

Review of compliance

The Brendoncare Foundation Brendoncare Froxfield	
Region:	South West
Location address:	Littlecote Road Froxfield Marlborough Wiltshire SN8 3JY
Type of service:	Care home service with nursing
Date of Publication:	August 2012
Overview of the service:	Brendoncare Froxfield provides accommodation for up to 44 older people who need residential or nursing care, some of whom may have dementia.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Brendoncare Froxfield was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 July 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We met with twelve people living in the home and four of their relatives. People said they liked living at Brendoncare and their views were respected. One person told us "there's no instructions here, I do what I like", another said "yes I'm happy with the care" and a relative told us "I feel involved".

We observed staff were respectful to people and met their needs, making sure they were involved in decisions about their care and treatment. The home had clear procedures about how to support people when they were unwell, including how to meet one person's possible acute allergic reaction.

The home was hygienic throughout, including communally used areas, such as assisted bathrooms, and areas like the laundry.

We met with 13 members of staff, including ancillary workers, care workers, registered nurses and support staff. Staff told us they felt supported in their role. One member of staff described the provider's training programme as "well planned". Another member of staff told us they could talk to their line manager and "she listens".

People said they felt they could bring issues up with staff in the home. One person told us "I'm sure they'd do something if we brought a problem up". The provider had clear systems for reviewing the quality of service provided and where issues were identified, they put relevant action plans in place.

What we found about the standards we reviewed and how well Brendoncare Froxfield was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

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

The provider was meeting this standard

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were cared for in a clean, hygienic environment.

The provider was meeting this standard

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they could express their views and were involved in making decisions about their care and treatment. We met with a frail person who spent most of their time in bed. They told us "I get up some days, not others, depends on what I want." Another person told us "there's no instructions here, I do what I like." A person described their preferred daily routine and told us how staff kept to it.

People said they were involved in planning their care. The relative of a frail person told us "of course they talk to me about my relative's care, I feel involved." Another relative told us about how they were involved and consulted about their relative's physiotherapy exercises.

Many people were too frail to express an opinion, so we observed the care provided. We observed all personal care took place behind closed doors. Staff at all levels were respectful to people. A kitchen assistant politely knocked on a person's bedroom door and asked their permission to change the water in their jug. We observed a care worker assisting a person who was sitting in a wheelchair. The person's expression was blank and they did not give any sign to show they were aware of their surroundings. The care worker treated the person with respect, explaining where they were moving them to and why. They then placed them by a window and described what

they would be able to see out of it . We observed a very frail person in their room, asleep in their bed. They looked comfortable, with fresh bedding and night clothes, clean fingernails and their hair had been nicely brushed.

Other evidence

We observed people's records were kept in their rooms so they could access them when they wanted. Nearly all of the records we looked at had been signed by the person or their advocate. We saw one occasion where the home had revised a person's risk assessment. There was a note on their daily record to ask staff to show the revised assessment and discuss the changes with the person's next of kin, when they next visited.

Staff supported people in making choices about their care and treatment. We discussed a person with complex needs with a registered nurse, and reviewed their records. The person had chosen not to fully follow a professional's advice on a certain treatment. This had been respected by the home and an agreement reached with the person about how they wished to have their treatment needs met. This was documented in their records and regularly reviewed by the person, registered nurses and professionals involved.

The home respected people's individual wishes. We discussed a person who we observed was being called by a particular pet name by staff, with the registered nurse in charge. They told us the person had told them soon after they were admitted, that they wanted to be called by this name. The registered nurse said they had made sure all staff and the person's GP had known about this. The person's preferences were written in the person's records and they were also consistently referred to by this pet name in their records.

Our judgement

People's privacy, dignity and independence were respected.

The provider was meeting this standard

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were pleased with the care provided in the home. One person said "I'm extremely well looked after, I must say". They told us about how their medical condition could cause them pain and how they asked for painkillers when this happened, telling us "the nurses give them to me when I want". The relative of a frail person told us "yes I'm happy with the care"

Many of the people living in the home were frail and needed support with their daily lives. We rang a frail person's call bell when they asked us to. A care worker attended to the person in under a minute. They were very kindly in approach and showed good rapport with the person. We met with a person who had been scratching themselves, to the extent where they had drawn a small amount of blood. We told a care worker about this. They went at once to attend to the person and take appropriate action. At lunch time, we observed staff were quick to observe when people had lost concentration when eating. They then gave people the support they needed to continue eating their meal, so they were not placed at nutritional risk.

Other evidence

At our last inspection on 14 December 2011, we judged people benefited from the support they received from staff with their day to day care needs. However, the standard of care planning and a lack of up to date information put people at risk of not receiving the care that they required. We asked the provider to make improvements.

At this inspection, we found the provider had made improvements. People's needs

were now fully assessed and care and treatment planned and delivered in line with their individual care plan.

We met with a very frail person who was assessed as being at risk of pressure ulcers. We saw appropriate equipment had been provided to reduce the risk. Their records showed the person was having their position changed regularly, in accordance with their care plan. We discussed this person's needs with a care worker. The care worker was fully aware of the person's needs, their care plan and the importance of following the person's care plan to reduce their risk of developing pressure ulcers.

We met with a person who had several wounds, which had been developed prior to their admission to the home. They had clear records about these wounds to show how they were responding to the treatments advised by the tissue viability nurse. A registered nurse told us about the specific aims of treatment for the person's different wounds. What the registered nurse told us was fully documented in the persons' care plan.

A person's records showed they had an allergy which had the potential to make them seriously ill. The person had dementia and was not aware of this risk. They had a very clear care plan, which stated the actions staff were to take in the event of them having a severe allergic reaction. We asked a registered nurse about the person's allergy. They knew about the history of the person's condition and the additional risk presented by the person's short term memory loss, if they developed an allergic reaction.

We met with a person who was relaxed, but not aware of where they were. We talked with a care worker, who told us about the person's dementia care needs and how the home supported the person to remain orientated in time and place. This was fully reflected in the person's records. Their records were accurate and did not use judgemental language about the person's behaviours or needs.

We discussed the needs of another person who had dementia with a registered nurse. Their records showed the person had an assessment of their capacity, in accordance with the Mental Capacity Act. This had been performed by a relevant professional. The registered nurse told us registered nurses had also been trained in making such assessments. The registered nurse was fully aware of the Deprivation of Liberty Safeguards and told us about how they had used local procedures in the past, to safeguard people.

Our judgement

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

The provider was meeting this standard

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

Other evidence

People were protected from the risk of infection and were cared for in a clean, hygienic environment. We saw there were good supplies of disposable gloves and aprons. These were used by staff. A registered nurse told us sterile gloves were available for clinical procedures.

We met with a domestic worker. We observed they worked methodically and carefully. They told us "I know what I'm doing" and clearly took a pride in performing their role in an effective way. They told us they had all the equipment and chemicals they needed to do their job. They said their carpet shampoos "worked well".

The laundry was clean and tidy, including the dust filters behind the machines. The laundry worker told us all staff followed the provider's procedure on separation of different categories of laundry. We saw there were effective systems to ensure items such as people's own underwear, socks and hoist slings were returned to them, and could not be used not used by other people.

We looked in two disabled bathrooms. They were clean, including hard to reach areas such as the backs and undersides of bath hoists. Grab rails and the undersides of toilet frames in communally used toilets were clean and free of debris.

We met with a frail person who we observed was able to give themselves food and

drink only with difficulty. The chassis, footrests and wheels of their wheelchair were clean and free of any debris or other substances.

One of the registered nurses told us they had only recently taken over the role of leading on infection control for the home. They were fully aware of the provider's systems for audit of infection control. They showed us recent audits of infection control. Audits showed how, as well as identifying areas which met the provider's standards, they also identified areas for action. For example some tiling had needed attention in a sluice room. This had been fully addressed by the time we inspected.

Our judgement

People were cared for in a clean, hygienic environment.

The provider was meeting this standard

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People we spoke with did not comment specifically on this outcome area, although people expressed general satisfaction with how staff cared for them. A relative told us "they certainly seem to know what to do for (their relative)".

Other evidence

Staff received appropriate professional development. A member of staff who had been employed during the last twelve months described how they had shadowed other staff for a week, when they started. They told us the length of time new members of staff shadowed other members of staff varied. This meant each new member of staff's previous experience was taken into account during their induction. They told us the provider's induction pack was "useful".

The home employed a training manager on a part time basis, to ensure all staff were able to perform their roles. One member of staff described the trainer as "tip top" another, the trainer "makes sure it happens" and another said the training was "well planned". Staff described mandatory training in areas such as safe moving and handling, fire safety and infection control. Staff also described training in other areas needed for their role, such as caring for people who had dementia. One care worker told us about training on caring for people with hearing loss, which they had found helped them in their role. A registered nurse told us about recent training in equal opportunities. All training staff attended was recorded in staff files. These files were up-to-date and reflected what staff told us. After the inspection, the provider sent us their training programme. This was detailed and included a wide range of areas relevant to caring for people living in the home.

Staff told us they were supported in their roles. The care worker who had started in their role during the past year told us they had received formal supervision at the completion of their induction period. This was reflected in their records. Staff at all levels told us they received regular formal supervision from their line manager. One member of staff told us "you can talk to X [their line manager] and she listens". Records we reviewed showed evidence of regular supervision. The records showed supervisions were a two-way process, where staff members brought up issues with their line manager, as well as their line manager reviewing how they performed in their role.

One person who lived in the home was supported by care workers on a one to one basis, due to their behaviours. Registered nurses we spoke with told us they were aware this role had the potential to be stressful for care workers and they made sure care workers did not do this role for too long when they were on duty. They also rotated the role regularly between different care workers, to reduce risk of stress on individual members of staff.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We asked people about their views of the service. A person told us "I think it's very nice". A relative described the home as "excellent" and another as "marvellous". People we spoke with told us they felt they were listened to if they brought up issues of concern. One relative told us "if I'm not happy, of course I talk to them, I can say what I like to them, they wouldn't mind" and another "I'm sure they'd do something if we brought a problem up".

Other evidence

A registered nurse told us the home did not currently have a manager. They knew a person had been appointed and would be coming in post soon. Because of this, a senior manager from the provider was visiting the home more regularly to review the quality of the service provided. This was echoed by a care worker. They told us the senior managers from the provider "talk to us so they can hear what we think", when they visited. The registered nurse and care worker told us these visits happened both on an announced and unannounced basis. We looked at records and saw a senior manager had visited the home unannounced at night to review the quality of the service. They had produced a report of their findings following this. We saw another audit, which had reviewed a range of areas. Where relevant, this audit had identified areas for action. For example the audit documented a need for registered nurses to be further trained in the assessments of nutritional risk, used by the home. This was reflected in the training plan sent to us by the provider, after our inspection.

The chef told us how important it was to make meals and mealtimes a quality

experience for people. They told us they were fully involved in serving meals to people, so they could observe their responses. They told us it was particularly important as several of the people at the home could not express their opinions verbally. By observing mealtimes they were able to assess the quality of the meals service. A care worker told us they had recently been asked to fill in a questionnaire, to give their opinion on how the meals service could be further developed for people.

We met with the maintenance worker who showed us the home's systems for audit and maintenance of the home environment. This included a range of areas, such as regular records of bath water temperatures, the cleaning and flushing of shower heads and servicing of the lift. When we visited, one of the wings of the home was undergoing a full refurbishment. The area had been sealed off so people were not put at risk by the works and not disturbed by any noise.

The provider had a system for reviewing incidents and accidents to people. The registered nurse told us these were reviewed centrally and the home would be informed of any risk areas identified during the analysis, so they could take action. The provider also collated information on all complaints received and took action if identified. For example issues were identified relating to escorting a person to an external medical appointment. The records showed the information was reviewed and relevant action taken, including making an apology where the service had fallen below their anticipated standard. We were told about regular meetings for staff, people and their supporters. The minutes of a recent relatives' meeting showed a wide range of topics had been discussed relating to the home.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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