Brendoncare Foundation(The)

Brendoncare Knightwood Mews

Inspection report

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29 June 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 June 2017 and was unannounced. A second visit took place on 29 June 2017 to speak with people who were using the personal care service.

The personal care service was provided to people who lived in private apartments or bungalows within the Knightwood complex. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by Brendoncare. When we visited eight people were using the service. Other people living within the complex could receive care should they need it in an emergency. Additional facilities on site included a licensed restaurant and coffee shop, residents' lounge, shop, a library with IT facilities and a hairdressing salon.

There was a registered manager in place. 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.

At the last inspection in May 2015, the service was rated good. At this inspection we found that the service remained good.
This domiciliary care service has provided consistently good, safe, effective and caring support which is responsive to people's needs. They do this well because there is an established staff team based on site who know people well.

The service was safe. Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were robust. Risk assessments were in place for people using the service to support their safety. There were also processes in place to manage any risks in relation to the running of the service. Staff deployment was suitable for people's needs and people's medicines were safely managed.

The service was effective. People were supported by experienced staff who were provided with a range of training to keep their skills and competencies up to date. Staff always asked for people's consent before they provided care and support. People were supported to maintain good health and nutrition.

The service was caring. People said the staff were caring and friendly and said they supported their independence. Staff understood the needs and preferences of the people using the service and acted upon their wishes. People's dignity and privacy was respected.

The service was responsive. People's needs had been assessed with them and they told us they received the flexible support they needed from the service. Care plans were person centred and reflected what was important to the person. The service had a complaints policy in place and people felt able to complain if they needed to.

The service was well-led. The service had a positive open culture. There were good systems in place to check on the quality and safety of the service provided and to put action plans in place where needed.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Brendoncare Knightwood Mews

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 27 June 2017 and was unannounced. We returned to talk to people who used the service on 29 June 2017. The inspection was carried out by one inspector.

Before we visited we reviewed all the information we held about the service.
We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned so we were able to take this information into account when we planned our inspection.

Before our visits we had sent out questionnaires to people involved in the service to as for their views about the quality of care and support provided. Two people who used the service, two relatives and six staff returned completed questionnaires to us. During our visits we spoke with four people who used the service and with two relatives. We also spoke with five staff, the registered manager and with two senior managers.

We reviewed three people's care records, two staff records and looked at other documents such as, staff training records and meeting minutes.

Our last inspection was in May 2015 when we found Brendoncare Knightwood Mews was meeting all the essential standards of quality and safety.

Good

Is the service safe?

Our findings

At this inspection we found that people continued to receive a safe service.

People and their relatives all said they received safe care and support. One relative said for example, " (The person) is very safely cared for. It was the best move for them to move to Brendoncare".

People were protected from abuse and avoidable harm. Safeguarding adults was part of the mandatory training programme. Staff were confident about what action they needed to take if they suspected any potentially abusive situations. Staff said they had not had to raise any concerns but also said they were confident senior managers would take any concerns they had seriously and they were confident they would act appropriately.

People's personal risk was assessed in terms of their general health, mobility, risk of falls and personal care needs. There was guidance for staff about what support was needed to minimise any identified risk. Risk assessments were also conducted to review any possible hazards in people's environment to reduce the risk of trips and falls. For example one risk assessment identified that a person who was assisted to have a shower needed a non-slip mat on the shower floor and this was in place.

A record was kept of any incidents and accidents. These records described action taken to minimise the risk of an accident occurring again, for example there had been one medicines error where staff had been responsible for administering a person's medicines. When this had occurred staff had taken medical advice, had closely monitored the person and had instigated refresher medicines training with competency assessments for staff.

There were arrangements in place for foreseeable emergencies. Staff held a key to apartments and bungalows to provide access in the event of a person not being able to answer their door. These arrangements had been made with the agreement of the people concerned.

There were sufficient numbers of staff deployed to keep people safe and to meet their needs. The service was in the process of separating domestic tasks from personal care tasks by employing housekeeping staff. This meant care staff would have more time to support people with their personal care needs. If staff needed additional support they carried a 'walkie talkie' and could contact staff in the adjoining residential unit for assistance.

The provider followed safe recruitment procedures. Appropriate checks were undertaken before staff could start working. These included a satisfactory Disclosure and Barring Service (DBS) check and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Staff supported people, where this was needed, to take their prescribed medicines. Most people managed their own medicines but the service also had secure storage for prescribed medicines which they used when

people did not want to keep their medicines themselves. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken what had been prescribed. Staff were aware of any medicine allergies a person may have as these were recorded clearly on their records. Staff assisted some people with topical creams. Where this was the case there were body maps on people's records to direct staff about where these needed to be applied.

Good

Is the service effective?

Our findings

At this inspection we found people continued to receive an effective service.

People praised the staff team. Staff had remained largely unchanged since our last inspection visit in 2015. This meant staff and people living at the service knew each other well.

People's nutritional needs were being met. Staff were aware and managed the risk of people not eating or drinking enough. A relative said staff ensured drinks were always within easy reach of their family member who could not always access these for themselves. Staff thought about the size of the cup or glass people would be more inclined to drink from and ensured they provided them with these to encourage them to drink. Most people did not need help to eat and drink but appreciated they could use the on-site restaurant. People spoke very highly of the quality and choice of food available. All said the meals were "excellent". One person described how they had lived at the service for many years. They had meals at the restaurant regularly over this time and said they had only had a poor meal on a couple of occasions. People could also have meals from the restaurant brought to their apartments and bungalows if this was their preference.

Staff received regular training to update their skills and knowledge. This included some online training and other training which was provided face to face. Face to face training included moving and positioning, first aid and fire safety. Staff were provided with training to help them understand specific medical conditions for example staff had received training in Parkinson's disease and the service was in the process of arranging training in diabetes. Some senior staff had been given the responsibility to co-ordinate specific training such as health and safety training which helped to ensure staff received regular updates. Staff said they were well supported.

Staff received regular support, supervision and annual appraisals. New staff were provided with a thorough induction in line with the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

New staff always had the opportunity to 'shadow shift' experienced staff until they felt confident to do this on their own. In this way new staff were introduced to people before they provided a personal care service to them.

There were policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005. People using the service were generally able to make decisions and choices about their support and care. People's care choices were respected For example, one person had bought a property at Brendoncare Knightwood Mews and had continued to use their previous care provider to assist them with their personal care needs. They had recently decided they wanted to be supported by staff based in Brendoncare Knightwood so this had been arranged.

People confirmed staff always asked for their consent before assisting them with personal care or other

support. Records demonstrated staff had spoken with, and received consent of, people to assist them with their medicines. Some people had DNAR orders (DNAR stands for Do Not Attempt Resuscitation) in place. The purpose of a DNAR order is to provide immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. Staff were aware of these decisions and were aware of what action (or not) they needed to take should this situation arise.

Staff responded to people's changing health care needs when required. A relative said "If there are any queries (about their parent's health) they are straight on the phone to the doctor". Staff said "If someone is not very well we notice it". We observed staff took very prompt action to contact health care professionals when they noticed a change in a person's condition. A record was kept of medical appointments and staff described good liaison between families and health care staff. People said they generally arranged any hospital appointments themselves but staff could assist if necessary.

Good

Is the service caring?

Our findings

People said staff were polite, kind and caring and said they were happy with the support they received. A relative said of staff "They are brilliant. Nothing is too much trouble." They described how staff made sure their parent was comfortable and how they encouraged their parent's independence by, for example, encouraging them to mix with others, although they said staff respected the person's wishes if they did not want to do this. Another person praised care staff saying "Yes they are good. We have a giggle".

Staff provided thoughtful and kind care. For example one staff who worked at the weekend brought in fresh vegetables from their garden for people to eat, which was much appreciated.

People's preferences were recorded, such as, whether they preferred a shower or a bath. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. For example, staff received detailed guidance about what a person could do for themselves when they were washing and what assistance they needed to provide to help them to do this successfully.

Staff acted in accordance with the person's wishes. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time. Staff said this was respected, but they would return at a later time to support them instead.

People told us they were involved in planning their care and in drafting their care records. We saw evidence of people signing to confirm they agreed with the amount and sort of support they were provided with. This was reviewed regularly to ensure it was still what they wanted and expected. Plans of care were kept in people's apartments and bungalows so they could check what had been discussed and agreed upon.

Staff respected people's privacy and dignity. Staff apologised to people if they were ever late. They spent time chatting with people and provided comfort and reassurance if they were unhappy or distressed. Staff confirmed they stayed longer than the agreed time if this was needed.
Staff showed a good understanding of the need to respect people's confidentiality and records held by the service were securely stored.

People were given information about the service to help them to make decisions about their care and support. The most recent CQC inspection report was on display in the foyer of Brendoncare Knightwood for people to read if they wished to. Each person had been consulted about a key holding policy which explained in what circumstances staff would use a key to access people's property. This was signed by them, or by their representative, to indicate their agreement and reviewed regularly to ensure this was still appropriate. There was information about the fees charged. People had a copy of the fee agreement and had signed to confirm this had been discussed and agreed. People were sent an updated letter containing information about hourly rates at the start of each financial year to keep them informed of any possible increase in charges.

Good

Is the service responsive?

Our findings

At this inspection we found the service continued to respond well to people's health and care needs.

Staff were responsive to people's changing needs and circumstances. A relative said when they were away on holiday, and so unable to visit, staff called in on their parent more frequently than usual to provide reassurance and support. Other people confirmed staff provided additional support when they were not able to provide this themselves. Records of visits staff made reflected this.

Relatives said they or other family members were always kept well informed about any changes to their relative's health or wellbeing. Staff said "we pop in when people are not well. They appreciate that". Staff were also responsive and provided additional emotional support for example when people had experienced a bereavement.

The service had responded to people's changing health needs. Staff said "We promise to try to do a home for life. We try very hard to provide a palliative care service". They had successfully done this working in conjunction with health care professionals for some people since our last inspection.

People's care records contained important information about them such as their next of kin, their GP any known medical conditions and their mobility and care needs. Records also described people's interests and backgrounds and staff knew what these were. This helped staff to understand what was important to people. A relative said "I 100% trust what they are doing. I leave the care planning to them".

Care records described what support was needed in sufficient detail to ensure that consistent support was provided. Some people's records held in the office contained some out of date information. We discussed this with staff who all said any changes in people's needs were recorded in the communication book and were discussed at handover so they were confident they always had up to date information about how to support people in the way they wanted and needed.

People said they had not had to make a complaint although they knew how to do so. Any 'minor gripes' had been discussed with staff and staff had responded listened and taken any necessary remedial action. Records showed that no complaints had been recorded in the past 12 months.

There were a number of onsite facilities provided for people to use if they wanted to. This included a restaurant, lounge, shop, library, a hairdressing salon and a fitness area. People had the opportunity to participate in a range of activities such as exercise classes, coffee mornings and outings. The service had recently appointed an activity coordinator to provide a more structured programme of activities.

Good

Is the service well-led?

Our findings

The service remained well led. There was an open culture and people's views were included in the development of the service.

There was a registered manager in post. They operated an 'open door' policy and their office was easily accessible as it was by the entrance of the building. This meant people could readily speak with the registered manager directly if they needed to.

People were asked their views about the quality of the service in different ways. They were asked to complete an annual quality assurance questionnaire. The most recent one, completed in January 2017 had been returned by four people. This demonstrated people were satisfied with the service. They said staff respected their privacy and dignity, maintained confidentiality and said they were confident staff would respond to any complaints or concerns they had.

There were also meetings arranged to update people and their relatives about developments within the service. When we visited one such meeting had been arranged for the following week. The predominant focus of this was not to discuss issues which related to the personal care service, which we were inspecting, but still gave people a forum to air any views relating to this if they wished to. Senior managers were going to attend this meeting.

Staff were encouraged to be involved in the development of their teams and the service. They said team morale was good, one for example said they were "a close knit team." Staff appreciated the involvement and commitment of the care supervisor. They said "She will come in at the drop of a hat if needed". They gave an example of how the care supervisor had taken over from a night staff who was unable to complete their shift.

The registered manager was holding a series of staff engagement workshops so that staff voice could be heard. The service had a clear vision of how they wanted to improve and develop the service, for example the 2017-8 plan included amalgamating staff currently working in the domiciliary care service with staff working in the adjoining residential care unit to help ensure care and support was provided in as effective a way as possible to meet people's needs.

There was a robust management structure. Staff roles and responsibilities were clearly defined. This informed the quality assurance processes and systems. Staff completed a weekly report which reviewed whether there were any issues with people's health and wellbeing, whether there had been any complaints, concerns and compliments and considered any staffing issues. The registered manager had weekly meetings with senior staff. Senior managers visited regularly and spoke with people who used the service and staff to ensure they knew their views about the service provided. They also checked specific areas of practice such as reviewing staff training. The new provider visits were considered under the five domains reported upon by CQC and so were in line with our method of regulation.

Incidents and accidents were recorded and reviewed by staff who took action where necessary to minimise risk of reoccurrence. This information was also sent to the Brendoncare's clinical governance team who also reviewed the information online to ensure appropriate action had been taken and to look for any potential trends.