

Review of compliance

<p>HC-One Limited Brandon House Nursing Home</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>140 Old Church Road Bell Green Coventry West Midlands CV6 7ED</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Brandon House is registered to provide accomodation and nursing care for a maximum of 35 people. It provides a service for older people with dementia care needs.</p>

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

Our current overall judgement

Brandon House Nursing Home 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 16 August 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

This was the first inspection of this service since it was taken over by a new provider in October 2011.

We made an unannounced visit to this care home on 16 August 2012.

We spoke with ten of the 34 people using the service at the time of our inspection and one of their relatives. People spoken with told us they were satisfied with the care they received. Their comments included,

"They are friendly"

"There usually seems to be enough staff. Some staff are more caring than others."

" I feel safe here."

We spoke with the registered manager, the deputy manager, two nurses and three care staff. We looked at some records relating to the running of the home, such as the staff duty rota and training records.

Some people using the service had complex care needs, which meant they might have difficulty talking to us about their experiences. We spent time in one of the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

Overall we found that Brandon House was providing effective care and support to meet the needs of people using the service.

What we found about the standards we reviewed and how well Brandon House Nursing Home 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 provider was meeting this standard. People's privacy, dignity and independence were respected.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

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.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

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

We spoke with ten of the 34 people using the service at the time of our inspection. People told us that staff maintained their privacy and dignity and they had no concerns about this. They confirmed that staff knocked doors before entering and they always saw doctors in a private room. One person said, "Staff are kind and polite."

Some people using the service had complex care needs, which meant they might have difficulty talking to us about their experiences. We spent time in the lounge closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We saw some sensitive staff interactions with people using the service. For example, we observed that most staff bent down to people sitting in chairs to speak with them face to face at their level. We observed some staff spending time talking with people at a pace and level appropriate for the person.

We observed staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

Staff were knowledgeable about people's preferences and lifestyle choices. Staff

spoken with told us about the needs of people: what they could do for themselves and what they needed support with. We observed that staff knew about the significant relationships and events in the lives of people using the service. For example, we saw one care worker chatting with a person about their grandchildren as they assisted them with their meal.

Other evidence

Training records showed that a third of staff had received training in dignity awareness and over half of the staff had received dementia care training.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

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 using the service at Brandon House had complex needs, which meant they might have difficulty telling us about their experiences. We spent time in the lounge and dining room closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

It was evident from our observations that people had received the support they needed to maintain their personal appearance and hygiene. People looked groomed and appropriately dressed. We noticed that people's skin and fingernails were clean.

People that were being cared for in bed had been made as comfortable as possible with pillows and blankets. Hospital type beds were in use as well as other specialist equipment including pressure relieving mattresses, cushions, hoists and bath chairs.

We saw that most staff were knowledgeable about people's needs and their likes and dislikes and were kind and caring towards them.

We observed staff sitting with people and supporting them to eat and drink during the lunchtime and evening meals.

We observed several interventions when staff used equipment such as a hoist to assist people to move safely. Staff explained what they were doing and gave sensitive assistance at a pace appropriate for each person.

Other evidence

We looked at the care records of three people using the service.

Care records each contained a pre admission assessment of the person's needs and abilities. For example, staff identified that a person with mobility needs required the assistance of two staff to assist them to move safely.

Each person had a care plan, daily records and monitoring records. Care plans were based on information secured during the pre admission assessment and supplemented by continual assessment following their admission.

Care plans were available for the identified needs of each person and supplied staff with the information needed to make sure the person's needs were met safely and appropriately. For example a care plan included directions to make 15 minute observations for one person to monitor their safety as they were at risk of falls.

We saw care plans for managing some of the behaviours related to people's dementia care needs, to minimise their distress or anxiety. We saw that distressing behaviour was monitored, recorded and analysed to identify the causes and avoid the 'triggers'.

We saw evidence of the use of risk assessment tools for falls, nutrition, mobility and pressure sores. Where the outcome of the assessment identified an increased risk there was evidence of action implemented to minimise the risk. . For example, we saw a care plan for a person identified as having a high risk of developing pressure sores. The actions included the use of a pressure relieving mattress, which we saw in use.

Records in people's care files demonstrate they are supported to access other health care professionals such as GP, optician, dietician, speech and language therapy and chiropodist. There was evidence in people's care records that staff are observant of changes in people's health and make appropriate referrals to other health professionals.

Records show that people are weighed regularly. The records we looked at showed people had sustained their weight or gained some since their admission.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

Some people using the service had complex care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

There was at least one member of staff present in communal areas during our visit. This means staff are present to intervene or raise an alarm if there are altercations between people using the service. We observed an incident when one person became agitated and began shouting at another person. A care worker intervened and diffused the situation by introducing a topic for conversation which effectively distracted the agitated person and changed their mood.

We observed that people felt confident in approaching the staff and asking for support. We saw that people were treated respectfully.

People using the service did not comment on safeguarding issues however one person said, "I feel safe here."

Other evidence

The service had a policy and procedure for responding to safeguarding concerns and any allegations of abuse.

Records given to us by the provider showed that most staff had received training in

safeguarding vulnerable adults. The provider might find it useful to note that training in Deprivation of Liberty Safeguards (DoLS) and Mental Capacity (MCA) was not routinely available to all staff, although the manager was knowledgeable about the subjects. We looked at the records of one person who had been subject to an authorised deprivation of liberty. Records were accurately maintained and care plans were in place to make sure actions taken were in the best interests of the person.

We spoke with two care workers who were able to describe signs and symptoms of abuse. Staff said they would report any observations of potential abuse to the manager and felt confident their concerns would be acted upon. Staff had an awareness of whistle blowing and the agencies they could report concerns to.

The manager was aware of her role and responsibilities in responding to suspicion and allegation of abuse. She has made appropriate referrals and worked co-operatively with the local authority and other agencies during investigations.

We saw evidence of objective investigations into adverse incidents affecting people who use the service.

The manager has notified us of any safeguarding concerns in the home.

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.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke with ten of the 34 people using the service at the time of our inspection. Their comments included,

"The girls work very hard."

"They are friendly"

A relative told us, "There usually seems to be enough staff. Some staff are more caring than others."

People using the service at Brandon House had complex needs, which meant they might have difficulty telling us about their experiences. We spent time in the lounge and dining room closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed that people were not left unattended for extended lengths of times. There was a staff presence in corridors and communal areas. We saw staff sitting and chatting with people when they were not involved in a task to meet a particular care need. People appeared to be comfortable in approaching staff with their requests and staff responded quickly.

We observed staff supporting people with their routines of daily living. For example, we saw staff offering timely and sensitive assistance during a meal time. We saw several

occasions when staff used equipment such as a hoist to assist people to move. We saw that staff explained what they were doing at a level and pace the person they were supporting could understand.

Other evidence

Brandon House accommodates up to 35 people with dementia care needs who need nursing care. On the day of our visit there were 34 people using the service.

The manager told us that she was satisfied with the current level of staffing although staffing levels are kept under review and are increased if people's dependency levels increased.

The manager told us the staff complement was:

Two registered nurses and eight care assistants on duty between 8am and 8pm,

Two registered nurse and four care assistants on duty between 8pm and 8am.

The manager was supernumerary and there were sufficient laundry, catering, cleaning, maintenance and administrative staff to ensure that care staff did not spend undue lengths of time undertaking non-caring tasks.

Three people using the service required 'one to one' support from staff. Funding for this was provided by local health services and a 'brokerage' system was in place to provide these extra staff to the home. The manager said they were consistently provided which meant the home's own staff complement was not depleted.

We looked at three weeks of the staff duty rota between 30 July and 19 August 2012, which confirmed the staff complement described above is usually achieved.

Staff training records showed that staff complete an induction programme and receive mandatory training including fire safety, abuse awareness, infection control and manual handling.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

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

Other evidence

Staff records and other records we looked at relevant to the management of the services were accurate and fit for purpose.

There were sufficient details in care planning records to ensure that people received consistent care. Other sensitive personal information was secure in the manager's office or the administrator's office.

People's care records were kept in the nurses' office on each floor, which meant information could be located promptly when needed. Care records were stored in lockable cabinets to ensure that people's personal information was secure.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

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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Author	Care Quality Commission
Audience	The general public
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