Care Quality Commission

# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Brunswick House Nursing Home

119 Reservoir Road, Gloucester, GL4 6SX

Tel: 01452523903

Date of Inspection: 20 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Buckland Care Limited |
| Registered Manager | Ms Susan Gough |
| Overview of the service | Brunswick House Nursing Home provides accommodation for 46 adults who require nursing or personal care some of whom have dementia. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

### What people told us and what we found

A single inspector conducted the inspection and helped to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, from speaking with people who use the service and a relative, from speaking with the staff supporting them and from looking at records. We spoke with seven people who lived in the home although they did not all comment on the service provided. One person told us "it is really nice here, I like it."

If you would like to see the evidence supporting our summary please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff. There were safeguarding procedures and staff received training so that they understood how to safeguard the people they supported. When there had been concerns these were reported appropriately to the local safeguarding team for investigation.

Each person had a series of risk assessments which included the action that was needed to reduce risk and keep people safe. There were also general risk assessments and risk management plans so that the people who lived in the home, staff and visitors were kept safe.

There were systems to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, and investigations. This reduced the risks to people and helped the service to improve continually.

The home had policies and procedures about the Mental Capacity Act and Deprivation of Liberty Safeguards and applications had been made when necessary. Relevant staff had been trained to understand when an application should be made, and about how to submit one. This meant that people would be safeguarded as required.

The home looked safe, clean and hygienic. We saw hand washing facilities and hand gel for staff and visitors. Staff wore plastic aprons and gloves when giving personal care and when serving food. These measures helped to control the spread of infection.

We saw that there were enough staff so that they were not rushed and could respond to people calmly. This helped to make sure that people's needs were always met. Before staff were employed they had thorough recruitment checks to make sure they were suitable to work with people. Staff received a range of training and most of them had relevant qualifications so that they had the right skills to support people and keep them safe.

A senior manager visited once a month to monitor the quality of service and make sure that practice was safe. There was an enclosed rear garden where people could walk about safely.

Is the service effective?

People's health and care needs were assessed with them and they had signed a record to show that they consented to them. Information about people's previous lives and their likes and dislikes were recorded in their plans. People told us that the service was flexible to meet the needs. For example, they could get up and go to bed when they wanted and stay in their rooms or go to the lounge. One person said that it was "free and easy here, there are no rules, you can do what you like." When we looked at the care plans we saw that they were regularly reviewed so that they reflected people's current needs.

There was a quiet lounge so that people could have visitors in private away from their bedrooms. We saw that visiting times were flexible and relatives were visiting at different times of the day.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. A relative told us that the care was very good. People told us that the staff always asked them what they would like before giving care or support. One person said. "They look after me really well." Another person said. "The staff are all very good."

People's relatives, staff and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in line with people's wishes.

Is the service responsive?

People completed a range of activities in and outside the service regularly. The home had an activity co-ordinator. Staff took care to find out what each person was interested in so

that they could provide activities that suited their needs.

People's relatives knew how to make a complaint if they were unhappy. There had been only one recent complaint. We looked at how this had been dealt with, and found that the response had been open, thorough, and timely. People could therefore be assured that complaints were investigated and action was taken as necessary.

There were surveys to obtain people's views and action was taken in response to comments.

Is the service well-led?

The service worked with other agencies such as the social care commissioners, district nurse and GP to make sure people received their care in a joined up way. The service has notified CQC of incidents as required.

The service had a quality assurance system. We saw records, which showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuingly improving.

Staff we spoke with were clear about their roles and responsibilities. The manager told us that the senior managers in the organisation provided good support and direction.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with three people who used the service who told us that staff asked them what help and support they needed and they always asked their permission before giving care or support. We spoke with three members of staff who said that they always asked people what support they needed before giving care or support. They said that they always obtained the person's consent before providing the care. We observed care in two of the lounges when people were having afternoon tea. We saw staff asking people whether they wanted a drink or some cake or if they wanted help with a drink. They waited for people to give consent before giving support.

We looked at four care files. We saw that each person had signed a form giving consent to care and treatment. This included consent to taking photographs, being weighed, sharing information with health professionals, personal care, care planning, medication, social care including activities, finances and use of specialised equipment. One person's relative had also signed their form. Three of the people had also signed an advanced care plan which included their wishes about resuscitation. Two people had forms giving consent to bed rails. There was a record on one person's form to say that they had asked for the bed rails and they had signed to show their agreement. The other person's form had been signed by a relative and there was a note to say that they had power of attorney.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. When we looked at the care files we saw that they contained information about the decisions people were able to make. These included what to wear and whether to go to the hairdresser and chiropodist. There were arrangements if a person lacked capacity to make a decision. The bed rail risk assessments and consent forms contained a section to show that the person consented. There was another section for a relative with lasting power of attorney to sign on their behalf. There was a third

section, which stated the person lacked capacity and no one had authority to sign on their behalf. In this situation a decision was to be made in the person's best interests by the multidisciplinary team. However, the consent to bedrails and other consent forms for one person had been signed by a relative with a note to say that they had power of attorney. The provider may wish to note that there was no record to confirm that this person had lasting power of attorney for welfare. This meant that there was no confirmation that they had the authority to sign on the person's behalf.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager and a member of staff told us that the manager completed all the assessments. During our visit the manager went to visit a person, who was interested in moving into the home, to assess their needs. We looked at four care files. We saw that each person had an assessment of their needs. They also had a series of detailed care plans to meet their assessed needs, for example, in relation to personal care, mobility and continence. One of the staff told us that the nurses reviewed the care plans once a month. We saw records to show that they were reviewed monthly.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each care plan also had a risk assessment including any risks identified and the control measures to reduce risk. When a high level of risk was identified, for example for nutrition, pressure areas, smoking, manual handling and using a hoist a more detailed risk assessment was completed. We saw that two people had risk assessments for the use of bed rails. These included all the measures needed to keep people safe.

People's care and treatment reflected relevant research and guidance. We saw that the assessment and care plans were person centred in line with best practice guidance. They were written from the person's point of view. They included information about what the person likes to be called, their life history, activities that they enjoyed, their social interaction and spiritual needs. There was also information about their physical, nursing and care needs. This made sure the plans contained information that was important to people.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that there was information in the care plans about people's age, gender, disability, ethnicity and religion. There was also information about how these needs would be met. For example, people had specilaist equipment to support their disability needs, activities were planned that were relevant to their age and people were supported to practice their chosen religion.

There were arrangements to deal with foreseeable emergencies. The manager told us that they had a business continuity plan to cope with emergencies. We saw a copy of the business continuity plan, which was comprehensive to deal with a range of crises such as a lift failure, electrical/heating failure and severe weather conditions. Each person had a personal evacuation plan. The manager said that they had an arrangement to evacuate to another nursing home nearby. There was an emergency evacuation pack in the office containing essential information for use in an emergency. On the day of our visit the lift had broken down and staff were following the plan to keep the people safe.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. The manager told us that there had been several instances when they considered they may be depriving somebody of their liberty in order to keep them safe. In these circumstances they had made applications to the Deprivation of Liberty Safeguards team at the local authority and had had some approved. The manager was aware of the recent legal judgement and she said that she was reviewing everybody's needs and liaising closely with the Deprivation of Liberty Safeguards team. When we looked at the training records we saw that staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards. We spoke with four members of staff who confirmed that they had had this training.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding policy and whistleblowing policy. Three members of staff told us that they had had training about safeguarding and this was refreshed. We saw a training matrix which confirmed that all staff had training about safeguarding. The staff said that they knew to report any concerns to the nurse in charge. The manager told us that either she or the nurse in charge would make a referral to the local safeguarding team if there was a concern.

The provider responded appropriately to any allegation of abuse. CQC was recently notified about a safeguarding concern. The manager had referred this to the local safeguarding team. During our visit she told us that she was waiting to hear the outcome.

We spoke with four people who said that they felt safe in the home and with the staff. One person said that they had not felt uncomfortable with any of the staff. They said "nothing like that." We spoke with a relative who told us that they felt that their mother was safe in the home and that it was good to know that she was safe when they were not there.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We saw that one person had an open stair gate across their bedroom door. When we asked why it was there, the person told us that they used to have a dog and it had been put up to keep the dog from straying. They said they had forgotten it was there and it was not preventing them from going in or out. We saw several people who had bedrails on their beds to prevent them from falling. When we looked at the care files we saw that people or their representative had consented to having bedrails.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

People were cared for by suitably qualified, skilled and experienced staff.

## Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at four staff files. We saw that each member of staff had had a Disclosure and Barring Service (DBS) check including a check of the barring list. They had also had two written references and medical questionnaire. A copy of their passport or driving licence was kept as proof of their identity. We noted that the checks showed that one person had had some offences in the past. The manager told us that she had discussed these with the person who had declared the offences. The manager decided that this person posed no risk to the people who were supported. The provider may wish to note there was no written record of this discussion and no risk assessment.

There were effective recruitment and selection processes in place. Each member of staff had completed an application form. They had had an interview and we saw notes from their interviews.

Staff had the right qualifications, skills and experience to meet people's needs. New staff had provided information about their relevant qualifications and experience in their applications. Following appointment new staff had an in-house induction. This included the general principles of health and safety, fire safety and manual handling. We saw a training matrix which showed that all staff had an induction and training about health and safety, manual handling, fire safety, safeguarding, dementia, first aid, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards, death and dying and equality and diversity. There were 12 qualified nurses and the care staff also had qualifications. The manager told us that most of the care staff had a National Vocational Qualifiation (NVQ) level 2 in care and some had NVQ level 3. She said that other staff were working towards NVQ level 2.

Three staff told us that there was a lot of training and they had some training every month. They also said that most of the staff had NVQ level 2 and some were working towards NVQ level 3. Three people told us that staff were all very good and they always came quickly when they pressed the call bell. One said "they look after me really well." A relative also told us that the staff were very good. They said "they take really good care of her."

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system regularly to assess and monitor the quality of service that people receive. The provider had an effective system to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. When we spoke with people they could not recall being asked for their views about the service. However, the manager told us that the activities coordinator met with each person and asked them questions about the service. The manager said that they have made changes in response to comments. For example, people said that the meat was not very good, so they had changed their butcher. We saw the forms from the last survey in 2013 and a record of an analysis of their comments. The provider may wish to note this did not include the improvements that had been made in response to the comments.

The manager told us that they gave surveys to all the families but they did not get many back. A relative told us that they had filled in the survey form and the service had responded to comments by changing some of the fixtures and fittings in the home. We looked at an analysis of the relatives' surveys from 2013. This included a section named "what we could do better" with the action that they had taken to make improvements in response to the comments.

There were systems to monitor people's health, safety and welfare. Staff had received training about health and safety and manual handling. Each person had individual risk assessments relating to their needs and risk assessments for their bedrooms. These included any action needed to manage risks and keep people safe. There was a fire risk assessment and each person also had a personal evacuation plan in the event of an emergency. There were hazard risk assessments for example for slips, trips and falls, radiators, hot water, the boiler, clinical waste, cleaning materials and work experience students to keep the people and staff safe. The maintenance man conducted health and safety checks. Staff had personal protective clothing and antibacterial hand gel to prevent the spread of infection.

There were also systems to monitor the quality of the service delivered. We saw records of

the monthly audits of housekeeping and care plans. There were three monthly audits of food safety, medication, infection control and activities. The pharmacist also conducted a medication audit. We saw records to show that the service also did monthly health and safety audits to monitor the health and safety measures. A senior manager conducted a general audit once a month.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw records of accident reports. These were audited monthly by the manager to look for patterns. We saw records of these audits. The manager told us that generally the accidents were falls as a result of people being independent and there was no general pattern. However, if there was anything out of the ordinary, or there were repeat incidents she said that she would take action, for example by referring the person for tests.

The provider took account of complaints and comments to improve the service. We saw that there was a complaints procedure. Three people we spoke with told us that if they had a complaint they would complain to the manager. We looked at the complaints log. There had been one recent complaint. We saw that this had been fully investigated and action had been taken to improve the service. There was also a compliments log and relatives had sent thank you cards for a good service provided. The analysis of relatives' surveys showed that they took account of comments to improve the service. The manager said that they responded promptly to people's comments on a daily basis. They gave an example of an occasion when a person asked for chips with a meal. These had not been on the menu so staff went out to the chip shop to buy some chips.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
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