

# A Better Carehome Ltd

# Breton Court

## Inspection report

Grange Road  
St Michaels  
Tenterden  
Kent  
TN30 6EE

Tel: 01580762797

Website: [www.bretoncourt.co.uk](http://www.bretoncourt.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Breton Court is a residential care home for older people. They provide the regulated activity of accommodation for people who require personal care to up to 28 people. The home provides support to older people in an adapted building. At the time of our inspection there were 26 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

**Right Support:** 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. A relative told us, "There are no problems turning up ad hoc. They (the staff) are always happy". We observed people had a choice about their living environment and were able to personalise their rooms. People told us, "I love it here. I have all my bits and pieces. I even love my curtains." Staff told us, "We have a family atmosphere."

**Right Care:** People received kind and compassionate care. We received positive feedback from people about the care they received. People told us they were looked after well, and the staff were kind. Staff were responsive to people's needs and there was evidence of partnership working with health care professionals. Staff understood people's individual communication needs.

**Right Culture:** Systems and processes designed to provide management oversight of risks were not consistently employed. However, the provider and registered manager were responsive to feedback and committed to making improvements. People's quality of life was enhanced by the service's culture of improvement and inclusiveness. Relatives told us, staff were warm, helpful and their kindness overwhelming. We observed staff speaking warmly and affectionately with people and they reciprocated. People received consistent care and support from staff who knew them well.

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 good (published 31 July 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Breton Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Breton Court

## 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 1 inspector.

#### Service and service type

Breton Court 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. Breton Court 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 on 5 January 2023. However, people at the service had COVID and consequently we were unable to complete the inspection. We returned to the service to complete the

inspection on 7 February 2023 once we were able to ensure the safety of people using the service. Therefore, our inspection activity started on 5 January 2023 and ended on 10 February 2023.

#### What we did before the inspection

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.

#### During the inspection

We spoke with 8 people and 2 relatives about their experiences of care and the management of the service. We reviewed the care and medicine records of 5 people. We viewed various documents relating to the management of the service. This included risk assessments, action plans and meeting minutes. We observed staff providing care and support.

We spoke with 7 staff including care staff, registered manager and 2 directors of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe. A relative told us their family members were, "Well cared for, always clean and well presented."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received training in safeguarding and whistle-blowing. Staff could contact the registered manager directly, raise concerns anonymously in a comment box and had access to details to make an external safeguarding referral.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. Staff told us information on how to make a referral was displayed in the staff office and showed us the documents.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff assessed risks to people and supported them to maintain their independence and lifestyle choices by supporting people to visit family and friends outside the home.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. People at risk of falling were consistently reviewed and people were supported to use mobility aides safely to promote and maintain their independence. People we observed and spoken to told us they felt confident and safe to move around the home with their walking aides.
- Environmental risks had been assessed and actions taken to resolve or mitigate them. For example, the registered manager had resolved risks identified in a recent fire risk assessment and had instructed an external contractor to survey and complete remedial works in the roof. Staff told us they were always alert to potential hazards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Best interest meetings had been held and decisions had been recorded where appropriate to safeguard people. People told us, "It is really lovely here, if I want my door open people talk to me, it is what I love."

#### Staffing and recruitment

- People were supported by staff who had been safely recruited. People's right to work in the UK and Disclosure and Barring Service (DBS) checks had been completed before new staff began working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff on each shift to ensure people's basic care needs were consistently met and people were supported in line with their care plans. The registered manager used a dependency tool to assist them with assessing individual staffing levels. People told us there were always staff available to assist them.
- Staff were trained to meet the needs of individuals. Staff had completed mandatory training prior to working independently and had support of colleagues and members of the management team.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had been trained to administer medicines safely. They had access to comprehensive information about the specific medicines people took, potential side effects and actions to take in response to changes in their presentation. We observed staff politely supporting people to take their medicines.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. We reviewed care plans and saw staff were actively monitoring the blood sugar levels of people who were insulin dependent and administered their medicine appropriately.

#### 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.

- People were encouraged and supported to have visitors at the home. Staff supported people to maintain contact with people in person and via telephone and facetime calls. Relatives told us, "There is no problem turning up (at the home) ad hoc, always happy for me to see mom." They told us how well the staff managed their visits to keep people safe. They said, "We have to sign in, they (the staff) take every precaution, we wear a mask and use sanitiser. We always do it and the staff manage the situation well."

#### Learning lessons when things go wrong

- When things went wrong, staff apologised and gave people honest information and suitable support. Staff told us how they had learnt from feedback they had received from people their families and professionals. For example, the provider told us how they had welcomed feedback from the Kent Fire and Rescue Service on how to improve the safety of their premises. They had progressed all actions required to mitigate risks to people and in the process increased their awareness of fire safety issues.

# 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 due to the provider not having appointed a registered manager and systems and processes used to assess and monitor the service needed to be strengthened. The provider has since appointed a registered manager, but their governance processes remain inconsistent. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records were not always accurate or contemporaneous. For example, governance processes had failed to identify a person falls risk assessment had not been updated to reflect changes in their mobility. Medicine audits had failed to identify recording discrepancies in two peoples medicine administration records (MAR)
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's individual needs. However, they were not supported by the providers systems that were inconsistently followed by some staff members. These should be strengthened to ensure records of care more accurately reflect the quality for care being provided to people. For example, staff regularly sat with people to ensure they were happy, and their needs were being met. They arranged daily papers to be delivered, people's rooms to be decorated as they wish and learnt songs with people who took great pleasure teaching them and others their favourite tunes. Such interactions were not always recorded within the daily entries of peoples care records.
- Staff knew and understood the provider's vision and values and how to apply them Staff told us they considered people to be members of their family and cared and spoke about them with warmth and affection. Relatives told us, "The staff are so kind and patience, nothing is too much trouble". Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- Management and staff put people's needs and wishes at the heart of everything they did. Relatives described their experience of the home as one or warmth, helpfulness and kindness. They told us, "The staff are kind, Mum does not want to go anywhere else, she like it there, she is happy with them and with the environment, she has made friends and she likes how staff affectionately speak to her." Other relatives told us of the attentiveness of staff and how, "They (the staff) always have a smile of their faces."
- Managers worked directly with people and led by example. Relatives told us how staff involved them in the planning and delivery of their relative's care. Working with them to organise hairdresser and chiropody appointments or support people with visits to their dentist and GP.
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff told us families were encouraged to visit including their dogs, who were always welcomed in the communal lounge and people loved seeing them. The provider also regularly arranged and invited people's friends and families to attend social activities and events at the home such as the summer BBQ with external entertainers. A

relative told us, "The families and people loved it, I can't fault the (the staff) they arrange special days." People told us they enjoyed these opportunities and looked forward to them.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager told us they listen to families to help them understand and work through issues together with the persons best interest at the for front. Relatives told us, all staff were accessible and attentive. They told us, "Staff are apologetic, if there are any issues, they invest time in resolving things, that's what I like, it is important."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.. Staff told us they sat with people individually and as a group to gather views and discuss issues. We found the provider had listened to people, answering their questions and implementing changes to make improvements to the quality of care provided to people. For example, staff encouraged people to use subtitles on their personal T.V if they were watching them late in the evening so not to disturb other people.
- The provider worked with staff to improve the quality of care provided to people. The staff told us they were proud to work at the home and they will always try to do their job to the best of their ability. They felt supported and valued by the registered manager and director and said their views and thoughts were listened to and appreciated.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their well-being. The registered manager arranged for the district nursing team to attend to people's dressings, there were monthly visits by the chiropodist and annual health checks were scheduled and attended by people with chronic disease. Relatives told us, "They (the staff) always come out into the hallway when we come into the home and let us know about anything (relating to their family member)."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager told us how they were working with people to reduce the effects of incontinence on their quality of life. They explained how they had considered a varied of strategies and were applying this learning across their service.