

Borough Care Ltd

# Bruce Lodge

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bruce Lodge is a care home which provides accommodation and personal care for older people, some of whom live with dementia, and was supporting 64 people at the time of inspection. The service can support up to 66 people. Part of the home was currently providing short-term, care placements for people who have been discharged from hospital but not yet ready to return home. People had their own bedrooms and access to various communal areas and secure outside gardens.

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

Staff had undergone safe recruitment checks prior to working at the home. Medicines were mostly managed safely. Risks to people's health, safety and well-being had been identified through assessments and care plans provided staff with the relevant information and guidance to help support people safely. We have made a recommendation about safe storage of thickeners.

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. People at risk of malnutrition were supported to help ensure they had a good level of nutritional intake. We have made a recommendation to ensure people have access to water at all times. Referrals to other agencies were made when needed and this helped people access the healthcare they needed. People were supported by staff who had received training and supervision.

People told us staff were caring, kind and treated them well. We mostly observed staff treating people with respect and encouraging them to be independent and make decisions about their care when they were able to. Staff respected people's right to privacy, dignity and confidentiality.

Care plans included information about people's backgrounds and diversity to guide staff about what was important to them. We have made a recommendation about people's staff gender preferences for care.

The registered manager had good links with other organisations and built relationships with key people such as the local authority and health protection teams. Statutory notifications were submitted as required. We found there were still some improvements to be made to the oversight of the quality and safety of the service and we have made a recommendation about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2021)

At our last inspection we recommended that the provider ensures there are enough staff to meet people's

needs. At this inspection we found they had made improvements. At our last inspection we recommended that the provider ensures people are safely supported to take their medicines. At this inspection we found they had made improvements.

#### 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.

The inspection was prompted in part due to concerns received about laundry management, person-centred care and lack of activities. A decision was made for us to inspect and examine those risks.

#### Recommendations

We have made one recommendation about safe storage of thickener, one recommendation about the accessibility of water and one recommendation about people's gender preferences for care. We have also made a recommendation about robust quality monitoring systems.

#### Follow up

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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# Bruce Lodge

## 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 carried out by 3 inspectors and an 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.

#### Service and service type

Bruce Lodge 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. Bruce Lodge 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### 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 the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 14 people who used the service and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, kitchen and laundry staff, care workers and senior care staff.

We reviewed a range of records. This included 9 people's care records and 6 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. 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 has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The service had assessed the individual risks to people's health and wellbeing and each person had risk assessments in place.
- On the morning of the inspection we found drinks thickener had not been adequately secured away in an unattended area. This placed people at risk of harm of accidental swallowing of thickener. We immediately reported this to the registered manager. However, we later found thickener was again left unsecured in an unattended area. We removed the thickener from the area and again reported this to the registered manager. The registered manager told us they had taken steps to ensure safe storage of thickeners.

We recommend the provider ensures thickener is always safely managed and secured away as per NHS England's patient safety alert.

- Risk management plans were in place for staff to help protect people from unsafe care and the environment, for example, safe manual handling and nutrition. These risks were reviewed regularly to ensure staff were aware of people's current care needs.
- Where necessary, monitoring charts were in place to ensure people received safe care and support. For example, charts were in place to monitor people's food/fluid intake and repositioning.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of fire. Equipment safety checks and regular checks on fire and building safety had been carried out and monitored. During our site visit, we found emergency pull cords had been tied up in communal bathrooms and toilets. The registered manager told us this was due to cleaning and additional checks had now been implemented to ensure pull cords were correctly in place.
- We found that some people did not have a call bell and there was no facility for people to have a call bell if they had a sensor mat. We spoke with the registered manager, and they gave assurances that all people's individual risk management plans around call bells had been reviewed and splitters had now been purchased to facilitate both a call bell and a sensor mat.

### Using medicines safely

At our last inspection we recommended the provider ensures that good practice guidance is implemented to ensure people are safely supported to take their medicines. The provider had made improvements.

- Medicines were mostly managed and administered safely.
- We carried out a medicines audit and reviewed medication administration records (MARs). We found a

small number of discrepancies during a stock check of medicines and not all PRN medicines (given as and when needed) had protocols in place to guide staff. The registered manager told us they had addressed these concerns and had implemented a weekly audit to prevent the likelihood of reoccurrence.

- Staff had received training and regular competency checks. Regular medication audits had been carried out by the management team.
- Some medicines required additional measures to be taken on how they were stored and how they were administered. We saw that these were all in place. Temperature checks were regularly taken to help ensure medicines were kept within the recommended temperature ranges. Medicines were stored safely.

### Staffing and recruitment

At our last inspection we recommended the provider continue to review staffing levels robustly, considering a variety of factors, to ensure there are enough staff to meet people's needs. The provider had made improvements.

- We reviewed staffing levels and rotas and found suitable numbers of staff were on duty to provide appropriate support.
- The registered manager told us they had successfully recruited several new staff and no longer used any agency staff. We saw staff were very busy on units and worked hard to meet people's needs.
- Feedback from people and their relatives was positive about staff. One person told us, "The staff have always been fine here. They are super people. It's usually the same staff that are on duty."
- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included police checks and references from previous employers.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff demonstrated their understanding of safeguarding and told us they would report any concerns. Staff also had access to a confidential 'speak up' service where they could share any concerns.
- The registered manager was aware of local arrangements and their obligations to report concerns to the local authority and safeguarding teams.
- People told us they felt safe. One person told us, "I like it here because I feel safe and there are people who talk to me, and I am getting to know them."
- The provider had systems to analyse incidents, complaints and concerns. The registered manager made improvements where necessary and shared any lessons learned with staff during meetings and through emails. We raised concerns with the registered manager about the high number of accidents and incidents at the home. They told us incidents were regularly reviewed and actions taken to mitigate risks.

### 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 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.

- People were supported to receive visits from their loved ones in line with current guidance.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found malodours in some people's bedrooms and toilet areas. The registered manager told us they were aware of the concerns and had taken steps to address them. We also noted hand sanitiser/washing areas were not always available throughout the home. The registered manager told us they had been advised during a recent IPC visit to implement additional hand washing stations around the home and this work was ongoing with the maintenance staff.

# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service mostly ensured people's nutritional needs were assessed and dietary requirements were met.
- On the morning of our site visit, we found people who were in their rooms did not have access to drinks. People mostly told us they got enough to drink; however, one person told us, "I can ask for a cup of tea but there are no drinks in my room." We reported our concerns to the registered manager who told us drinks may have been removed from people's rooms by kitchen staff to replenish them.

We recommend staff ensure water is available and accessible to people at all times in line with regulations.

- Information about people's different needs and choices was recorded in care plans and information was also displayed in the kitchen. Staff were aware of people's different diets, for example, diabetic, and also when people required their food and drinks to be specific textures and thicknesses.
- People's weight and nutritional intake were monitored, and they were referred for specialist support if concerns about nutrition were identified.
- We received mostly positive feedback about the food at Bruce Lodge. One person told us, "I get a lot to eat and it's not bad." Another person told us, "The food is good. I've not complained about any of the food and I'm a faddy eater."

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

- People's needs were assessed prior to going to live at the home to ensure the service could provide the appropriate care.
- The registered manager assessed and monitored people's healthcare needs. For example, falls risks and risks from pressure sores. This helped plan effective care for people. For example, whether to use a pressure relieving mattress or to use equipment designed to reduce the risks of a fall.
- People's oral healthcare needs were assessed. There was an oral healthcare policy in place and people had oral health care plans that provided guidance to staff to help ensure people's oral health care was completed. Care records indicated regular oral care; however, during our inspection checks of people's rooms/toothbrushes indicated this was not always being done.

Staff support: induction, training, skills and experience

- Staff received an ongoing programme of training and supervision to enable them to provide safe and effective care.
- Induction training was provided for any new staff, including the completion of the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to

provide compassionate, safe and high-quality care.

- Staff received ongoing support and supervision from the registered manager. Staff told us they felt supported in their role. One staff member told us, "[Name] is very, very supportive, you know you can always ring them, they will always come in."

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

- The home had been adapted and furnished to meet people's needs.
- Signs and pictures were up around the home and on doors to help people find their way around. Each floor had an accessible bathroom and toilet, a passenger lift between floors and equipment available to assist people to move around the home.
- The registered manager told us of plans to improve the environment. We discussed with the registered manager about consulting guidance on how to ensure the whole environment was suitable for people living with dementia.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care.
- The manager used a DoLS tracker to keep oversight of when people required an assessment, referral, application and review. We spoke to the registered manager about adding people's DoLS conditions to their tracker and recording when authorisations had been chased up.
- Staff demonstrated their understanding of the MCA and people told us they could make their own choices and decisions. One person told us, "I please myself what I want to do. I can do most things myself, but they ask if I need any help, but they don't mither me."

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

- People at the home had access to a wide range of healthcare professionals.
- Records showed referrals had been made for advice and guidance from other professionals when people's needs changed. For example, speech and language therapists to advise on people's diets, district nurses and the GP. The home's GP attended every week to conduct a ward round and review people's healthcare needs. This helped ensure people receive the healthcare services they needed.
- People and their relatives told us they were confident timely medical assistance would be sought. One

person told us, "I wasn't feeling well one day, and they said they would call a doctor for me." One relative told us, "When [Name] has needed extra medication, for example, antibiotics, the staff are straight onto the GP and the chemist and chase prescriptions up promptly."

# 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 good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were mostly encouraged to express their views and were involved in decisions about their own care and the support.
- People's individual preferences were recorded in care documentation, and we observed staff mostly asking people for their preferences. People mostly told us their needs were met. One person told us, "Staff are very friendly and when I asked if I could get my haircut, they arranged it for me and took me down to the hairdresser."
- We observed the lunchtime experience for people on units and found these were mostly pleasant experiences for people with attentive staff. However, we found on two units that staff were very busy, and people did not always receive choices, nor the individual attention required when someone needed full assistance to eat their meal.

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

- People were supported by respectful and caring staff at the home.
- People's cultural and religious needs were documented in care plans along with personal histories.
- People told us they were well cared for. One person told us, "They [Staff] all treat me with respect and are very friendly with me." Another person told us, "They [Staff] are very kind and friendly with me and I like it here."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed people were treated with kindness, dignity and respect.
- Staff described to us how they would ensure people were treated with dignity whilst providing care and support. Staff also told us they enjoyed their role and loved caring for people. One staff member told us, "I jump out of bed every morning to come to work. I have always loved working here, your heart has got to be in it when you are a carer."
- People and their relatives gave positive feedback about staff. One person told us, "They [Staff] are very good with me. Even though I can shower myself they do offer to help if needed." One relative gave specific feedback about how caring the management team were. They told us, "They [Manager] have a good team. Nothing is too much trouble. They go the extra mile."

# 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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People mostly received personalised care and were involved in formulating their own care plans.
- Care plans detailed how each person would like to receive their care. For example, 1 person preferred to stay in their room and have breakfast in bed; another person preferred to have a snack at lunch and a hot meal later. However, we found one person's preferences for care were not being met. One person's care plan had specified their care to be given by female care staff only and records showed us they had received personal care from male staff. We fed this back to the registered manager who told us they would ensure this would be considered when staffing the home.

We recommend the provider ensures people receive gender appropriate care wherever possible and risk assessments to be in place where same sex support is unavailable.

- The home ran a 'resident of the day' scheme where a full review of call care needs and preferences was carried out to ensure care plans were up to date and reflective of current care needs.

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 registered manager told us they were aware of the need to provide information in an accessible way. They told us they assessed people's individual communication needs when they came to live at the home. They told us there was no one living at the home that needed information in a different format; however, they were able to access services that could provide information in a different format, such as another language.

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

- Staff supported people to follow their interests and take part in activities. The home had 2 activity coordinators in post, covering 7 days per week to provide a variety of stimulating activities for people.
- The registered manager showed us photographs of themed events, such as parties and trips out of the

home. We spoke with an activities co-ordinator who told us about the events going on and the weekly activities plan. They also told us they provide one to one sessions for people who stayed in their rooms. During the inspection, people were enjoying a live singer and a themed day.

- People were encouraged to maintain relationships and avoid social isolation. People's loved ones were welcomed into the home and relatives told us they were mostly kept up to date with how their relative was or if there were any concerns. One relative told us, "If you have a problem, they [management] will help. They are on the ball and very understanding "

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. Information on how to make an official complaint was displayed in the home's foyer and included in people's welcome pack given to them on arrival at the home.
- We reviewed the complaints information and found complaints had been responded to.
- People and their relatives told us they did not have any complaints about the care and support provided at Bruce Lodge. One person told us, "I've never complained and if I wanted to, I would just speak to the staff." One relative told us, "[Name] is well looked after; we have no complaints."

End of life care and support

- The home had an end of life policy, and where preferred, people had end of life care plans in place setting out people's individual wishes and choices.
- Staff had received training in end of life care and the registered manager told us they had plans to implement further, accredited training.
- There was no one at the home who was receiving end of life care at the time of our inspection. However, where people needed care at the end of their lives, this was provided in partnership with the local district nurse teams and GP, and when needed, they were able to ensure the required medication was in place to support the person.

# 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

- The home had a comprehensive management support structure in place as they were part of a chain of care homes. Policies and procedures were comprehensive and up to date. A suite of audits, checks and walkarounds were in place and regularly carried out; however, they had not always identified and remedied the issues found at the time of this inspection.
- The provider had not always ensured thickeners were secured, people did not always receive care from staff of a preferred gender; people did not always receive oral care or enjoy a good mealtime experience from attentive staff or always have access to a drink in their room.

We recommend the provider ensure oversight and quality and safety monitoring systems are robust enough to identify issues and ensure delivery of high-quality, person-centred care.

- The management team were aware of their regulatory requirements and notifications had been submitted as per registration requirements.

During the inspection we fed back any issues and the management team were helpful throughout the process and reacted quickly. After the inspection we received assurances and evidence of improvements made. We will review and evaluate the effectiveness of these improvements at the next inspection.

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

- The registered manager was aware of their responsibilities under the duty of candour, and their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Accidents, incidents and safeguarding concerns were reviewed, analysed and investigated where necessary. There was evidence of using information from incidents to ensure lessons were learned and action taken to mitigate future risks. However, there was still a large number of accidents and incidents at Bruce Lodge. The registered manager explained this was due to the high support needs of the people living there and gave assurances that all actions were being taken to mitigate these risks.

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

characteristics; Working in partnership with others

- Management and staff worked in partnership with people's loved ones and health and social care professionals to ensure people received the support they needed. These included social workers, GPs, district nurses, dietitians, physiotherapists and speech and language therapists.
- Staff meetings took place regularly and staff felt involved in the service. Staff told us the registered manager was approachable and supportive. One staff member told us, "They [Manager] are wonderful, if I needed something they would put it into place for me, they are very approachable."
- We received positive feedback from people and their visitors about the management team. Relatives were happy with how the home communicated with families; they told us they were contacted if their loved ones required a doctor or if any incidents occurred. We found that people and their relatives had previously been involved in gathering feedback on the service, but this had not been able to take place more recently. However, the registered manager told us they had started to reinstate these meetings and other engagement with people.

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

- The service had an open culture, where people, relatives and staff were encouraged to share their views. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care.
- The registered manager told us they were proud of the staff team and how they wanted to ensure Bruce Lodge was a homely, welcoming, and loving environment for people and their relatives. They told us, "I want Bruce Lodge to be a home from home, for people arriving to feel at home, to feel safe and receive the best care possible whilst with us."