

Key inspection report

Care homes for older people

Name:	Brendoncare Knightwood
Address:	Shannon Way Valley Park Southampton Hampshire SO53 4TL

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Beverley Rand	0 5 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Brendoncare Knightwood
Address:	Shannon Way Valley Park Southampton Hampshire SO53 4TL
Telephone number:	02380247000
Fax number:	
Email address:	dmurray@brendoncare.org.uk
Provider web address:	www.brendoncare.org.uk

Name of registered provider(s):	The Brendoncare Foundation
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	20

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	20
physical disability	20	0
Additional conditions:		
The maximum number of service users to be accommodated is 20.		
The registered person may provide the following category/ies of service only: Care home with nursing - (N) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) Physical disability (PD).		
Date of last inspection		
Brief description of the care home		
Brendoncare Knightwood Care Home is a purpose built twenty-bedded rehabilitation unit located in a larger complex that contains private sheltered housing and a domiciliary care agency run by The Brendoncare Foundation.		

Brief description of the care home

Referrals are made from local hospital health trust and from the local multi disciplinary rehabilitation team. The placements are funded by the Primary Care Trust, but there are 3 beds that are purely for private referrals. Placements at the home are limited to the period of rehabilitation, which is usually 6 weeks.

A centre manager manages the complex, with the Rehabilitation unit being managed by a separate manager.

Medical input is provided to the unit under the supervision and responsibility of a hospital consultant in gerontology. A doctor is on duty in the home each day Mondays to Fridays.

The complex is located in a residential area of Chandlers Ford within in easy access to local facilities.

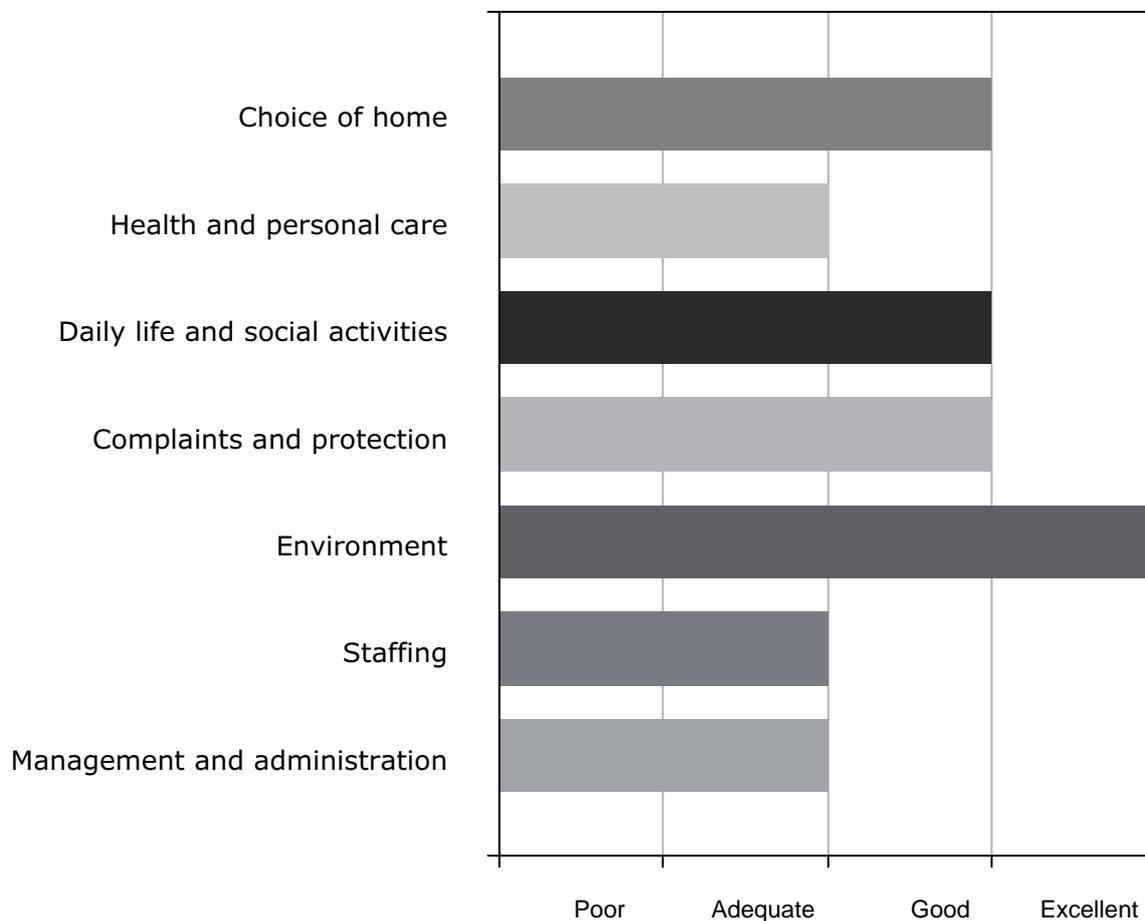
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced key inspection. Before we visited the unit we looked at the last inspection report and other information we had received about the service. The manager completed the Annual Quality Assurance Assessment form on time which gave us the information we asked for and was detailed. During the inspection we spoke with a service user, care staff and nursing staff and the Responsible Individual. The registered manager was not available on the day. We looked at records such as care plans and staff recruitment files.

What the care home does well:

The unit ensures all potential new service users have their needs assessed and a detailed care plan is drawn up, with involvement from the service user. The aim is for rehabilitation so that the person can go home. Care plans showed a good level of health and social care support and service users benefit by being empowered to undertake tasks themselves, where possible, such as looking after their own medication. We saw staff respecting service users' privacy and dignity. Service users enjoy the food and there is always choice, with staff ensuring they receive their meals in the way that suits them best, for example, pureed. Visitors are welcome to the unit. A copy of the complaints procedure is kept in the bedrooms and there are procedures in place regarding safeguarding adults. The environment has been designed especially for the purpose of the unit and has all the necessary equipment in place. The staff rota shows enough staff to meet needs and service users have given positive feedback about the staff. There is a high level of staff achieving qualifications in care. The manager is registered and is qualified to run the unit. There is a quality assurance system in place which seeks the views of every service user.

What has improved since the last inspection?

Service users' records are kept securely when not in use, following a concern being noted at the last inspection.

What they could do better:

Medication records and systems need to be improved so that service users receive their medication as prescribed. All staff must receive regular supervision and training records need to be better so the unit can evidence that staff have appropriate and up to date training. Monthly visits must be undertaken and recorded by the Responsible Individual and a copy must be kept in the unit.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home ensures that potential service users have their needs assessed before they move into the home.

Evidence:

The Annual Quality Assurance Assessment, (AQAA) stated that, 'we have a fully comprehensive welcome pack for new residents outlining the services offered and including our statement of purpose and service user guide'. Copies of these are on display in the bedrooms. These documents give details about the service provided by the home, including the organisation's complaints procedure. We were told that the home uses a, 'Transfer of Care Assessment' form, which is initially completed by hospital staff, if the potential service user is in hospital. The completed form is looked at by the manager or a registered nurse to decide if the home can meet their needs. We saw that these forms included all the necessary information.

The unit is designed for rehabilitation only and has the necessary care and

Evidence:

accommodation in place for this.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users benefit from detailed care plans being in place and from intensive input from healthcare professionals and their privacy and dignity are promoted. Medication systems do not protect service users.

Evidence:

We looked at care plans for two service users, which included various charts which were used to monitor aspects of health such as food intake. The care plan for one person showed that they needed to be checked every 15-20 minutes and the records showed that this happened. Weight was monitored on a weekly basis and the records were up to date. Care plans gave good details about the care or support needed, for example, food needing to be pureed or cut up and how personal care was to be provided. There was a strong emphasis on the improvement of service users' health and this was evidenced by the care plans. They were reviewed on a weekly basis and all the involved staff contributed to the review process. We spoke with a service user who confirmed that staff supported their personal care needs in the way they preferred.

Evidence:

The AQAA stated that all of the beds have profiling pressure relieving mattresses which service users can adjust themselves or with support. There are link nurses for tissue viability, continence and medicines management who ensure that suitable equipment is provided for the service user. There are two social workers who work in the team. The service users can access the gym and are supervised by the physiotherapist.

We were told that the physiotherapist and the occupational therapist work regular hours in the unit and we saw an occupational therapist and a doctor whilst we were there. Records showed that all staff recorded the progress made during the time they worked with the service user during that shift.

The unit has written medication procedures and all service users are encouraged to self medicate where possible and there is a self medication policy in place. A locked drawer is provided in each service user's room for safe storage of medications. All registered nurses are trained in the policies and procedures for the safe storage and administration of medicines. A pharmacist visits the unit on a weekly basis.

However, we found issues of concern regarding the medication systems. The unit keeps a Medication Administration Record for each service user and staff sign to show they have given medication to the service user or to show a reason if the service user has not received medication. The format of the record used by the unit did not contain a legend, which means it is possible that staff could have a different understanding of a letter code used by their colleagues. The Responsible Individual told us that this issue had already been identified and they were looking to address it.

We found there were many gaps on the MAR and sometimes there was only a tick instead of a signature. We saw that for one person who had been prescribed ten antibiotic tablets, only eight had been signed for, one had been ticked for and one was not accounted for. This means that it is unclear whether the service user received their medication as prescribed or not. Some entries for two service users were written as, 'O/S' which we were told meant, 'out of stock'. For some of these dates, there was a corresponding order written in the order book, for some there were not. The reason as to why the unit would be out of stock with no order being placed could not be explained satisfactorily.

The unit has previously advised us of a medication incident whereby they ran out of a painkiller prescribed for a service user for serious pain. The action that was decided upon to rectify the immediate situation was inappropriate. We spoke with the Responsible Individual about this and she told us what action had been taken since,

Evidence:

which we are satisfied with. However, the issue of the unit being, 'out of stock' remains a current issue and the unit must take action to ensure service users received their medication as prescribed.

Nurses generally administer the medication, (unless service users administer their own) but care workers told us they sometimes wait to ensure service users swallow their medication or sometimes get involved with breaking certain tablets in half. We spoke with the Responsible Individual about the role of care workers with medication and she was clear that care staff must not be involved with medication. We were told that care staff did not have any medication training.

We saw evidence throughout the inspection that service users' privacy and dignity was promoted.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users enjoy the food and activities are relevant to their rehabilitation. Visitors are welcome at the unit.

Evidence:

The majority of service users only stay at the unit for a few weeks. Staff told us that service users have intensive physiotherapy and occupational therapy sessions which takes up a lot of the day. Exercise sessions take place on a Tuesday afternoons. There is a lounge where people can socialise and play games, and they can join in activities taking place elsewhere in the building. Staff also told us that a lot of service users like to stay in their bedrooms and staff will go to chat with them. All the bedrooms have a television.

Visitors are welcome at the home and a service user told us that visitors are offered biscuits and a drink.

The home employs a chef who discusses meal choices with the service users and we saw written evidence of this. We heard staff asking a service user how they would like their drink and ensuring they could reach it. Staff were aware of individual needs, such as pureed food, and we heard staff checking how a meal needed to be served. A

Evidence:

service user told us the food was, 'very good, they always offer an alternative and there is always cheese and biscuits'. Food intake is monitored to ensure service users' health improved.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users feel able to complain and procedures are in place to protect service users.

Evidence:

Service users have access to the written complaints procedure and we spoke to a service user who said they would feel able to complain if they needed to. The unit received two complaints last year and records showed that they were investigated and responded to, (where there was a named complainant) within the timescales detailed in the procedure.

The unit has policies and procedures for dealing with any suspected abuse of the residents and staff have attended training. A referral was made recently to Hampshire County Council adult services under safeguarding procedures about the care of one service user and their investigation was ongoing at the time of the inspection.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service users stay in a clean and homely environment which meets their needs.

Evidence:

The unit has been purpose built to meet the rehabilitation needs of the service users. All personal accommodation is in single rooms with an en suite bathroom consisting of hand basin, toilet and walk-in shower. Lockable storage space is provided in each room. Bedrooms are decorated and furnished in a homely fashion with detail being paid to the needs of those that might not be very mobile, such as electrical sockets being hip height to avoid the risks of falling when bending down to a low level socket and large easy to use light switches. Service users are provided with a wristband which can be used to call staff for assistance. Each bedroom has a patio door which opens onto a paved area. We were told that since the last inspection some carpets have been replaced and the patio area has been increased.

The home has well maintained landscaped gardens with lawns, shrubs and trees. Communal facilities include a large lounge and smaller quiet lounge, and dining room. Two assisted baths and two large toilet rooms compliment the en suite bathroom facilities. Bedrooms, bathrooms and communal rooms are on the ground floor to make it easier for those with mobility needs. Residents can also use the facilities, which are provided for the whole centre and include a shop, a hairdressing salon and sitting areas. There is a library and a computer on the first floor, which residents can access

Evidence:

via a lift. There are a number of rooms, which staff and visitors can use for meetings and to complete any administrative tasks. There is a maintenance staff member who deals with any repairs and decorative defects.

The AQAA told us that the home is kept clean to a high standard, which is supported by a hotel services team. All the bedrooms are steam cleaned before the next service user moves in. We saw that the home was clean and a service user told us they were, 'happy' with their room and that it was, 'like a hotel'.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are supported by a varied and professional staff team. Recruitment procedures need to be more robust to protect service users. Staff have qualifications in care but better records are needed to ensure staff have appropriate training.

Evidence:

The AQAA stated that staffing levels were maintained to meet the assessed needs of the service users and are reviewed monthly to ensure that there are enough staff on duty to deliver the required care. The unit is staffed with two qualified staff on each day shift and one at night as well as care assistants or rehabilitation assistants which total five staff in the morning and four staff in the evening with two carers at night for twenty residents. We spoke with a service user about the staff and were told the staff were, 'very kind'. Staff told us that they felt they had time to chat with service users. Nursing and care staff are supported by a chef, housekeeping and laundry staff as well as a person who undertakes maintenance.

We looked at the recruitment files for two new staff. We found that they both had references and Criminal Records Bureau checks in place before the people started work. However, one of the references was given to the manager by the staff member and there was no evidence that the validity of the reference had been checked. The references for the second person were not dated when received, (one was not dated at all), although a checklist had been ticked to say they had been received. The unit

Evidence:

has recruitment procedures in place to ensure staff do not start work until the checks are completed but better record keeping is required to ensure this can be evidenced fully.

The AQAA stated, 'a detailed annual Training Programme is in place, which was devised by the Education and Training Manager in conjunction with the Centre Manager and the Rehabilitation Unit Manager to ensure co-ordinated and pertinent training is received.' We were told that new staff undergo an induction process, but there were not any records to evidence this. We were told that staff keep their own portfolio and that there were not any records to show who had completed their induction or what their induction had covered.

Training records were available on the computer but there were gaps in key areas and we were told that the spreadsheet was not up to date, as training had occurred. We saw certificates on individual staff files but this system does not allow us to be assured that all staff have received mandatory training, such as moving and handling. We were later provided with a spreadsheet which detailed the moving and handling training which showed that five staff have not attended the course. The record also shows that thirteen staff have not received training since May 2008. We have not been provided with any information as to why this many staff appear to have either not received training or not had an annual update. Staff told us they had undertaken training including infection control, first aid, food safety and abuse awareness. We were told that training regarding pain management had recently been provided.

Ten of the thirteen care staff have achieved a National Vocational Qualification in care, level 2 or above.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The unit is managed by a person qualified to do so and is run with regard to health and safety. There is a quality assurance system in place which involves the service users. Service users would benefit by all staff having regular supervision.

Evidence:

The manager was not available on the day of the inspection. The last inspection report noted that the manager was qualified, having achieved the Registered Manager's Award.

The unit has a quality assurance system in place, which includes visits by the Responsible Individual. These visits should be monthly, and although the Responsible Individual told us she was regularly in the home, there was not a written record of her visits under Regulation 26 for the months of January, April, June and November 2009. She told us she would look for copies. We have not been provided with any further information since the inspection in this regard. When service users leave, they are given a survey to complete about their stay. We looked at a large number of

Evidence:

completed surveys and they were all very positive.

We were told that the unit does not look after any money on behalf of service users.

A requirement was made at the last inspection with regard to staff supervision. We were told that clinical supervision for the nurses has been introduced. We saw paperwork that showed the nursing staff had been divided into two groups and appeared to show one group had held four meetings in 2009. The sessions had taken place in a local public place and we asked about confidentiality issues. We were told that the meetings were about general professional issues and that individual service users were not discussed. Records showed the issues which were on the agenda for discussion. We were told that care workers only had supervision once or twice a year. We asked if there was any written evidence to show otherwise, but there was not.

The manager wrote in the AQAA that monthly team meetings are held where staff have the opportunity to raise any issues they wish to discuss with the team and staff can be updated about issues on the unit.

The fire logbook shows that the fire safety equipment and appliances are tested in accordance with fire safety standards. Records show that staff receive regular training in fire instruction. The home is managed with due regard to health and safety.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	36	18(2)	The registered person must ensure that all staff receive formal supervision six times a year.	20/04/2008

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>Medication records must be completed. Service users must receive their medication as prescribed.</p> <p>To ensure service users are not at risk due to not receiving their medication as prescribed.</p>	22/02/2010
2	29	19	<p>Robust recruitment procedures must be in place which ensure the validity of references and evidence when they were received by the employer.</p> <p>To ensure service users are protected.</p>	22/02/2010
3	30	18	<p>The manager must be able to evidence which staff have received induction and training. All staff must have appropriate training for the work they perform</p> <p>Service users will benefit from fully trained staff.</p>	22/02/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	33	26	<p>The responsible individual must ensure that monthly visits are undertaken and a written report is kept in the unit.</p> <p>This is an important part of quality assurance processes.</p>	22/02/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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