Brendoncare Foundation(The)

Brendoncare Knightwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Brendoncare Knightwood is registered to provide accommodation and support for up to 20 people. It is a self contained unit within a larger close care centre with 30 two bedroom apartments and seven bungalows. Until December 2015 Brendoncare Knightwood provided intermediate care for people discharged from hospital to enable them to have a short term rehabilitation service before they returned to their own homes. The service was registered to provide nursing care .
During December 2015 the service changed its purpose and name and became a care home without nursing. It is now called Dame Sheila Court. As the registered name of the location remains Brendoncare Knightwood this is what the service will be called throughout this report. The registered provider is applying to alter the regulated activities Brendoncare Knightwood provides to reflect the change of use.

Although staff have training in caring for people living with dementia Brendoncare Knightwood does not provide secure accommodation within the unit , so may not be appropriate for people with a cognitive impairment who feel compelled to walk about. Everyone living or staying at Brendoncare Knightwood had capacity to consent to their care and support and staff ensured they consulted them during the planning of their care.

At the time of our visit seven people were living at Brendoncare Knightwood, some of whom were receiving respite care.

The inspection took place on 10 February 2016. It was unannounced and carried out by one inspector. A further visit by one inspector was carried out on 16 February 2016 to complete the inspection.
At our last inspection in September 2014 we found the service had met all standards of care and quality we assessed, although the service was being used for a different purpose at this time.

There had been no registered manager in post since April 2015, although the service had been continuously managed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not always sufficient staff on duty at the weekends or during the night to meet people's needs in a timely way. Staff were unable to demonstrate they were applying prescribed topical creams as directed which put people at a risk of being uncomfortable or of their health deteriorating and people were not provided with activities which reflected their personal preferences and interests. You can see what action we told the provider to take at the back of the full version of this report.

People were broadly satisfied with the care and support provided, describing the service as comfortable and saying the staff were mostly good. People also told us however at times they could be better informed

about aspects of the service.

There were a number of other improvements needed before the service could consistently meet its stated aims and objectives of providing care and support where people were put "at the heart of everything we do" This included ensuring safeguarding processes were always followed in a timely way by reporting any allegations to Hampshire County Council and CQC.

Staff had access to a wide range of training to help them to work effectively and staff recruitment processes were thorough which helped to ensure only suitable staff were employed. There were clear policies and procedures in place which staff followed to help to ensure medicines were managed safely. People's nutritional needs were known and respected and people told us the choice and the quality of the food was very good.

The service worked well and cooperated with health care professionals to ensure any health needs were addressed promptly.

The environment was clean and well maintained and there were good quality monitoring systems in place, although some shortfalls which had been identified through these quality monitoring processes had yet to be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff deployed at weekends and during the night to meet people's needs in a timely way.

There were systems in place to manage medicines and to assess and reduce risk to people's health and wellbeing although greater consistency was needed to ensure people received topical medication as prescribed

Processes to safeguard people who lived at the service needed to be followed consistently to ensure they were being appropriately protected.

Is the service effective?

Good

The service was effective.

Staff had effective support and training to help them to meet people's needs.

Some people managed their own healthcare but the service liaised effectively with health care professionals when this was necessary. People were provided with sufficient to eat and drink to maintain a balanced diet which was appropriate for their nutritional needs.

Consent to care was always sought in line with legislation and guidance.

Is the service caring?

Requires Improvement

The service was not always caring.

Although people said staff were kind and caring some improvements were needed to ensure they consistently responded to people's needs and wishes.

People's privacy was mainly respected but the service needed to ensure confidentiality was maintained when people who did not have their own telephone received calls.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Much of the care provided was responsive to people's individual needs and wishes. People at times needed better information about what was available to help them to make informed choices about their care and to be supported to take part in social activities.

People understood how to make a complaint the complaints procedure was followed.

Is the service well-led?

Requires Improvement

The service was not always well led

There had been a lot of changes to the management of the home which had an effect upon the continuity of care provided.

The service had clear vision and values which were still being embedded into daily practice.

There was a robust system of quality assurance although identified shortfalls had not always been acted upon by the time of our visits.

Brendoncare Knightwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 February 2016 and was unannounced. The visit was carried out by one inspector. A further visit by one inspector took place on 16 February 2016 to complete the inspection.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. The provider was asked to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help to inform the inspection.

We spoke with seven people who used the service and one relative. We also spoke with the manager, a senior manager , six staff and two visiting healthcare professionals. We reviewed the care records of four people and the records of two staff. Other records relating the management of the service such as training records, audits and policies and procedures were also viewed.

At our previous comprehensive inspection in November 2013 we found there were not always sufficient staff with the appropriate mix of skills and experience available to meet people's needs. We found improvements had been made when we followed this up during an inspection in September 2014.

Requires Improvement

Is the service safe?

Our findings

Most people said they felt safe at Brendoncare Knightwood . Although people liked the staff team they said at times staff had too much to do to meet their needs promptly. One person said for example "Staff are very good but they do run around a lot" Another person said "they are all really busy" and said "They say I'll come back again and they don't always come"

People had access to call bells in their bedrooms and in communal areas such as the lounge. We tested a call bell in one person's bedroom and staff responded quickly. People said the staff response time when they pressed their bell was variable. Sometimes they had to wait when they needed assistance to go to the toilet and they said this could be a problem. One person said at times they did not press their call bell because they knew staff were busy so they tried to help themselves instead. This put them at increased risk because they could be unsteady on their feet. One person who needed help from two staff to turn in bed every two hours during the night did not always receive this support as there were not always two staff available to support them. This put them at greater risk of developing sore areas on their skin.

Staff said when there were three staff on duty in the mornings they had enough time to do their jobs. The staff rota showed there were generally three care staff on duty in the mornings Monday to Friday but this reduced to two care staff in the mornings at the weekends. There were two care staff on duty in the afternoons and two care staff on duty at night, although one of these staff also had responsibilities to attend to people in the attached Brendoncare Knightwood Mews if people living there needed support during the night. Records showed night staff were regularly called to attend to people living at Brendoncare Knightwood Mews during some part of their duties.

There were not always sufficient numbers of care staff deployed to attend to people who lived at Brendoncare Knightwood. At times this had an impact upon people's comfort and care. This was particularly the case at night where there were not always two staff on duty dedicated to meet the needs of people at Brendoncare Knightwood and during the weekends where staffing numbers in the morning were reduced to two instead of three. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment procedures were thorough. Staff employed had the appropriate checks such as evidence of Disclosure and Barring Service(DBS) checks, references from previous employers and they had provided full employment histories. These measures helped to ensure that only suitable staff were employed to support people
who used the service. All staff were issued with a statement of terms and conditions which made clear their role and responsibilities.

There were robust systems in place for ordering prescribed medicines and medicines delivered were checked against a copy of the person's prescription by two staff. Any allergies people had were clearly marked in their records. Medicines were stored securely in people's bedrooms. People could manage their

own medication subject to risk assessment to ensure they could manage this safely. There was secure storage for any medicines which needed to be kept in a fridge. This was not being used at the time of our visits but we discussed with staff that the medicines fridge temperatures needed to be monitored regularly to ensure temperatures remained within appropriate limits .

Staff said they were adjusting to administering medicines to people as this had been previously done by nurses when the service was a rehabilitation unit. Staff had received training in electronic recording of medicines (E mar) Staff new to administering medicines worked alongside more experienced members of staff until they had been deemed competent to administer medicines on their own. Records checked showed people were receiving their oral medications at the time they needed to receive them.
Records were kept of medicines returned to the pharmacy and medicines were regularly disposed of when no longer needed.

Risk to people's health or wellbeing had been assessed, for example, if they were at risk from poor nutrition or of their skin becoming sore and breaking down. Some action had been taken to keep people as healthy as possible for example people had been provided with pressure relieving equipment such as cushions and mattresses to help to maintain their skin integrity. Pressure relieving equipment was monitored to ensure it remained in good working order. Some people had been prescribed topical prescribed creams to keep their skin healthy which staff administered. We saw however these creams were not always applied as directed. For example one person should have had cream applied twice a day, this had regularly only been applied once a day and another person who should have had cream applied four times a day, had regularly only had it applied once a day. This put people at risk of their skin condition deteriorating as records showed they were not having topical prescribed medicines applied as prescribed. Daily records referred at times to people's skin becoming red and being very dry.This was a breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not done all that was reasonably practical to mitigate risks

Risks to the environment had been assessed and were being monitored for example taps in the bathrooms of unoccupied rooms were regularly flushed through to prevent the possibility of growth by Legionella.There were arrangements in place for foreseeable emergencies. Everyone had a Personal Emergency Evacuation plan (PEEP) which provided guidance for staff about how to evacuate people safely in the event of an emergency. There was also a business continuity and major incident plan in place which provided guidance for example about what action needed to be taken in the event of a power failure.

Staff had been trained in safeguarding adults and whistleblowing. Staff said they would be confident to report any wrongdoing and understood their responsibilities under whistleblowing arrangements. One person living at Brendoncare Knightwood had made had made an allegation about poor treatment which had been investigated by senior staff but had not been reported to Hampshire County Council under safeguarding arrangements in a timely way. Staff were therefore not following agreed safeguarding protocols. This is important as this acts as an additional check that all possible action has been taken to reduce any harm or perceived harm to vulnerable people. Staff had also not reported the allegations to CQC which is a requirement under law. We discussed this with senior staff at the time of our inspection and they contacted Hampshire County Council and said any future referrals of this nature would be made in future without delay to Hampshire County Council and to CQC.

Good

Is the service effective?

Our findings

People mainly spoke positively about the staff. One said for example "I can't fault any of them." People said the food was very good and that they had a good choice of menu. They said "they (staff) come round the day before to ask you what you want" People said they had plenty of hot and cold drinks and we observed people's water jugs in their bedrooms were refreshed regularly. One person said they found the mealtimes of 12 midday and 5pm a bit early for them but did not feel this could be changed.

Staff had the knowledge and skills they needed to carry out their role and responsibilities. New staff completed a detailed induction programme and shadowed experienced staff until they were confident to work independently. The service had previously been a nursing home and shifts had been led by qualified nurses. Established staff were getting used to a change in their role and responsibilities for example some were leading shifts and some were undertaking new tasks such as administering medication. Managers said most shifts were led by seniors and they were recruiting a deputy manager who would enable this to happen more consistently. There was always a senior member of staff on call and we saw staff had contacted them where necessary for advice and support.

Fourteen care staff had achieved a National Vocational Qualification or a Diploma in Health and Social care level 2 or above. Staff said the quality of training provided by Brendoncare was good and helped them to support people effectively. Training records showed staff received training in a range of health and safety subjects as well as training in subjects specific to people's needs. Training was on-going. For example, the training programme for March 2016 included training in fire safety; tissue viability; infection control; dementia; responding to behaviours; mental capacity and first aid.
Staff received regular supervision and all had an annual appraisal. This provided an opportunity for them to review their performance and to discuss any developmental needs.

People's nutritional and hydration needs were assessed and anyone identified being at nutritional risk or at risk of dehydration was monitored closely to ensure they were receiving sufficient amounts to eat and drink. People's weight was also regularly monitored. People had a nutritional support plan which considered any allergies a person had, any specific diet needed and where people liked to have their meals . Catering staff provided menus to meet people's needs and preferences, such as if people needed a soft diet.

People had good access to healthcare services and received on-going healthcare support. People said they could arrange their own health care appointments and we saw staff also organised health care professionals to visit when this was necessary. One person told us how staff had arranged for a GP to visit once they had mentioned they had a painful ankle. Staff were supporting another person to visit a dentist and had liaised with the mental health team for additional advice to help them to continue to care for one person effectively. Health care professionals said staff had a good knowledge of people's health care needs and were able to describe these to them clearly. Staff described good cooperative relationships with healthcare professionals which helped to ensure any concerns raised about people's health was addressed in a timely way.

Staff had received training in the Mental Capacity Act 2005. Everyone living at Brendoncare had capacity to consent to their care. We saw staff consulting with people about whether or not they needed pain relief and where they wished to spend their time. People confirmed staff offered them choices in their day to day routines, such as what drinks they wanted, People had signed to give consent for staff to support them with their identified needs. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom or choices, these have been agreed by the relevant bodies as being required to protect the person from harm. The registered manager demonstrated an understanding of the safeguards but as all people had capacity to consent to their care and support, no DoLS applications had been needed.

Requires Improvement

Is the service caring?

Our findings

People spoke well of the staff team, a representative comment was that staff were "a friendly lot". . One person commented how comfortable they were at Brendoncare Knightwood. Although staff wore badges with their names on people did not always know them by name. People also did not know who the manager was.

The extent to which staff listened and took action when people expressed their views was variable. For example, one person said they were too hot at night had a discussion with staff about what could be done about this. Staff spent some time with them talking through options and agreed to change the person's bedding to a lighter sheet and blanket rather than a duvet. However other opportunities to act upon people's views had not been taken. For example people at lunchtime told us the background music was too loud , and said that it interrupted their conversations. Most said the music was not to their taste. They said they had not been consulted about this. One person said when they first arrived at Brendoncare they were not told about some daily routines for example, times of breakfast and lunch. They said although they had settled they may have done so more quickly if this information had been available. We saw all people had a welcome information pack in their rooms, although one pack related to the previous rehabilitation service and so did not contain information which was relevant to the current service.

Staff spoke kindly with people and did not rush them. People confirmed staff ensured they had choices in their daily routines. Records showed staff were talking with people about wishes and preferences and what was important to them to maintain their emotional wellbeing. Some staff were able to describe people's needs and preferences very clearly, others were still getting to know people. All staff addressed people by their preferred name.

People's privacy was respected. Everyone had their own bedroom with en suite facilities and staff were observed to knock and wait for an answer before entering people's private space. People could choose to have their care records in their bedroom but if they did not want this, care records were stored securely to maintain confidentiality.
Some people had their own telephones in their bedroom. When people did not have access to own phone they received calls at the nurses station which was not a private space. We discussed this with the management team at the time of our visit and they agreed alternative arrangements would be made to promote confidentiality and ensure people's privacy in these circumstances.

Requires Improvement

Is the service responsive?

Our findings

People were not clear about available activities. One person who enjoyed crafts said they thought there was a painting session about once a month and said they belonged to a book club. Another person said "There aren't enough people to do any." Generally people were disappointed by the lack of activities on offer. Care records contained a record of activities people had taken part in but this did not contain very much information, for example for one person only four activities had been recorded since mid December 2015. Staff said the service was relatively new and it was the intention to appoint an activity coordinator which meant the range and amount of available activities would improve. In the meantime they said there were activities in the attached Mews , for example regular coffee mornings people could attend if they wanted to. This was a breach of Regulation 9 (1) because providers must do everything reasonably practical to make sure people who use the service receive person centred care that reflects their personal preferences.

People were encouraged to visit the service to see what it could provide before they moved in where this was possible. Where this was not possible staff would visit them to tell them about the service. Everyone had an assessment of their needs completed before they moved in to ensure that Brendoncare Knightwood could meet their needs. One person said they had looked at several care homes and felt this was the best they had looked at.

People were consulted about their care and support needs. Care plans and assessments, when completed, contained sufficient information for staff to support people appropriately , although not all were completed. For example, one person needed support to maintain a healthy skin but their skin support care plan had not been completed. Another person often had pain in their legs and back but a pain assessment had not been completed. This meant there was a risk of staff not being able to provide consistent care in line with people's identified needs. These shortfalls had already been identified and staff were in the process of adding this information.
People's daily preferred routines were documented and staff asked people what a good day looked like to them so they would have a clearer idea about how to provide care which was personalised to them and met their particular needs. There were however some practices which focussed on task rather than people's individual needs and preferences. For example, people were checked during the night every hour. We asked why this was and were told it had always been that way. This did not provide individualised care.

People were asked whether they wanted their care plan kept in their bedroom this meant they had easy access to records kept about them if this was their wish. Care planning took into consideration what people could do for themselves for example one plan said a person could wash their top half without assistance and could manage buttons. It went on to describe what the person required help with. This helped to ensure people received support which was responsive to their needs.

Staff felt methods of communication were good. There were handovers between day and night staff where each person's wellbeing was discussed .There was also a communication book and a diary for appointments. This helped to ensure staff were quickly aware of any changes to people's needs. People who lived at the service felt communication could at times be better. One person said "It's the little things could

improve" Another person said they had been supported to have a bath but didn't not know initially they could have a shower as an alternative. When they did they said it was lovely-" but I didn't know I had the option"

There was a complaints procedure which was available to people so they know how to make a complaint if they wanted to. People said they had not needed to make a complaint but were confident they could talk with staff if they did . The service followed their complaints procedure to ensure they had been responded to in a timely way. Any complaint or compliment made was discussed at the weekly managers meeting to establish if any action was needed to improve the service.

Requires Improvement

Is the service well-led?

Our findings

The service had undergone a number of recent changes.
The service has had five different registered managers since 2011. The most recent registered manager had voluntarily deregistered in April 2015, although we knew the service was being continuously managed since this date we had received no applications to register a new manager . The most recent manager had been appointed a few weeks before our inspection. They were responsible for managing the residential service Brendoncare Knightwood and Brendoncare Knightwood Mews. Although the manager regularly spent time on the residential unit some people who lived at Brendoncare Knightwood did not know who the manager was. Senior managers were aware of the importance of having some continuity in the management of the service and also by spent regular time at the service to provide further stability. Staff generally felt supported by managers and said they were developing into a good team although some said at times managers could listen more. When we discussed this with managers. They were aware of these views and said they were working towards further improving staff morale.

The service had changed from a rehabilitation short stay unit with nursing to a service providing respite and longer stay residential care. This had happened quickly. Staff who were working in the previous setting had to adapt to working in a different setting with no nursing staff on duty and to a different ethos. The home's brochure describes the service as " designed to provide people with a warm and safe environment." It says "We pride ourselves on getting to know each of our residents as individuals and offering focused care that puts the individual at the heart of everything we do".

People said they were comfortable and we observed the environment was clean and well maintained. Unoccupied bedrooms were being redecorated and staff were beginning to make the environment more homely , putting pictures up and giving people choices regarding new bedlinen and curtains. Senior staff said they planned to change the old nurses station into a coffee area to provide a further communal area where people could relax with others. The extent to which staff knew each resident's needs wishes and aspirations varied, and the management team acknowledged further work was needed before they could say they consistently put the individual at the "heart of everything we do".

Managers understood how staff attitudes and behaviours affected the quality of service and always ensured prospective staff were asked what they would do in certain situations as a way of exploring their values and their ability to work cooperatively with others. Established staff were also provided with training to motivate them to continue to embed equal opportunities, diversity and dignity into their daily practice.

Staff had the opportunity to discuss their role and responsibilities at staff meetings during supervisions, informally and through Brendoncare staff forums . There was a head of department meeting every week. This was for both Brendoncare Knightwood and Brendoncare Knightwood Mews. These included the head housekeeper, maintenance , chef and senior care staff. These meetings helped to assess how well the service was running in line with its stated aims and objectives . Quality assurance questionnaires were carried out annually , although these had not been done since the service changed its purpose.

A range of audits were undertaken regularly to monitor the effectiveness of aspects of the service including care documentation, infection control and medicines management. Where areas requiring improvement were identified, an action plan had been drafted. Most of the issues we highlighted such as incomplete care planning records and gaps in the application of topical medicines had been identified but action to rectify these deficits had not always been completed at the time of our visit.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Providers must do everything reasonably practicable to make sure that people who use the service receive person centred care that reflects their personal preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Providers must do all that is reasonably practical to mitigate risks

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Providers must deploy sufficient numbers of suitably qualified competent , skilled and experienced staff to make sure they can meet people's care needs.