open culture where everyone's views and opinions were valued.
- Staff received good support from the management team who were approachable and understanding. A staff member said, "Management has really improved, recent changes have been positive. The registered manager helps us, they are hands on and are one of us."
- A weekly support meeting was held with the provider the registered manager and the deputy manager to discuss any incidents arising in the home and any improvements to be made.
- People and relatives said they found the registered manager, staff and the provider warm and approachable. A relative told us, "It is such a relaxed environment, they (staff and management) go out of their way to make families welcome."

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; Continuous learning and improving care

- Everyone we spoke with said they would be confident to approach a member of the management team should they wish to raise a concern. A relative told us, "I have no complaints, if I have any issues, I just speak with them, (management and staff) they are really lovely people."
- The registered manager understood their duty of candour and their responsibility to be open and transparent with people and families when things go wrong.

The registered manager submitted notifications to the Care Quality Commission when needed. Any concerns were reviewed, and people and relatives were kept informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager gathered views and opinions about the service from people, their relatives and staff. This was done by surveys, meetings and ongoing communication with people and their relatives.
- Staff meetings were held to give everyone an opportunity to express their views and opinions on the day-to-day operation of the service and the people they supported.
- The registered manager worked in partnership with other professionals to improve people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider did not always ensure people received their care and support in a way that promoted their dignity. This was a breach of Regulation 10 [Dignity and respect] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust processes to monitor the quality and safety of the service. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>