Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Brendoncare Froxfield

Littlecote Road, Froxfield, Marlborough, SN8 3JY

Tel: 01488684916

Date of Inspection: 01 October 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | The Brendoncare Foundation |
| Registered Manager | Ms. Kath Whysall |
| 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. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

# Summary of this inspection

## Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

## How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

## What people told us and what we found

We found that the people who lived at Brendoncare Froxfield and their advocates were happy with the care they received and that, as far as possible, they were consulted and involved in how they wished to lead their lives. People's health and welfare needs were being met and the support they received was appropriate to their needs.

We found that people were being well treated and there were systems in place to protect them from possible abuse. Experienced staff were available in enough numbers to be able to provide the care and support that people required.

We found that the quality of the service was being monitored and systems were in place to evaluate risks in order to meet people's health, welfare and safety needs.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and where possible, people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

Due to the nature of their condition, not all the people living in the home were able to express their views or be involved in making decisions about their care and treatment. We spoke with some of those who were and they told us that they were happy with the care and treatment they received. One said "they (the staff) are very helpful, they always ask me if it's ok to do something" and another said "I can usually do what I want". A person who was visiting the home told us that their relative was "able to go to bed late, which is what she likes to do". We saw that people had individual care plans that were kept in their rooms and that the plans had been signed by the resident or their advocate if they were unable to do so themselves; this provided evidence of people's inclusion and agreement in the care planning process.

We found that meetings had been held with people living at the home and their relatives. We saw records that indicated people's views were sought with regard to the service provided. For example; we saw a feedback form that indicated that people were unhappy with one of the choices on the menu and that this had been changed. We found that annual questionnaires were were sent to people living in the home and their advocates to enable them to comment on the service; although this had yet to be done for the current year.

We found that people were supported in promoting their independence and community involvement. For example; we saw that people were assisted to go to the communal areas so that they could meet with others living in the home. An activities coordinator was employed and was fully engaged with residents for long periods during our visit, creating a feeling of community involvement. There was a programme of social activity that included trips out of the home. Many of the people living in the home were dependant on staff for many aspects of their lives, which reduced their ability to remain independent; however one person we spoke with told us "I was not in a good way when I came here, they have really sorted me out and got me back on the right road". We spoke with a physiotherapist who worked in the home who described how they were able to assist a person who wished

to walk again, which had enhanced the person's level of independence.

Comments received from people living at the home, allied to our observations, indicated people were being treated with dignity and that their privacy was being respected. People said that they were treated well and one person described the staff as ''really helpful''. Throughout our visit we observed people being spoken to respectfully by staff, and staff knocking on bedroom doors and waiting for permission before entering. We saw a staff member assisting a person to eat; they were sat at the person's level and were talking and encouraging them, but not rushing. We saw that people were dressed in clean clothes and that those who were frail and in bed looked clean, comfortable and had clean nightclothes and bedding.

Overall, our evidence indicated that people living in the home were consulted, supported and respected by staff.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

We found that people's needs were assessed and that treatment and support was planned and delivered in line with their individual care plans. We reviewed a selection of people's care plans and found that they were based on assessments of their individual needs. Plans were in place to cover needs such as nutrition, social and emotional well being and personal hygiene. We saw that plans had been regularly reviewed, which ensured that they were an accurate assessment of people's current needs and that staff were alerted to any deterioration in people's health and welfare.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example; care plans included individual risk assessments that had been undertaken in relation to things like moving and handling, falls and tissue viability. One person's plan indicated that they were at risk of developing pressure damage to their skin and required a pressure relieving mattress along with help changing their position in bed. We saw that the mattress was in use and the setting was appropriate to the person's weight; we saw records that indicated their position was being regularly changed. We saw that people who had been assessed as at risk from poor nutrition or dehydration had records that related to the amount of food and fluid they had received. The provider may find it useful to note that we found that some of these records were being completed retrospectively, which may result in errors or inaccurate recording. This issue was discussed with the registered manager.

Our conversations with staff allied to records that we saw, indicated that people were supported in accessing health care services such as a general practitioners (GP), chiropodist, physiotherapist and mental health services. For instance; one person had developed a urinary tract infection and increased confusion; records confirmed that their GP had been notified and appropriate treatment prescribed. Another person had been referred to a clinical psychologist and a psychiatrist in order to obtain specialist advice in relation to their condition. We spoke with a physiotherapist employed by the home who confirmed that staff were pro-active and informed her of any deterioration in people's mobility. They also said that they attended meetings with nursing staff and the GP, which demonstrated a team approach to monitoring people's health and welfare.

People we spoke to in the home were positive about the support given by staff, one saying

"it's alright here, they are very good" and another said "they come quickly if I ring". We spoke to a visitor who was happy with the level of care their relative had received saying "they look after her alright'. We found that people's social welfare needs were addressed. For example: we found that people were very complimentary about the level of social activity in the home and a weekly newsletter was produced to keep people informed as to what was happening that week. One person said they enjoyed the activities saying "we have a bit of a laugh".

Overall our evidence indicated that people's care and welfare needs were being addressed.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

People we spoke with who lived in the home were positive about how they were treated by staff. Comments included "they are all very nice" and "we are treated well". A visiting relative said the staff were "very kind". We observed that people appeared relaxed in the company of staff and other residents, and that those with dementia were not unduely anxious or agitated. One person was receiving one to one support in order to meet their needs and maintain their safety.

We spoke with the manager who demonstrated a good understanding of issues relating to adult protection and informed us in detail about safeguarding alerts that had been raised in relation to the home. Records seen relating to the alerts indicated that they were appropriate and had been raised in order to protect people's best interests. The manager was able to tell us about actions taken as a result of safeguarding alerts, which further protected people against possible abuse.

The registered provider had a policy and procedure relating to safeguarding adults and contact numbers for the local authority safeguarding team and Care Quality Commission (CQC) were on display. Staff training was available with regard to adult protection, mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS referrals may be made in order to assess that a person's placement in a service is in their best interests and staff knowledge of DoLS protects people against possible abuse.

We spoke with staff who confirmed that they had received training relating to safeguarding and correctly informed us of the action they would take should they witness an incident of abuse, including contacting outside agencies such as the local authority safeguarding team or CQC.

Our findings indicated that the action and knowledge of staff safeguarded service users against possible abuse.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

We found that there were normally two registered nurses (RN) and seven care assistants on duty during the day to support the 32 people living at the home at the time of our visit. There were four care assistants and one RN on waking duty each night. The home was divided into three distinct areas and a group of staff were allocated to each area daily. People we asked who lived in the home told us they felt there were enough staff to look after them. One said "there's normally two come in to help me" and another said that staff "come pretty quickly" when called. During our visit we observed that staff attended to people promptly and that they were able to support people with their personal needs, such as getting up, washed and dressed without undue delay. There were enough staff available to provide support to people at meal times.

Care staff and nurses we spoke with confirmed the staffing levels and most stated that they felt the level was high enough for them to meet people's needs. One person in the home required one to one support due to their behaviours; a care worker told us that, as this was potentially stressful, a different carer undertook this duty each hour. The provider may find it useful to note that some comments received from staff indicated that they felt they could do with more staff on duty in order to be able to "do more" for people. One felt that since the home had been reorganised and a separate dementia care facility put in place, the level of care was not as good. One visitor was happy with the care their relative received but felt that they were "not as many staff as there used to be" to help ensure their relative spent more time out of their room. We informed the registered manager of these findings.

The home had a bank of temporary staff they could call on In cases of sickness and absence and we noted that a member of the bank staff was on duty during our visit. We were informed that agency staff were currently being used to cover staff on long term sickness, but that the service had requested the same agency staff be sent whenever possible in order to ensure a level of continuity of support. We spoke with one agency staff member who told us they had worked in the home several times and that they always worked with a permanent member of staff during their shift.

We noted that the majority of the care assistants employed had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3. We saw that mandatory training had been provided in subjects such as first aid, moving and handling, infection control and

abuse awareness, along with training in relevant subjects such as caring for people with dementia. Staff we spoke with confirmed that they had received training, including NVQ. We noted that many staff had been employed at the home for several years, which indicated a degree of continuity of care and support for those living there. We saw that support staff, such as cleaning, kitchen, maintenance, administration and laundry staff were employed in enough numbers to provide a consistent service to people living in the home.

Overall, evidence suggested that people were supported by sufficient numbers of competent, experienced staff, in order to ensure their needs were met consistently.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

We found that people living in the home were asked their opinion on the service. For example; we found that meetings were held with people and their advocates, and that the registered provider, Brendoncare, held an annual 'roadshow' where senior management members were available. We were informed that representatives of the registered provider regularly visited in order to monitor service provision and to talk to people who lived in the home. Staff members we spoke with confirmed these visits took place and a relative informed us that they had spoken with a representative during one of the visits. Records of visits were produced and the manager informed us that one outcome was that they were currently looking at the issue of maintaining people's dignity at meal times.

We reviewed the arrangements regarding complaints and concerns and the manager was able to explain the complaints procedure and describe how a complaint they had received had been handled. A complaint file was kept, which we reviewed and that showed that complaints were investigated and dealt with promptly. The manager informed us that they had ordered copies of the providers complaint leaflet, which would be made available in the home.

We saw that there were systems in place to monitor the safety and welfare of people who use the service. For instance; the registered provider had a clinical development team who undertook regular audits. We saw an audit timetable and issues covered included medication, nutrition, infection control and tissue viability. Reports were produced along with action plans to address issues. The manager informed us that some registered nurses working in the home acted as link nurses for subjects such as infection control and nutrition.

Environmental risk assessments had been carried out and there were risk assessments undertaken relating to issues such as fire safety. The provider may find it useful to note that some of the risk assessments had not been reviewed for over a year, which may mean that they were not a current reflection of risks. We saw that there was a schedule of regular maintenance safety checks. The manager told us of action that had been taken following a previous power failure when the emergency generator was in use and a risk

was highlighted due to the positioning of power sockets. New power sockets had been installed to one area of the home and more were due.

We reviewed the arrangements regarding accidents involving residents or staff and found that these were being recorded, along with details of any action or outcome. Individual risk assessments were in place in people's care plans relating to safety issues such as fire evacuation, falls and moving and handling.

Overall we found that evidence indicated the quality of the service was being monitored and that people who used the service benefitted from safe care, treatment and support, due to the effective management of risks to their health, welfare and safety.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** 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.

**Moderate impact -** 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.

**Major impact -** 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |