Inspection Report

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

Brandon House Nursing Home

140 Old Church Road, Bell Green, Coventry, CV6 7ED

Tel: 02476638602

Date of Inspection: 26 February 2014

Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Miss Francine Summers
Overview of the service	Brandon House is registered to provide accommodation and nursing care for a maximum of 35 people. It provides a service for older people with dementia care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures 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

We carried out this inspection to check whether Brandon House Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

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 26 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and reviewed information sent to us by commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We visited Brandon House Nursing Home in August 2013 and identified a number of concerns with the care and welfare people living there received. In October 2013 we revisited the home. We found the service provided had improved, but further improvements were required in the planning and delivery of care. During this visit we spoke with the deputy manager, five members of staff and a visiting relative to the home. The majority of people had limited communication so we carried out periods of observation during which we saw staff interacting well with individuals in a friendly, relaxed but respectful manner.

Care records we looked at were detailed and gave a good picture of the individual and their individual needs. They were reviewed regularly to ensure they reflected any changes in people's care needs. Staff knew the people living at the home very well and were able to demonstrate how they cared for them and met their individual needs.

We found there was a much more proactive approach in managing mental and physical health care needs. We saw relationships with external healthcare professionals had improved and they were providing regular support when issues were identified.

We looked at a selection of people's daily records such as food charts and turn charts. We found record keeping needed to be more accurate to evidence staff were doing all that was required in care and support plans.

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

What we have told the provider to do

We have asked the provider to send us a report by 27 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

When we visited in August 2013 the manager and deputy manager had recently left the service and there was a lack of leadership within the home. We identified a number of concerns with the care and welfare people living there received. In October 2013 we revisited the home. A new manager and deputy manager had been in place for four weeks. We saw the service provided had improved, but further improvements were required in the planning and delivery of care.

At this visit we spent time talking with the deputy manager as the manager was on annual leave. The deputy manager demonstrated a comprehensive knowledge of the individual physical and mental health needs of each person living in the home.

The deputy manager also displayed a good understanding of the skills, strengths and training needs of staff. We saw nurses were being supported to make clinical decisions and exercise their professional judgement. Staff we spoke with were positive about the support they now received from the management team. Comments included: "It has improved since Dawn (deputy manager) and Fran (manager) have been here. Staffing has improved. We always have a full complement of staff." "Dawn is there 100%. She is great, very knowledgeable." "They are supportive." "It is better. There are enough carers. It runs more smoothly and it is a happier home." Staff we spoke with confirmed they received training to ensure they had the skills to meet the needs of people. One staff member told us they had pressure area management and falls awareness training in the next two weeks and had requested catheterisation training.

At previous visits to the home, staff had raised concerns about communication between nursing and care staff. At this visit all the staff we spoke with told us communication had improved to the benefit of the service. Every day staff had a "flash meeting" at 11.00am when they could discuss any issues or concerns they had. One member of nursing staff told us, "To me the relationships are fine. If care staff are not sure about anything they will ask me to go and have a look." Another member of staff said, "It works well. There are no issues between nurses and care staff."

We saw relationships with external healthcare professionals had improved. The GP now attended the home each Monday morning. During their visit they met with nursing staff to discuss any health concerns within the home before undertaking a 'ward round'. The home had procedures in place with the GP that ensured referrals were dealt with promptly. We found there was a much more proactive approach in managing mental and physical health care needs. Tissue viability nurses, the dietician and speech and language therapy were providing regular support when issues had been identified.

We looked at the care documentation of three people living at the home. The care plans were detailed and gave a good picture of the individual and their individual needs. They showed how staff were to meet people's needs safely and in a way people preferred. There were summaries of people's main care needs on the front of their files. This meant information staff needed to know was easily available to them. Care plans were reviewed regularly to take into account any changes in support needs.

We saw risk assessments had been developed where risks to people's care had been identified. This included risks of people falling, developing pressure ulcers and risk of malnutrition. From the risk assessments care plans had been developed to ensure risks were appropriately managed. We saw risk management plans for people whose behaviours could be seen as challenging focused in a positive way on the behaviour. For example, for one person who sometimes entered other people's rooms, their plan read 'enjoys exploring and will enter people's rooms'. There was a care plan in place to provide that person with as much independence as possible, whilst monitoring them closely to keep both them and other people living in the home safe.

We spoke with staff about the individual needs of the people whose care records we looked at. Staff knew the people living at the home very well. They were able to demonstrate how they cared for people and met their particular needs. They were able to confirm instructions in care plans were being carried out.

The majority of people had limited communication so we carried out periods of observation in lounge areas and the dining rooms. From our observations we saw staff interacting well with individuals. We saw some friendly, relaxed but respectful exchanges. We observed staff bending or crouching down to talk to people on their level. Staff responded promptly to people's requests.

We observed people were using a range of walking aids to help support their independence when mobilising around the home. We observed one person being supported to move with the aid of a hoist. Staff explained to them what was happening and gave the person positive support and guidance. The person appeared relaxed and happy during the procedure.

At lunch time we saw where staff assisted people to eat, this was done in a sensitive and appropriate manner. The lunch time period was calm and relaxed and people were not rushed. One person who had swallowing difficulties was provided with a pureed meal so they did not choke. Another person did not want either of the meal choices available that day and was given a sandwich which they enjoyed. People were regularly offered hot and cold drinks through the day. In the lounge upstairs there were orange and blackcurrant juice dispensers so cold drinks were constantly available.

There was a calm and relaxed atmosphere on both floors of the home. We spoke with a relative who was visiting at lunch time. They sat in the dining room during lunch and helped their family member to eat. They told us, "It is a great place. I visit regularly. Staff

are lovely and he is well looked after."

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last visits in August 2013 and October 2013 we identified concerns in people's care records and the accuracy of the information within them. We also identified that daily records were not being completed consistently and in sufficient detail.

At this visit we found all care plans had been reviewed since the new manager and deputy manager had taken up their posts. Tools used to identify risks such as malnutrition and pressures ulcers were much more robust. There was a more structured risk management procedure in place that clearly showed how risks associated with people's care was managed and supported the information contained in people's care and support plans. Care plans contained the required information to provide clear guidelines for staff to provide consistent and safe care.

We saw care plans contained information about people's preferences regarding daily routines. There was also information about people's backgrounds and interests. This information supported staff in providing individual care and meeting people's emotional needs as well as their physical needs.

We saw care plans were reviewed regularly by nursing staff to ensure they reflected any changes in people's care needs. One member of nursing staff told us, "If anything changes in care needs, you have to change the care plan there and then." Care records gave accurate information about the care needs of people to help staff support people in their care.

We saw processes had been introduced to ensure care plans were well maintained. Staff had ready access to all documents they were required to complete as part of their duties.

We looked at the daily records for four people and found staff had still not completed these as required. For example, food charts did not consistently indicate the precise food items people had eaten or exactly how much. Sometimes it just read 'dinner' or 'pudding' and 'all' for the amount eaten. Records did not indicate whether any of the foods had been fortified.

This meant that for people who were at risk of malnutrition it was not clear if the food the person had eaten was high calorie or not.

At our last visits we saw gaps in the topical medication records where staff had not signed to confirm they had applied the medicines as directed. Topical medicines are those that are applied directly to the skin. On this visit we saw there were still gaps in the records.

Repositioning charts were not being completed consistently and did not always record the position people had been changed to, for example right or left side or back. This meant a person could be repositioned in a way that did not support the maintenance of healthy skin.

Staff we spoke with had a good understanding of the needs of people living in the home. They were able to demonstrate how they cared for people and met their particular needs on a daily basis. Staff told us what was reflected in people's care plans. Whilst we were confident staff were meeting people's care and support needs, they were not completing the daily monitoring records to evidence they were doing all that was required.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained. Regulation 20(1)(a).

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 by 27 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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

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