

Stowlangtoft Healthcare LLP

Brandon Park Residential and Nursing Home

Inspection report

Brandon Country Park
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Brandon
Suffolk
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Website: www.example.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

The inspection took place on the 15 December 2014 and was unannounced. This was the first inspection of this home since the new providers took over in July 2014.

The home provides accommodation for up to 55 people and accommodates people who require nursing or personal care. There was a registered manager in post. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Improvements are required in how people receive their medicines to ensure they receive them safely and medicines in stock are correctly recorded to ensure there are enough medicines for people as prescribed.

People were supported to eat and drink and their individual dietary needs were accommodated. However gaps in their records did not show us how staff were effectively monitoring people at risk of not eating or drinking enough for their needs.

People without capacity to make decisions about their care and welfare were not adequately supported by staff and we could not see how staff were acting within the law to support people properly.

Care records did not always provide sufficient information to staff about how to meet people's needs and in some instances there were no records telling staff how to provide specific care to people, such as a night time, which meant staff unfamiliar with people's needs would not know enough about the person's needs.

Staff knew how to recognise and report concerns if they suspected someone to be at risk of harm or possible abuse so could protect people from actual or further harm as possible.

The environment was appropriate to people's needs and renovations being carried out were being done carefully to minimise the level of disruption caused to people living at the home. The numbers of people currently using the home was reduced because of the refurbishment. Once the renovations are completed the facilities within the home will be significantly improved.

There were enough staff to meet people's needs and the provider continued to recruit staff in anticipation that additional people will be moving to the home. New admissions to the home were being carefully planned and staffing levels would be adjusted accordingly.

Staff were observed to be kind and caring and promoted people's independence and dignity. They met people's needs in a timely, unhurried way.

Staff were sufficiently knowledgeable and had enough training for their job role. Staff felt very well supported and felt the management style was very open, supportive and consultative.

People's emotional well-being was supported by caring staff and staff regularly engaged people in activities of their choice. All staff were involved in providing activities and the home employed a full time activities coordinator who planned with people how they would like to occupy their day. The home was increasing its participation with the local community to help people retain links with their community.

Staff and the manager were open and friendly and made visitors welcome. Visitors told us they were treated well when they arrived at the home. The atmosphere was relaxed and people said they received good care.

There were systems in place to measure the effectiveness of the service. We saw examples of how the service was being improved as a result of feedback received from both people using the service and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were inadequate processes in place for the administration and recording of medicines so we could not be assured people always received their medicines safely.

There were sufficient staff to meet people's needs and people's needs were responded to quickly.

Staff knew how to raise concerns if they thought people were at risk of abuse or harm. This meant staff could protect people as far as possible from further harm.

Risks to people's safety were assessed, documented and steps were taken to minimise risk.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not always act lawfully to support people who were unable to make decisions about their care and welfare.

People were encouraged to eat and drink and their dignity was maintained. However records did not always tell us how risks to people in terms of their hydration and nutrition were effectively managed.

People were adequately supported to have their health care needs met.

Staff provided appropriate support to people to ensure their safety and welfare was promoted.

Requires Improvement



Is the service caring?

The service was caring.

Staff supported people, spent time talking to them and responding to their needs in a caring unhurried way. This supported and recognised people's independence and dignity.

Families and other visitors were made welcome and had confidence in the service provided to their relative. They were kept up to date with anything affecting their relative.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always tell us enough about the needs of the person or how they would like their care to be provided.

Requires Improvement



Summary of findings

Care plan reviews did not always happen as soon as a person's needs had changed or take in account changes in needs so we could not always see how people's needs were properly monitored.

People knew how to complain and were involved and consulted about their care and asked for their experiences of how the service was delivered.

Staff were kind and the observed care was good.

Is the service well-led?

The service was well led

The ethos of the home was evident and everyone involved in the care of the residents were striving for excellence.

Staff felt well supported. People using the service were consulted and family members involved in the care of their relative.

There were systems in place to measure the effectiveness and quality of the service provided to residents which enabled the provider to know where improvements were required.

Good



Brandon Park Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 15 December 2014 and was unannounced. The inspection was undertaken by two inspectors and an Expert by Experience 'An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.' Our expert had experience of caring for an older person.

Before the inspection we reviewed the information we already held about this provider. This information was limited as the service had changed ownership in July 2014. Since the new providers had taken over they had started a major refurbishment project and because of this had limited the numbers of people they were admitting to the home. At the time of our inspection there were 30 people using the service. The home was registered for 55 people.

During our inspection we observed the care being provided to people throughout the home and spoke with people, staff and visitors. 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.

We spoke with fifteen people, ten staff and three relatives. We looked at five care plans and associated records to do with the running and the management of the home.

Is the service safe?

Our findings

We looked at the systems in place for the safe storage, ordering and administration of medicines. We identified concerns when we spoke with people about how they received their medicines. One person said “They bring my tablets but they don’t watch me take them; they trust me.” Another said “A nurse brings my medication and stays while I take my morphine but she leaves me to take the others myself.”

We looked at people’s care plans which told us what medicines people took and how they liked to take it, such as with a meal. We observed staff give people their medicines in a timely way and signing for medicines once the person had taken it. We checked the records relating to four people’s medicines and found a number of discrepancies. Medicines were recorded on delivery but the number of recorded tablets did not correspond with the actual number of tablets in stock. Some medicines had not been signed for so we could not be sure they had been administered as required.

Some people’s medicine needed to be administered half an hour prior to food to be effective. We found no guidance for staff on the administration of these medicines to the people that needed them.

Three of the four people did not have medication profiles which would tell staff the medication people were currently taking. Staff were not aware of what medicines people were taking and their care plans detailed the list of medication they were taking on admission but this had not been updated for staff. This posed a risk to people as staff were not aware of the side effects to look out for and would not be able to give accurate information about their medicines if the person needed to transfer to hospital. We fed our concerns back to the manager who assured us they would take immediate actions to rectify the issues identified. We were not confident that people received their medicines safely.

This meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 and the action we have asked the provider to take can be found at the back of this report.

The home was undergoing major refurbishment whilst still being occupied by 30 people. Staff told us the refurbishment was being managed carefully and in sections to minimise disruption to people living at the home. The manager told us they only used known, approved contractors and they were working in one area at a time. The manager said the fire authorities had visited to ensure the home was safe and people had appropriate means of escape. We did not identify any immediate hazards to people’s safety and saw the refurbishment would bring great benefits to the people living there. People had risk assessments in place and these clearly stated what was in place to reduce the risk to the person, such as in the case of falls, people had bedrails, sensors, and alarms in easy reach. Risks were reviewed to ensure the measures put in place were effective. However records were limited and did not fully explore the level of risk to people or show a detailed analysis of how the risk could be managed.

Staff responded to people’s requests promptly and call bells were answered quickly which would imply there were enough staff. During our inspection we saw people were adequately supervised to ensure their well-being. There were enough staff according to the provider’s calculations and this was confirmed by our observations. The manager said they had managed to retain most of the staff following a transfer of ownership which meant staff were familiar with people’s needs. Staff recruitment was on-going and additional staff were being employed to enable the provider to safely increase the numbers of people using the service.

All the people we spoke with had no concerns about their safety; all felt perfectly safe.

The home had policies in place to inform staff how to report concerns about people’s welfare. We spoke with staff who were familiar with the policy and knew what actions they should take if they believed a person was at risk of harm or actual harm or abuse. Staff were aware of internal reporting procedures and external agencies they could refer concerns to. Staff told us they had received training in protecting adults from abuse. This was completed in their induction. This meant they would know how to report concerns and protect people in their care.

Is the service effective?

Our findings

Before the inspection we received concerns about a person's capacity assessments and best interest decisions. We found that there was no formal capacity assessment for this person and there should have been an assessment. This meant that the service was not acting within the legal requirements of the Mental Capacity Act 2005. As decisions had been made on behalf of this person without a formal assessment of their capacity a safeguarding referral was made and an investigation had taken place.

We looked at people's records and saw that one person was prevented from leaving the building because staff felt that it was in their 'best interest'. Staff used the least restrictive method to prevent the person leaving. There was a mental capacity assessment in place which had been signed by a carer. The person had been assessed as being able to make their own decisions and retain information so we could not be sure as to why they had not signed their consent or if staff had explained to them why a best interest decision was necessary. Another person's records did not include a mental capacity assessment so we were unable to establish if they had capacity or not.

Staff told us that they had completed an on line course covering the MCA 2005 and Deprivation of Liberty safeguards (DoLS), and The Mental Capacity Act 2005. We asked staff about the implications of the Act and staff struggled to recall what they had learnt other than the trained nurses who were more knowledgeable. This meant we could not be assured staff were working within legal requirements.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010

Staff told us they had received a comprehensive induction before starting working. The induction covered all their essential training and included shadowing more experienced members of staff. As staff were signed off as competent by the manager they could work independently. The induction was thorough and ensured staff had the necessary skills for their role. There was a training schedule for all staff and staff were being supported to develop their skills and take on additional roles within the home so they could improve their care giving, meet more diverse needs and support other staff.

People who were not eating and drinking enough were not sufficiently monitored. We looked at people's records and saw that there was a lack of effective evaluation of what people were eating and or drinking. For example drinks consumed were recorded but the total amount of fluid was not always added up and we could not see what actions had been taken when low fluids were recorded. Equally we saw that people were weighted to ensure they remained a healthy weight but regular recordings were not completed which made the information difficult to evaluate over time. This had the potential that intervention may not have been as timely as it should be.

We observed lunch and saw people were appropriately supported to eat and drink in sufficient quantities for their needs. Everyone we spoke with commented positively about the food. One person said "If there is nothing on the menu that you like they will always do something for you." Another said "If you are still feeling hungry there is a wide range of sandwiches or a salad, even at 8 or 9 o'clock at night." We saw staff asking people if they had eaten enough or if they wanted anymore before taking their plate away. The atmosphere in the dining room was calm and people were offered adequate choice and where people required assistance this was provided in a sensitive way and at the persons pace. Relatives were also in the dining room and commented positively on how their family members were supported. For example one person was served their food, staff ensured they knew what they were eating and that they had all the help they required.

People were helped to maintain good health and were able to see a GP or other health care professionals when required. One person told us "If you need a doctor there is one there within hours." We spoke with the person providing activities and they utilised their skills as an occupational therapist to encourage people's mobility and manual dexterity. They asked people to fold laundry and keep active and said this helped people use their muscles. We also observed them encouraging people to walk where able and using gentle exercise.

We spoke with a relative who told us, "I have no concerns about the care here. They have been wonderful. If I was worried about anything I would go straight to the manager. I have been notified of falls if my relative has had them or if they have been unwell."

We looked at people's care records to see how people's health was being monitored and was able to see what

Is the service effective?

people's main needs and health conditions were. We saw evidence of collaborative care. The home worked closely with other health care agencies to ensure the persons health care needs were closely monitored to ensure their needs were met. For example, the district nurse and

diabetic nurse had both been involved to ensure the person's diabetes was carefully managed. Some people's mental health had been assessed and reviewed and where medicines were used as part of a person's treatment this was recorded stating the reasons.

Is the service caring?

Our findings

People spoken with all made positive comments about their care and support. People told us staff were kind and they were happy with their care. One person said, "Whatever you want doing you ask and they do it for you." Another person said "If the weather is good we are taken into the garden in our wheelchairs to sit in the sun and there is always a carer with us."

Visitors were positive about their experience of visiting their loved ones. One person told us, "They make my husband very welcome and he has his meal on Fridays with me - fish and chips. There's a lot going on." Another told us that their family member did not really get on with people but did with the staff because they treated him like a friend.

We were told there were no restrictions on visiting hours and it was up to the person being visited. Relatives said they had been consulted about the changes going on in the home and about their relatives care which gave them confidence in the service. One person told us they had liked the home when they came to look round to see if it was suitable for their family member. They said everything was clearly explained to them and staff were open and transparent.

People and their family members felt able to raise concerns and felt they were addressed. They also said they were

involved in decisions and asked for their views of the service. People and their families were asked to comment on the care provided and kept informed of any changes to their relative's health.

Our observations of care provided, during the day were positive. Staff were kind and caring and interacted gently with people.

During our observation we saw one person who refused to eat. Staff accepted this and then came back a few minutes later and encouraged the person at their own pace and in a kind manner. The staff's encouragement ensured the person began to eat. Staff were knowledgeable about people's needs and used this knowledge to care for people effectively. The person was living with dementia and staff were aware of their needs and the importance of supporting them with their meal.

We saw that people's privacy and dignity was respected. Staff sat at eye level when talking to people and spoke with them in private. When a person got distressed staff noticed immediately and responded appropriately. Staff responded positively to people and praised and supported them.

We observed people being assisted with their mobility when required and this was done swiftly and safely with staff explaining what they were doing to reassure the person. People were free to move about and had walking aids to hand. Rails were along the corridors to help people steady themselves if required. The activities person told us people were supported to be as independent as possible.

Is the service responsive?

Our findings

Staff were responsive to people's needs. One person who choose to spend the day in their room said, "They come and ask me if I am OK and what I like to eat. I have filled in a form to tell them what I think of the care. All the staff are kind and caring. I cannot find fault with them."

Staff told us, they had enough information to meet people's needs and after each shift there was a detailed handover where they went through and discussed each person so all staff were aware of what their immediate needs were. We looked at care plans and other health care records and found these did not give us sufficient information about the person's daily needs and routines. There were no details about people's evening routine and we saw that agency staff were sometimes used at night and they would not be so familiar with people's needs.

We found some of the information lacked clarity. For example where a person required repositioning to prevent their skin breaking down their record just said turn two hourly and there was no record of what side the person was placed on so we could not be sure pressure to their skin was being relieved effectively. We saw that another person's behaviour was quite unstable and there had been incidents of them being aggressive towards staff. There was no real analysis of this behaviour or an understanding of when this behaviour was more likely to occur and possible strategies to support this person. Their record said "check every half an hour," but we saw in practice hourly checks were being completed with no explanation for this. This meant this person was not receiving the care they were assessed as needing. One person had developed blistered heels and skin tears and their care plan had been updated and stated the condition of their skin should be assessed weekly but in practice this was not being done. This meant we could not see how staff were monitoring this person's health and responding accordingly to any change in need.

We saw that usually, detailed pre admission assessments had been completed before a person moved in and this involved the views of family members. The provider had also introduced a booklet which told people about what services were provided and what they could expect from the home and what they should do if the home felt short of their expectations. However on the day of our inspection a person was being newly admitted to the home. There was no initial care plan in place for this person and staff were

expected to provide the care to this person had not seen the pre-admission assessment. This had been completed by the registered manager and they talked to staff during the handover about this person's needs. We were not confident that the staff had enough information to help this person settle in and to respond adequately to their needs.

We observed staff interacting with people and responding appropriately to their needs and showing an understanding of how each person liked to receive their care. This was recorded in their care plan which showed people's individual likes and preferences. Their care plans also included details about the person's previous occupation and family life which helped staff understand a little more about the person in order to care for them appropriately. People were involved as much as they were able in social activity. For example, we saw a small group of people playing dominoes, a number of the people were folding laundry and then before lunch a larger group were playing a board game. People said there was always something going on. They participated in baking, making Christmas decorations, knitting and we saw the provider was trying to increase peoples' participation in the community and build relationships with the local community. A newsletter was produced which told us about forthcoming events and fundraising ideas.

In the main lounge the staff member responsible for providing activities was well organised and facilitated a number of different activities giving people attention and supporting them to participate. One person asked to go to their room and the member of staff immediately obliged. Another person was reluctant to join in but after some gentle encouragement did so and we saw them actively engaging, smiling and talking to others. Another person told us they liked to keep busy and help the staff. They were folding napkins. The activities helped to keep people stimulated and active.

People we spoke with were aware of how to make a complaint and who they should address it to. One person told us the manager always made themselves available and would come and listen to any concerns if they requested they did so. One person told us if they had a concern they asked one of the nurses to fetch the manager. The provider told us that when they became the new owners they introduced a family/resident survey after 6 weeks to establish initial feedback and then repeated this recently to see if they were delivering the service well. They

Is the service responsive?

were able to demonstrate how they had listened to people's concerns/suggestions and how they had acted upon them. In addition to the complaints procedure the service had a suggestion box near reception so people/visitors could post their concerns if they preferred.

Is the service well-led?

Our findings

This was our first inspection of this service since it transferred ownership. We asked people about this. One person who used the service told us “The change of management is better. Staff are more comfortable. They consult with us about the changes happening.” We saw evidence that the provider formally consulted with people and gave people information about the service and changes they were proposing to make. People could have their say and were asked about colour schemes and plans for refurbishment.

Staff we spoke with were very positive about the changes they had seen. Comments included, “The manager is very approachable hands on and supportive.” Another said “Things are getting better now that we have more staff and not so many agency staff.” The manager told us that they worked alongside staff and had a visible presence in the home and modelled the care to staff they would like to see provided. Staff we spoke with said the care people received was very good and we saw good care being provided but this was not always demonstrated by the care records.

Staff told us they had seen a lot of changes since the new providers had taken over and reported them as favourable. They felt well supported and said that the senior management and the provider was open, approachable and had a consultative style of management. Supervisions could be strengthened if these meetings were recorded

We spoke with the manager about the concerns we had identified during the day and they told us they would address them straight away. They said their priority had been to increase the staffing levels so they were appropriate to the number of people who use the service. They said they had achieved this and they now had a more static staff team. They said in addition to this they had a deputy manager starting so would be able to delegate some responsibilities to them, They also said that they were in the process of reskilling their staff so they could take on additional responsibilities for which they had been appropriately trained. The provider was aware that the care plans did not always reflect people’s needs and told us that a number of staff had attended seminars around person centred care and how best to support people they cared

for. They said once staff were sufficiently skilled all the care plans would be reviewed to reflect more accurately the needs of people and how they wished their care to be provided.

Every member of staff we spoke with said they felt well supported and were in daily contact with the manager and could discuss concerns. Staff told us their induction and the training they received had improved but some training had not been refreshed and we could not see if all staff had sufficient understanding of the training provided because staff competencies had not been assessed in all areas of care. This was being reviewed and the quality of the current training was reported to be high with staff feeding back how training informed their practice.

Improvements were being made to the effectiveness of the service by the provider who was committed to providing individualised care which valued and celebrated people’s uniqueness. For example they were working hard with other agencies to provide collaborative care. They were using national best guidance framework to provide their staff with accredited training to support people who were end of life, specialist training in Parkinson’s care and dementia care. Some staff had been asked to be dignity champions for whom they would receive enhanced pay. They were asked to observe and support staff around their practice issues to ensure staff always promoted people’s dignity and to help staff reflect on their practices. The manager told us this was already being done at lunchtimes to improve the quality of the dining room experience. This meant staff were being equipped adequately for their role and improvements in staffs training and care practices were reviewed in an on-going way.

The provider told us they had not received any complaints about their service and they told people how to raise concern/s suggestions about the service and these were addressed immediately. One issue affecting the well-being and, or safety of a person had been raised and the manager had investigated and put forward how to address the concerns raised to help improve outcomes for people using the service.

We received some feedback following audits from other agencies and they were favourable with more strengths than weaknesses being identified. It was expressed that the provider was making on-going progress. The provider was working to an action plan resulting from initial consultation with people using the service and had identified what their

Is the service well-led?

priorities should be. Some of these issues were the same as identified in our inspection and the provider was already working on these areas to bring about improvement. We saw from the action plan how individual comments had been actioned. For example one relative said I would like

my family member to go out in the garden. During this inspection people told us they went out into the garden and staff always enabled them to if they so wished. This meant improvement to the service was directed by people using it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines There were not adequate systems/records or practices in place which ensured people always received their medicines safely. This put people at unnecessary risk. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment There were not adequate processes in place to support people without capacity to make decision about their care and welfare. We could not be assured staff were acting lawfully.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services and others were not protected fully against risks because the home did not maintain adequate records or effectively evaluate the care provided in relation to people's assessed needs. Regulation 21.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.