

HC-One Limited

Brandon House Nursing Home

Inspection report

140 Old Church Road
Bell Green
Coventry
West Midlands
CV6 7ED

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Tel: 02476638602

Website: www.hc-one.co.uk/homes/brandon-house

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We inspected this service on 8 January 2019 to complete a comprehensive inspection.

Brandon House is operated by HC-One Limited; a large provider of care homes. Brandon House provides nursing care and accommodation for up to 35 people. The majority of people who live at the home are older people living with physical frailty due to complex health conditions and / or dementia. The home offers end of life care to people. At the time of our visit there were 30 people living in the home.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

At our last inspection in February 2018 we rated the service as Requires Improvement. This was because in two out of the five key areas we checked, we found improvements were required. At this inspection, we found improvements had been made and further improvements were planned for. The area of Safe continues to be rated Requires Improvement, however, the overall rating has changed to Good.

Overall, medicines were handled safely. However, during our inspection visit a staff member did not consistently follow the provider's policy for safe administration of medicines.

Staff understood their responsibilities to protect people from the risks of abuse and told us they would share any concerns they had following the provider's safeguarding policies. The registered manager understood and followed their legal responsibilities when safeguarding concerns were identified to them by staff or through checks made. The provider checked staff's suitability to deliver care and support during the recruitment process.

People were protected from the risks of cross infection and the home was clean and tidy. Individual risk management plans were in place for staff to follow and staff knew what action to take in the event of an emergency.

People were supported by trained staff, who overall, followed the provider's policies and training given to them. People felt staff had the appropriate levels of skill, experience and support to meet their care and support needs.

People were supported to eat a balanced diet and encouraged to eat and drink enough to maintain their

wellbeing. Staff supported people to access support from external healthcare professionals to maintain and promote their health.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

Staff supported people with kindness and in a caring way to meet their physical care and support needs. People's privacy and dignity was respected.

People had individual plans of care which provided staff with the information they needed. There were numerous activities offered to people, however, these took place largely on the ground floor of the home. There was 'work in progress' by the provider to look at how communal space could be increased on the first-floor.

Staff were happy in their job role and felt supported by the registered manager through meetings.

People and their relatives had no current complaints about the service. Concerns and complaints raised were investigated by the provider.

The provider, the area director and registered manager checked the quality of the service to make sure people's needs were met. There was recognition that some improvements, such as timely record keeping, needed to be embedded into the service. Audits had identified where improvements were needed and these had either been acted on or were 'work in progress.' The provider, area director and registered manager understood their regulatory responsibilities and with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe.

Staff did not consistently follow the provider's policy in relation to the safe management of medicines. Some improvements had been made to timely and accurate record keeping about important information, however, improvements still needed to be embedded into staff practices and this being monitored by the registered manager. Staff understood their responsibilities to keep people safe and protected from the risks of abuse. The home was clean and tidy.

Requires Improvement ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service is well led.

Improvements had been made to ensure systems and processes to audit the quality of the service identified where improvements were required and actions were taken to implement those improvements. The registered manager recognised some improvements were 'work in progress' and undertook daily checks so issues could be addressed.

Good ●

Brandon House Nursing Home

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.

This comprehensive inspection took place on 8 January 2019 and was unannounced. Two inspectors, a specialist advisor and an expert by experience undertook this inspection. The specialist advisor who supported this inspection visit had experience and knowledge in nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. We reviewed the 'share your experience' information we had received. This is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about. These can be concerns or compliments. We also contacted the local authority commissioners and local Clinical Commissioning Group (CCG) to find out their views of the service provided. These are people who contract care and support services paid for by either the local authority or continuing healthcare. Information received was considered as part of our inspection planning.

We spent time with people who used the communal areas of the home. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with 11 people that lived at Brandon House. We spoke with nine people's relatives, two senior care staff who took on nursing assistant roles, two care staff, one nurse, one housekeeper, the chef, the deputy manager, the registered manager and the provider's area director.

We reviewed nine people's care plans and medicine administration records. We also looked at the management records of the quality assurance audits the manager and regional manager undertook to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection we found the provider had not ensured people consistently received a safe service, and rated this key area as Requires Improvement. At this inspection we found some improvements had been made. However, some of these improvements had yet to be embedded into staffing practices. We saw the registered manager was addressing and was 'work in progress'. The rating remains Requires Improvement.

Medicines were, overall, managed safely and actions from a recent audit, such as addressing the cleanliness of the medication room, had been taken.

People's medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock.

However, individual staff practices did not consistently follow the provider's expectations in relation to the safe management of medicines. For example, when a nurse gave people their medicines at lunch time, the nurse signed one person's MAR to record the medicine had been taken, yet left the medicine with the person's relative to give later with a pudding. Another person was given their medicine but we saw this was still in the person's mouth when the nurse left the room, having signed the MAR. The nurse had not fully supported this person to safely take their medicine. We discussed our observations with the registered manager who told us this poor practice would be addressed. Following our inspection visit, the registered manager said a meeting had taken place with the nurse to ensure their practices improved.

Some people had their medicine through a skin patches and staff used 'body-maps' to record where a skin patch was positioned to ensure the manufacturer's guidance was followed. On the day of our inspection visit, one person's skin patch had been changed by a nurse but they had not completed the record as required at the time of administration.

Protocols for medicines were given 'when required,' did not consistently give staff detailed information as to how to determine when a person might need their 'when required' medicine. For example, one protocol stated the medicine was 'for pain' but gave no further detail. Detailed protocols would ensure a consistent approach was taken by staff and give them important information about how people expressed their pain.

Risks to people's safety, health and well-being had been assessed and actions were taken to reduce risks. For example, where people were at risk of choking when swallowing food, their food consistency had been changed to soft foods and a thickening agent was added to their drinks to reduce identified risks.

Some people had been identified as at risk of skin damage and special equipment such as airflow mattresses were used to reduce risks. One care staff member told us, "It's really important we reposition people who cannot move themselves, so it reduces the risk of their skin becoming sore and broken." The registered manager told us two people had current skin damage and their care records showed actions were being taken to treat this and monitor progress. However, we saw another person's 'skin check' night-time record stated they had 'red skin' indicating it was sore, but their day-time record a few hours later recorded

no concerns. We discussed conflicting information in two people's skin care records with the deputy manager who assured us neither person had sore skin and the recording was inaccurate. The deputy manager told us they would remind staff of the importance of recording accurate information.

Staff had a good understanding of how to keep people safe and had received training on how to safeguard people from abuse. Staff could tell us what was not acceptable and knew how to report concerns to senior management. Staff knew that management should act on the information they provided and said they knew how to 'whistle-blow' to the local authority or Care Quality Commission if management did not take action.

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency. The provider had identified the need for a 'grab bag' for staff which would contain important information and this was 'work in progress'.

At our last inspection, staff told us when someone was off work, they often had to work short staffed and this could cause problems. At this inspection, we found improvements had been made to ensure shifts had their full complement of staff so people's needs were consistently met in a safe way. Care staff told us 'most shifts' were fully covered. However, staff on the first floor felt they did not always have time to sit and talk with people, or undertake activities with people who did not wish to join activities that took place on the ground floor. The registered manager told us they would monitor staffing levels based on people's dependency needs.

The provider had a system to safely recruit staff, and checks were undertaken before staff started work to ensure they were suitable for the role.

The home was clean and tidy, and housekeeping staff told us they cleaned the home and bedrooms according to cleaning schedules. Personal protective equipment, such as gloves and aprons, were available to staff, who told us they used these whenever they undertook personal care tasks to prevent the potential spread of infection from one person via the staff member to another person.

Lessons had been learnt by the provider and, overall, improvements had been made to record keeping, with the exceptions mentioned above. The registered manager told us they were working hard to ensure staff completed records in a timely and accurate way and overall, during our inspection visit, we found this was the case. The registered manager acknowledged this remained 'work in progress' and improvements were to embed in the service with all staff taking accountability for this.

Is the service effective?

Our findings

At this inspection, we found the service continued to effectively meet people's needs. The rating continues to be Good.

The registered manager undertook people's initial assessment and considered whether the service could meet people's individual needs. The registered manager told us, "It's not just about the potential new person, but also whether they will fit in with the current group of people here. Since we have taken a more robust assessment, people's placements are more successful."

New staff continued to receive an induction from the provider which included training in line with the Care Certificate. Staff received refresher training to update their knowledge when needed. The registered manager told us some senior care staff had undertaken additional 'nursing assistant' training from the provider which equipped them with skills to both assist trained nurses and undertake some nursing tasks such as administering medicines.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. The registered manager understood their responsibilities under the Act.

There were three people with an approved DoLS and 26 applications to restrict someone of their liberty had been applied for. Staff understood their role in protecting people, and worked within the principles of the MCA. Throughout our inspection visit, we saw staff explain to people what was happening and staff told us they asked people for their consent before, for example, supporting them with personal care. Care records showed a person's capacity to understand and to make choices was considered in each area of their care planning.

People's hydration and nutritional needs were met. People had individual fluid targets and throughout our inspection visit we saw people were regularly provided with hot and cold drinks. People were given choices of meals and were, overall, satisfied with the food that we saw was appetizing and well presented on the day of our inspection visit. However, some people and staff told us on occasions the potatoes were not properly cooked, and sometimes the meals for people on the first-floor were not as well presented as those for people on the ground floor. People requiring a soft-food diet where staff told us, on occasions, were given unusual combinations of food, for example, scrambled eggs, chopped tomatoes and mushy peas. We discussed this feedback with the registered manager who told us immediate action would be taken to speak with the chef about improvements.

Some people were identified as 'at risk' of malnutrition and required extra high-calorie snacks. Staff supported one person with a 'mighty mousse' to promote them gaining weight.

People were supported to access healthcare professionals when needed. For example, one person had refused their medicines and staff recognised this was impacting the person's mental and physical health. Care records showed healthcare professionals were contacted so actions could be taken to prevent further decline. Other healthcare professionals, such as the opticians and dentists, were involved in people's care. On the day of our visit, the chiropodist visited the home and provided foot care to some people.

Brandon House had been adapted to meet people's needs. The ground floor provided a spacious environment for people to move about and use different communal lounge and dining spaces. Whilst the first-floor space was currently spacious enough for the current level of occupancy for staff to safely support people, staff and some relatives felt there was a lack of overall space; with only one communal lounge/dining area. The provider had recognised this and the area director and registered manager told us about current considerations being given to how the communal space could be extended on the first-floor.

Is the service caring?

Our findings

At this inspection, we found staff continued to have a caring approach toward people and treat them with kindness. The rating continues to be Good.

People made positive comments to us about the staff, one person told us, "They are lovely. If I am in my room, they always check if I am alright". Another person said, "They treat me well, I would not want to be anywhere else". Relatives equally made positive comments, with one relative telling us, "The staff are really good, they are nice and friendly and I always see them about the home".

Throughout our inspection visit we saw staff were kind and caring toward people. For example, one person was sitting in a chair close to a wall and rested their head against the hard wall. A staff member placed a cushion between the wall and the person's head so they would not be uncomfortable. Another person commented the sun glare was in their eyes and staff immediately went to the window and closed the curtain.

Staff took their time with people, and supported them at the person's pace with, for example, support to eat or drink and move about the home. Staff were pro-active in engaging with people. When the housekeeper walked past people to take laundered clothing to bedrooms, they stopped to speak with people, acknowledging and addressing them by their name and taking a moment to engage with them.

Staff showed they valued people. For example, one person had been to the home's hairdressing salon that morning and staff complimented this person's hair, and asked if they would like to have polish on their nails too. This person said 'yes', and staff brought out a range of colours for the person to choose from. This person told us they were 'really happy' with how they looked.

One person had a Caribbean background and one staff member told us they were from the same location. The staff member told us their knowledge of the Island helped this person happily reminisce. We observed positive 'banter' and laughter between this person and the member of staff, as well as with the other staff, who all knew the person's needs and wants.

Staff understood the importance of treating people with dignity and respect. When they spoke about people's personal requirements they lowered their voices so others could not hear. They told us about how they respected people when they provided personal care.

Is the service responsive?

Our findings

At this inspection, we found the same level of responsiveness in meeting people's individual needs. The rating continues to be Good.

People's needs were assessed and everyone had an individual plan of care which was reviewed regularly to reflect people's changing needs. Care staff showed a good understanding of people's needs and could tell us about people's likes and dislikes and how they knew if a person was happy or feeling unsettled.

Various activities were offered and people told us about their previous hobbies and how they were supported by staff to continue with these. One person told us, "I used to love dancing, but I can't do that anymore, but I love the entertainers that visit here, especially the Elvis tribute act". Some people or their relatives told us about them previously playing musical instruments and their love of music. Staff were aware of people's love of types of music which helped them remain relaxed and enjoy the day. However, most organised activities took place on the ground floor and whilst people on the first-floor were welcome to join these, those who did not feel comfortable about going to the ground floor missed out on some of the numerous and varied events that took place. We were informed this was because of the lack of space on the first floor, and it was hoped that this would improve once current plans and building work were undertaken. To address this plans included consideration of extending and building over a flat roof or internal first-floor re-design.

The registered manager told us about their involvements with a project designed to support the improvement of memory care services in care homes and their strive to promote personalised care. The November 2018 newsletter featured Brandon House and what staff had done to provide dementia-specific care for people. For example, one person had been supported to play the piano again, another person had a treasured photograph of a train transferred to a large canvas mounted on the wall near their bedroom. Another person admired a famous singer from the 1950s and staff had enabled this person to have a telephone conversation with the singer.

People and their relatives told us they enjoyed using the home's gardens where improvements had been made to make it accessible and dementia-care friendly. One relative told us despite it being winter, the garden could be looked out on and enjoyed by their family member who could watch doves and wildlife which promoted a peaceful atmosphere.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. People's care plans had an accessible format summary and opportunities to give feedback using 'smiley faces' was available to people.

The provider's 'how to complain or raise a concern' information was displayed in the home's entrance area. During our inspection visit, people and their relatives told us they had 'no complaints' about the service. One relative told us, "I have previously complained and action was taken and I felt well treated." During 2018, the

provider had received five complaints, each of these had been investigated and responded to and actions taken, where needed, to make improvements. Numerous compliments and 'thank you' cards had been received from relatives.

People were offered end of life nursing care and advance care planning was recorded; in line with best practice; 'The Priorities of Care for the Dying Person.' Records showed people and / or their relatives had been involved in decision making and this included people's involvement with their 'ReSPECT' assessments, where decisions had been made to 'Do Not Attempt Pulmonary Cardio-Resuscitation' (DNACPR). Anticipatory medicines for a person who was moving towards end of life care were available to be used by staff if required by the person.

Is the service well-led?

Our findings

At our last inspection we found the provider had not ensured that the service was consistently well led, and rated this key area as Requires Improvement. At this inspection we found improvements had been made, and the rating is now Good.

We previously identified improvement was needed in recording actions taken to minimise risks to people. The registered manager's daily 'walk-around' log and actions from audits showed improvement had been made in recording actions taken to minimise risks to people. During our inspection visit, we observed poor practices where a staff member was not following the provider's policy and the registered manager told us they had also seen this and would be taking immediate action to address the issues.

Staff told us they were 'happy working at the home' and were supported by the registered manager through one to one and team meetings. The registered manager felt supported in their role. They did not have a nursing background themselves, but were supported by the deputy manager, who was clinical lead nurse for the service. The provider's area director supported the registered manager through monthly visits and was available to telephone if needed.

The registered manager ensured important information about people's needs were shared with staff at 'flash meetings'.

There was a system of internal audits and checks undertaken within the service to ensure the safety and quality of the service was maintained. The provider had completed an internal 'compliance inspection' on 3 January 2019 which identified areas of strength and areas for development. This included improvements to the safe handling of medicines and cleanliness. There was no timescale set against the identified improvements needed, however, the registered manager assured us, and we saw, they had started work to address these and actions to make the required improvements would be implemented in a timely way.

The registered manager told us about challenges they had faced in ensuring people consistently had their prescribed medicines available to them. The local Clinical Commissioning Group (CCG) were supporting the registered manager, and a meeting was planned for with the general practice surgery accessed by the service to ensure people's wellbeing was consistently maintained.

Since our last inspection, the registered manager had introduced a way for staff to assess people's enjoyment of the activities that took place for those people who were unable to give verbal feedback. For example, this included documenting whether people were smiling or foot tapping to music. The registered manager told us this was now used by them to ensure activities were planned around what people enjoyed rather than what staff thought they enjoyed.

The provider gave opportunities to people and their relatives to provide feedback about the services provided. For example, a touchscreen computer in the entrance area of the home enabled relatives and visitors to give feedback. The registered manager told us this feedback was analysed monthly and they

acted upon any areas that required improvement.

Attendance at 'resident and relative' meetings had increased following the registered manager's introduction of meetings taking place following a scheduled activity. For example, a poster inviting people and their relatives to a 'Burns Night' with food followed by a 'resident and relative' meeting was displayed.

People and their relatives had the opportunity to complete the provider's annual feedback survey. The registered manager showed us their May 2018 results which, overall, showed services provided had either been rated 'good' or above.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been a total of 12 recorded 'falls' accidents for November 2018. Analysis of accident and incidents ensured actions were taken to minimise risks of reoccurrence.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating. HC-One has a website which provides information about their services and links to their latest CQC rating.