

Review of compliance

The Brendoncare Foundation Brendoncare Knightwood	
Region:	South East
Location address:	Shannon Way Chandlers Ford Eastleigh Hampshire SO53 4TL
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	Brendoncare Knightwood is a purpose built twenty-bedded unit located in a larger complex that contains private sheltered housing and a domiciliary care agency run by The Brendoncare Foundation. There are seventeen beds for older people who require a period of rehabilitation following a hospital admission and 3 beds for older people who require respite care.

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

Our current overall judgement

Brendoncare Knightwood was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 31 October 2011, 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

People told us that staff were friendly and helpful and worked hard to give them the support and care they needed. Some people told us they were able to express their views and wishes and staff would listen to them.

Some people told us they were able to express their views and wishes and staff would listen to them. They told us they enjoyed the meals provided at the home.

There were some social activities arranged for people to take part in. However some people, specifically those admitted for respite care, felt that there was little provided at the home to stimulate them.

What we found about the standards we reviewed and how well Brendoncare Knightwood 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

The views of people using the service are respected and they are involved in decisions about their care and daily activities. Care practices and the environment the home means the privacy and dignity of people is upheld. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

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

People using the service had the care and support they needed, provided in the way they preferred because staff listened to their wishes. However some of the care documentation did not evidence all of the care provided. Overall, we found that Brendoncare Knightwood was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

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

The service had systems in place to ensure staff received the necessary training and support to care for people who use service. Staff had regular supervision and appraisals to support them in their role. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

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 quality of care provision was monitored and improvements were made when concerns were identified. Opportunities were provided for people to give their views about the service. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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 were able to make choices about their daily routines. This included what time they got up and went to bed and what they wished to eat at meal times. They told us the care staff and medical staff discussed their care and treatment with them, allowing them to make decisions about their own care.

Conversations with people indicated they understood the care and support they were receiving at Brendoncare Knightwood and that they had agreed to the care and support being provided.

We were told by people using the service that care and support was given in the way they liked because staff discussed this with them and listened to their views and wishes.

People are addressed by their preferred name. This was confirmed in conversations we had with people using the service.

Other evidence

Care plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. There was a section for people to sign to confirm their agreement with the

care plans. However, of the three we looked at they had not not been signed by the relevant person.

Staff we spoke with told us that it was people's own choice when they got up and when they wanted assistance with personal care. Daily notes showed that people's wishes regarding their care and support were respected.

Care was only provided in the privacy of people's bedrooms or in bathrooms, ensuring their privacy and dignity was upheld. All bedrooms are single occupancy, which assists with ensuring people have their privacy and dignity maintained whilst receiving care.

Our judgement

The views of people using the service are respected and they are involved in decisions about their care and daily activities. Care practices and the environment the home means the privacy and dignity of people is upheld. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We were told by people using the service that staff at the home help and support them with meeting their personal and healthcare needs in the manner they preferred. They had been involved in the planning of their care and treatment.

We observed that people were engaged in social interaction whilst sitting and chatting with each other in the lounge areas. However, for people staying at the service for respite care they indicated there was a lack of social stimulation and with them feeling isolated and lonely at times.

Other evidence

We looked at three care plans, one for a person admitted for respite care and two for people who had been admitted for rehabilitation care. Information about the person's care needs was obtained from the hospital prior to admission and a full assessment of their needs had been completed on their admission to the unit. Care plans included assessments and monitoring tools for nutrition, tissue viability, moving and handling and general wellbeing. There was guidance about how to meet the needs of people with a strong emphasis on promoting their independence.

Whilst looking at the care plans we identified some areas where there was a lack of detail to inform staff about the care and support to be provided. For some people they were required to wear medical support stockings because of their medical condition. There was no detail in their plans about this fact or any description of the support they needed in respect of this. However people using the service confirmed they received

the relevant support and assistance with this aspect of their care.

For one person whose plan detailed they needed assisting with changes of position there was a monitoring chart in place. However, there were frequent gaps in the recording on the chart which suggested the person had several days and nights where their position had not been changed. We asked the person who confirmed that they were assisted to change position during the day and night.

The manager told us that she had identified a risk that care documentation might not be fully completed. This was because people only stayed for two weeks rehabilitation prior to returning to their home. Previously they had stayed for 6 weeks. The manager said that in response to this concern the service was considering implementing a care pathway process (which involves a single document recording all the care people will need and how they are progressing as they move along the pathway) to ensure all people received all the care and support they need to enable them to return to their homes.

Because the main aim of the service was to provide rehabilitation services to enable people return to their own homes, there were limited organised social activities for people. Most people had intensive physiotherapy and occupational therapy sessions which took up a lot of the day and there were exercise sessions twice a week. There was a lounge where people could socialise and opportunities for people to join in with arranged activities taking place elsewhere in the building.

However, the manager told us she had identified that the provision of social stimulation could be improved and she was looking at ways to increase the range of activities. She had identified that this was specifically an issue for people using the service for respite care who did not have their day occupied with therapy sessions.

Our judgement

People using the service had the care and support they needed, provided in the way they preferred because staff listened to their wishes. However some of the care documentation did not evidence all of the care provided. Overall, we found that Brendoncare Knightwood was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People using the service told us that because staff knew how to help and support them, and listened to their views and wishes they felt safe at the home.

Other evidence

We saw training records that confirmed all staff had attended safeguarding of vulnerable adults training. This enabled staff to understand the aspects of safeguarding which were relevant to them.

Staff spoken with showed a good knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person.

Our judgement

People felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

All people using the service that we had conversations with said they were sure that staff had the relevant skills and knowledge to provide the support and care they needed.

Other evidence

The service had a learning and development plan in place and staff training needs were identified through one to one supervision and the appraisal system. Additional training, such as dementia care, Parkinson's disease and diabetes care was provided for staff to help them meet the needs of people who used service.

We saw records of training attended by staff and they were up to date and included reminders for refresher training. Staff we spoke with said they had attended all relevant training. This included, for trained staff refresher training about the safe management of medicines.

Staff told us they received regular ongoing supervision and the service supported them to attend training days.

Our judgement

The service had systems in place to ensure staff received the necessary training and support to care for people who use service. Staff had regular supervision and appraisals to support them in their role. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

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

People who use the service said they thought they would be given the opportunity to complete a questionnaire about their experience at Brendoncare Knightwood. They thought this would be once their treatment there had been completed.

Other evidence

Audits were completed about various aspects of the care provision at the service. These included audits of medication procedures, care planning and observation charts and infection control practices. Records were kept of any concerns arising from the audits and the action taken to resolve the concern.

Information about people's experiences were gathered by the use of satisfaction surveys. We looked at a sample of these surveys. They indicated that people were satisfied with the service provided and did not give any indication of areas for improvement.

Complaints were logged and incidents were reported and both had been reviewed to identify trends. Action taken as a result of these was documented.

The manager spoke about areas she had identified that needed improvement. These included the provision of social and recreational activities for people and the implementation of care pathways to ensure people received the support they required to achieve their goal of returning to their home.

Our judgement

The quality of care provision was monitored and improvements were made when concerns were identified. Opportunities were provided for people to give their views about the service. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People using the service had the care and support they needed, provided in the way they preferred because staff listened to their wishes. However some of the care documentation did not evidence all of the care provided. Overall, we found that Brendoncare Knightwood was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People using the service had the care and support they needed, provided in the way they preferred because staff listened to their wishes. However some of the care documentation did not evidence all of the care provided. Overall, we found that Brendoncare Knightwood was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People using the service had the care and support they</p>	

	needed, provided in the way they preferred because staff listened to their wishes. However some of the care documentation did not evidence all of the care provided. Overall, we found that Brendoncare Knightwood was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
--	--

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA