

Brendoncare Foundation(The)

Brendoncare Knightwood

Inspection report

Shannon Way
Chandlers Ford
Eastleigh
Hampshire
SO53 4TL

Tel: 02380247000

Website: www.brendoncare.org.uk

Date of inspection visit:

07 August 2017

11 August 2017

Date of publication:

09 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

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. When we inspected there were 17 people permanently in residence and two people were receiving short term care.

The service is now known as 'The Court' and so this will be the term used throughout this report.

The inspection took place on 7 August 2017 and was unannounced. A further announced visit took place on 11 August 2017 to complete the inspection.

We last visited in February 2016. We said at that time the service required improvements. 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. The provider sent in an action plan following this inspection to describe how they were going to improve. At this inspection we found the required improvements had been made and we rated the service as Good.

There was a registered manager in post. 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. The registered manager had helped to add stability and consistency to the service and led by example by being approachable and by listening and acting on people's views.

At this inspection we found the service was supporting people safely, effectively and in a caring manner. Staff were kind and caring. Staff respected people's preferred routines and activities provided were geared towards people's needs and interests.

People were protected from abuse and avoidable harm. Risk to people's health and welfare were managed appropriately. Environmental risks were regularly considered and managed well.

There were generally sufficient numbers of suitably trained and safely recruited staff to meet peoples' needs. Staff received appropriate training and support.

The service worked well with health care professionals and followed their guidance when they needed support with people's health care needs.

People liked the food and were supported to have a diet which suited their needs and preferences. Staff ensured they sought consent before supporting people with their care and adhered to the Mental Capacity Act 2005.

People were given information about what the service could offer and staff were able to provide appropriate support because people's needs were clearly assessed and updated when a change had taken place. Care records contained a lot of information about what was important to people and their wishes and preferences. Staff knew what people's preferences were which helped to ensure the care provided was personalised to suit them.

People were encouraged to provide feedback about the quality of the service and complaints were responded to quickly. Robust quality assurance processes helped to ensure the service maintained good standards which met people's needs and expectations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safely cared for by a sufficient number of suitably recruited staff.

Environmental risk and risk to people's health and welfare were assessed and action was taken where necessary to reduce the risk of people coming to harm.

Staff followed safeguarding policies and procedures where necessary to protect people.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to do their job, were well supported and had regular supervision.

People were provided with food and drink of a good quality which met their individual needs.

Staff worked well with health care professionals to ensure people received timely interventions to maintain their health.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respect.

People were cared for in the way they wanted and were encouraged to make decisions about their care.

The service provided sensitive and compassionate care when people were nearing the end of their lives.

Is the service responsive?

The service was responsive.

People were looked after in the way they liked and received the care they needed.

People were able to participate in a range of meaningful social activities.

Complaints were taken seriously and acted upon.

Good ●

Is the service well-led?

The service was well led.

The registered manager provided good leadership and management for the staff team and was well respected.

There were systems in place to assess and monitor the quality and safety of the service.

Good ●

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 checked 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.

This inspection took place on 7 August 2017 and was unannounced. We returned on 11 August 2017 to complete the inspection. The inspection team consisted of an inspector and expert by experience who visited the service on 7 August 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Prior to this inspection we reviewed records held by CQC which included notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). 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.

During our visit we spoke with seven people who lived at The Court, with one relative, six staff, two volunteers, the registered manager, two senior managers and two healthcare professionals. We observed staff carrying out their duties in communal areas, such as assisting people during mealtimes and we observed a relative and service user meeting.

We reviewed a variety of documents which included people's care plans, staff records, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

Is the service safe?

Our findings

At our last inspection we said the service required to improve as there was not always sufficient staff on duty at the weekends or during the night to meet people's needs in a timely way.

At this inspection we found staffing levels had improved. People told us there were sufficient staff available to meet their needs. Everyone we spoke with said that they felt safely cared for. One person said for example, "I like it here, it feels like home". The other people we observed appeared happy and relaxed. A family member also said that they felt their loved one was safe.

Staff were available when people needed them. People said whenever they used their call bell, a member of staff attended very quickly. One person said, "I had to use the emergency buzzer recently and someone came immediately."

Staff agreed they generally had enough time to support people. One said "Sometimes I stay ten minutes late (after the end of their shift) but that's because I like to get everything done".

Staffing levels were calculated according to people's dependency levels and these were reviewed regularly to help to ensure the service provided sufficient support to meet everyone's needs.

There were thorough recruitment checks in place to help to ensure only people suitable to work in health and social care were employed. Staff values were explored as part of the interview process. Staff were asked questions such as "Tell me about an older person who has inspired you" This helped to ensure staff had the right attitude and approach to work with people living at the service.

At our last inspection we said 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.

At this inspection we found people had their topical creams applied as prescribed although a few records did not always reflect this. We discussed this with the management team who took immediate action to ensure all of these records would reflect more accurately the action staff had taken in future. People who needed topical creams applied had body maps which provided staff with guidance about where creams needed to be applied.

Staff encouraged people to manage their own medicines where appropriate and people's rooms contained locked cupboards for safe storage. The service had safe procedures in place, which staff followed to manage medicines. Staff considered how people liked to take their medicines, for example one person had their medicines in liquid form or as dispersible tablets as this made them easier to take. Medication records were accurate and staff had training in this area to help to ensure people received their medicines as prescribed.

Staff were trained in safeguarding adults and followed procedures to keep people safe, if they suspected

poor practice or abuse. Staff confirmed they understood their role and responsibility under whistleblowing arrangements. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff however said they were confident the management team would listen and act on any issues raised.

Risk to people's health and wellbeing was assessed. For example there were risk assessments if people had fragile skin or if they were at risk of choking or of falling. The risk assessments were reviewed regularly to ensure they reflected people's current needs and action was taken to reduce the risk of people coming to harm. For example people with fragile skin were assisted to turn regularly in bed and staff applied topical creams to reduce the risk of their skin breaking down. People at risk of choking had a soft diet and staff were provided with guidance, which they followed about how people should sit when they were eating their meals. Falls risk assessments considered how people's risk could be reduced by the provision of mobility aids and reviewed environmental factors which could contribute to an increased risk of people falling.

There were arrangements in place for foreseeable emergencies for example People had PEEPs (Personal Emergency Evacuation Plan) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. A business continuity plan was in place, with risk assessments for the building, environment, kitchen, fire Health & Safety and COSHH (Control of Substances Hazardous to Health). Premises were maintained by in-house staff supported by contracted services.

The service was well maintained and clean and there were liquid hand sanitizers outside everyone's room which staff used before providing personal care to reduce the risk cross infection.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their responsibilities. New staff were provided with an induction in line with The Care Certificate. The Care Certificate is a set of nationally recognised standards that health and social care workers stick to in their daily working life. Staff were provided with a good range of training. Training courses included key health and safety areas such as fire safety and infection control. Some staff also completed specialist subjects such as tissue viability and end of life care. Staff competencies to fulfil particular tasks were checked. For example, staff were tested on their understanding of management of medicines to ensure they could do this safely. Some staff were responsible for particular areas of practice to ensure staff maintained a good standard of care and support. There was for example a dignity champion, a person responsible for infection control and a person responsible for health and safety. Staff felt the quality of training was good. One staff for example said it was "probably the best I have had." Staff were provided with regular supervision and had an annual appraisal. This is where an employee's performance is reviewed and discussed with them, to support their development.

The service benefited from a number of volunteers who for example, provided drinks and who spent time talking with people living at the service.

We observed staff seeking consent when supporting people for example they asked a person if they would like help to move from their wheelchair to an arm chair and waited until they agreed before supporting them. People had been asked for their consent for staff to share information with other health and care professionals should the need arise and also for their consent for staff to take photographs.

Staff acted in accordance with the Mental Capacity Act 2005. (MCA) The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had been trained and showed an understanding of the MCA and the associated DoLS. The service had sought a DoLS authorisation where necessary to ensure that people's rights were protected and they could continue to receive the care and support they needed in the least restrictive way. Where people lacked capacity to make significant decisions for themselves, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as

possible.

People were supported to have enough to eat and drink and meals were provided in accordance with people's needs and wishes. Everyone we spoke with said that the food was good. One person said "the food is exceptional and we always have a choice". Another said "most of the time, I prefer to eat my meals in my room. This is not an issue and hot meals arrive hot". Another said "I haven't had a bad meal here." We observed plenty of drinks being offered throughout the day. Fresh water was provided in people's rooms and there was a small kitchenette where people and their visitors could make a drink when they wanted.

When people had specific nutritional requirements there were clear support plans in place to ensure staff acted in accordance with people's needs. For example, one person had diabetes and staff had guidance about their daily routine. Staff were also provided with information about symptoms associated with diabetes so they could take prompt action if the person's health deteriorated.

Staff arranged for specialist assessments where required from speech and language therapists. They provided information and guidance which staff followed about the type of diet and fluid people required to ensure they were receiving nutrition and hydration safely. For example one person required a soft mashable diet. We saw this was being provided in line with their assessed nutritional needs. People's weight was regularly monitored and staff took action by referring to health care professionals if they were concerned because a person had lost weight.

Records showed the service consulted with health care professionals when required for example the GP and district nurses. Staff had taken prompt action to keep people as healthy as possible, for example, one person had developed a pressure ulcer and the staff had arranged for them to be provided with pressure relieving equipment. Health care professionals said the service worked cooperatively with them. They said "They meet us more than half way. Staff are keen to learn and communication is good."

Is the service caring?

Our findings

People were treated with kindness and respect. One said "I love it here. It is a home from home" Another said "Staff are very pleasant and helpful."

Visitors agreed staff were caring. One said "the staff always go the extra mile to ensure (my relative) is well supported." We observed staff having friendly conversations-with people, clearly knowing them and their interests well.

People were involved in decisions about the care and support they received. People could choose to eat in their rooms, in the dining room of 'The Court' or should they wish, they could eat in the other dining room within the complex, and so people had a choice of where they dined. People were also given a choice of menu. One said of the food (the staff) "come round the day before and let you know what is on the menu and you choose what you want. They spoil us."

One of the people we spoke with said they sometimes decided to sleep in their old house and that when they informed management, it was not an issue. They said "I like it here; it is relaxed, free and easy. Nothing is an issue."

Staff supported people to be as independent as possible. For example, some people had been supported to set up potted plants outside their patio doors and they were encouraged to attend to the plants themselves. We observed when one person was supported to move from their wheelchair to an armchair, the member of staff supporting encouraged them to do as much for themselves as they could. A visitor said when their relative was unwell, they required a lot more support so one care plan had been developed for when they were well and one for when they were unwell.

We observed staff showed respect and preserved people's dignity. When they spoke with people they, always came down to their level so they did not talk over them. Staff did not rush people and provided gentle encouragement and support when assisting people to move or with their meals. Staff provided compassionate care. A visitor said "when (my relative) came out of hospital, it was clear that they were not able to cope. I phoned the manager and pleaded for help. She came to assess (my relative) on her day off and when they asked if they could move in that day, the manager made it happen. By the time (my relative) arrived, their room was ready with their own duvet on the bed."

People's privacy was respected. There were a number of private areas where people could meet with visitors if this was their wish.

Some people had advanced care plans in place which documented where the person preferred to be cared for towards the end of their life, who was important to them and took into account any particular faith or belief which was important to them. The registered manager clearly explained how the service made every effort to make sure these needs and wishes were met. Consideration was given to what pain relief was needed or what equipment which may be required to make the person as comfortable as possible. People's families were always welcomed to The Court and families were enabled to spend as much time with their loved one as possible. Staff also sat with people to provide comfort and reassurance when family members

were not able to be present.

Is the service responsive?

Our findings

At our last inspection we said there were not sufficient activities provided which reflected the interests of people living at the service. At this inspection we found this had improved. The service had employed an activity coordinator who had, in consultation with people developed a range of activities to suit people's preferences and interests.

People said there were always activities available. One person said "I am always busy; there is always activities I can join in with." A visitor said "(my relative) is always busy. There has been a vast improvement in the activities that are available". They said "the home held a garden party recently and arranged for a falconry display. It was brilliant. People sitting around enjoying a drink with all these birds flying around. (My relative) was able to hold an owl. They loved it".

There were a range of activities available for people to participate in if this was their wish. For example coffee mornings were held every Monday, there was a scrabble club, an art club, flower arranging and exercise classes There were a number of onsite facilities provided for people to use if they wanted to. This included a lounge, shop, library, a hairdressing salon and a fitness area.

At our last inspection we noted the nurses' station in a communal area of the service was still in evidence. This had been changed into a kitchen/ relaxation area. This meant the service had adapted to meet its changed purpose.

The staff had a good knowledge of the people they were supporting. People said that the staff knew their needs well. One person said "the staff are very good, nothing is too much trouble".

People's needs were assessed before they moved to the service to help to ensure it would be appropriate for them and that staff would be able to meet their needs. Care plans were devised from these initial assessments. These were detailed and reflected people's health and personal care needs. They had been personalised to reflect what was important to people and their likes and dislikes, for example one care plan said one important thing to one person was 'always being warm enough.' It detailed they like two pillows and the duvet pulled up past their shoulders at night to ensure their comfort. Another said 'I do not like much brightness in the (bed) room so tend to keep the curtains part drawn' Staff were aware of these preferences and ensured people received the care they wanted.

People's communication needs were documented and where people were unable to communicate verbally staff had guidance about how to recognise they would convey, for example if they were in pain or discomfort. People had a hospital passport. The aim of the hospital passport is to provide hospital staff with important information about them and their health when they are admitted to hospital when they are unable to tell staff themselves.

There was a robust complaints procedure in place and the registered manager followed up on all concerns raised in line with the complaints policy. People said they knew how to raise a concern and when they had,

they were satisfied it had been taken seriously. A visitor said "any time I have raised an issue or asked for something for my mum, it was dealt with, without fuss and always with a can-do attitude. Whenever I go to the manager she starts with 'how can we help you'". One person told us their only issue was they did not have a call bell in their bathroom. Staff assured us this was the only room without a call bell and took immediate action to ensure this was rectified.

Is the service well-led?

Our findings

We observed the atmosphere within the service was calm and all the people we spoke with said they were kept well informed as to what was going on.

There was a good management structure. A visitor said "from my perspective, there is strong leadership that has installed a high quality service and shows compassion." The registered manager had an open door policy and we observed people visiting her office which was next to the reception area to talk with her.

Staff had clearly defined roles and responsibilities. The registered manager was supported by a deputy, senior staff and care staff. Domestic and catering staff were also employed to help to ensure the smooth running of the service. Senior managers were regular visitors and ensured the registered manager was supported and to check on the quality of the service.

There were thorough quality assurance audits in place which were completed regularly. Action was taken when any shortfall was identified, for example one audit identified a person's personal evacuation plan needed updating and this was done. Managers spent time observing staff interactions with people in communal areas to ensure they were respectful. They also checked how food was presented to ensure it remained of a high standard. The organisation had a number of other locations and managers said they learned from other services to share good practice.

Staff said morale was good. A representative remark from staff was "it is so much better. Everyone is more confident and it is more organised." Staff turnover was low; one person had left since January 2017. This meant the service did not use very many agency staff. Staff meetings were held and staff confirmed their views were listened to and valued.

People were provided with information about the aims and objectives of the service. For example everyone had a service user guide in their bedroom. This contained details such as who was in the staff team and how to make a complaint.

People's views about the running and development of the service were gathered and analysed to help drive improvements. Feedback was obtained in a number of ways, via quality assurance surveys, online feedback and during relative and residents meetings. Feedback reflected people were happy with the service provided. We observed a relative and resident meeting during our visit.

The registered manager started off by going through the last minutes. She was able to respond positively to all the issues raised and checked that those present were happy with the actions taken. People's suggestions made during the meeting were fully discussed and the registered manager explained clearly what she intended to do to ensure as far as possible people's wishes and expectations could be met. One person for example said that not all the places they would like to visit in the community were wheelchair friendly and this restricted where they could go. The manager asked the person to provide a list of places and said she would look at what could be done to accommodate them and others who may also be interested in visiting places that have access issues. Another person asked if a shed could be provided so they had somewhere to put their garden tools. The registered manager said she would cost the shed and

present it to her finance department.