

Runwood Homes Limited

# Braywood Gardens

## Inspection report

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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 1 and 2 December 2015 and was unannounced. Braywood Gardens provides accommodation for up to 75 people with or without dementia and people with physical health needs. On the day of our inspection 71 people were using the service. The service is provided across two floors and people were able to access all communal areas of the building.

The service had a registered manager. 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.

People felt safe living at the home and measures were in place to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority. Staff ensured that steps were taken to reduce risks to people's safety, such as the risk of falling.

There were sufficient numbers of staff to care for people and support was provided in a timely manner. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

Staff were provided with the knowledge and skills to care for people effectively and felt well supported. People were given the opportunity to provide consent to their care. The Mental Capacity Act (2005) (MCA) was used correctly to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink that were appropriate to their needs and told us they liked the food. People received support from various healthcare professionals when required and staff followed the guidance provided by them.

There were positive relationships between people and staff and we saw kind and caring interactions. People were able to be involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People's privacy and dignity were respected and visitors were welcome at any time.

People received the care they needed and staff responded to any changes in their needs. There was a programme of activities available which were widely enjoyed. People knew how to complain and the complaints were appropriately investigated and responded to.

There was a positive, open and transparent culture in the home. People and staff felt able to speak up about any matters of importance to them. There were clear management structures in place and everybody felt the registered manager led by example. There were different ways people could provide feedback about the service and these were well utilised by people. The quality monitoring systems had identified areas where

improvements were required and ensured action was taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs and medicines were managed and administered as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and they had access to a wide range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People enjoyed good relationships with staff and were treated in a respectful way.

People were able to be involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed and were provided with regular activities.

People felt able to complain and complaints were investigated and responded to appropriately.

### Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the home and people felt the management led by example. People's feedback about the service was requested and acted upon.

There was a quality monitoring system in place to check that the care met people's needs which had identified areas for improvement.

# Braywood Gardens

## **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.

We visited the service on 1 and 2 December 2015, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 10 people who used the service, three visitors, six members of care staff, two members of domestic staff, two healthcare professionals, the registered manager and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans of four people and any associated daily records such as the food and fluid charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at Braywood Gardens. One person said, "I feel safe, I am safe." Another person told us, "Everyone here is nice, I feel very safe." The relatives we spoke with felt that their loved ones were safe. One relative said, "[My relative] is certainly safe here. I don't worry about them when I go home." Another relative told us, "I do think [my relative] is okay."

We observed that the atmosphere in the home was calm and relaxed and people appeared comfortable in the presence of staff and other people. There was one situation where two people had a disagreement whilst sat at a dining table. Staff intervened quickly to diffuse the situation and offered one person an alternative table to sit at. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was displayed in several places across the home. Staff were aware of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Procedures were in place for staff or the registered manager to act upon any concerns there may be about people's safety. Relevant information had been shared with the local authority when incidents had occurred.

People were supported by staff to manage risks to their safety and support was provided without restricting people's freedom. One person said, "I relied on staff a lot when I first moved here. Now I can move about a little on my own and staff still help me do the rest." Another person said, "Staff have to help me get out of bed which they do safely." The relatives we spoke with also felt that risks to people's health and safety were well managed. One relative said, "Staff make sure people are safe, they do what they can."

Staff told us that they supported people to remain safe in a variety of ways. For example, people had access to equipment such as walking aids and hand rails so they could walk around the home. Staff also used other equipment like stand aids and a hoist when people needed help to change their position. We observed staff using appropriate techniques to transfer people. Staff also had access to information about how to manage risks to people's safety. There were risk assessments in care plans which detailed the support people required to maintain their safety. People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm, and measures followed to prevent the risk of legionella developing in the water supply. Staff reported any maintenance requirements and these were resolved in a timely manner.

The people we spoke with felt that there were enough staff to meet everybody's needs. One person said, "If I press this (call bell) someone is here in an instant." Another person said, "As far as I can tell there are enough staff. They pop in to check I am okay many times during the day." The relatives we spoke with felt that another member of staff on each shift would be of benefit, however were satisfied that there were sufficient staff to keep people safe.

We observed that people were supported in a timely manner and staff carried out regular checks on people's safety when required. The staff we spoke with also felt that there were sufficient staff on each shift to be able to provide care as well as complete any administrative tasks assigned to them. We saw that staff completed some of their paperwork whilst sat in communal areas and this enabled them to be able to respond to people when needed. The registered manager monitored the speed of response to call bells, on the day of our inspection staff responded quickly when a call bell was activated.

The manager carried out an assessment of the numbers of staff that would be required on each shift which was based on people's dependency levels. There had been a recent increase in staffing levels and there was also a large pool of bank staff who were available to cover shifts at short notice in the event of sickness. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they received their medicines as prescribed and at the correct time. One person said, "The staff make sure I have my tablets." Another person told us, "I always get offered pain relief." The relatives we spoke with told us they felt medicines were properly managed and their relatives received their prescribed medicines.

We observed staff administering people's medicines and saw that they followed safe practice when doing so. Where appropriate, staff also offered people pain relief and they correctly recorded the medicines they had administered to people on their medication administration records. Staff received training in the safe management of medicines and also had their competency checked on a regular basis.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. People benefitted from procedures that were in place to ensure that their medicines were ordered in a timely manner. Medicines which were unused or no longer required were disposed of safely. In addition to regular repeat medicines, staff also ensured people had access to short term medicines such as antibiotics.



# Is the service effective?

## Our findings

People told us they thought that staff were well trained and appeared to be happy working at Braywood Gardens. One person said, "Yes they seem to have a good grasp of everything." Another person told us, "They are a happy bunch (of staff). They seem to know what they are doing." The relatives we spoke with also commented that staff were well trained and seemed well supported by management.

People were cared for by staff who were supported and provided with the knowledge and skills needed to carry out their role. A wide variety of training from different sources was available to staff and we saw that the majority of training was up to date. For example, staff were provided with training in infection control and first aid as well as more specialist training to help them understand the healthcare conditions people were living with. Staff told us they were given a lot of training relevant to their role and found it to be helpful. New staff were given a comprehensive induction which involved them being supported by a more experienced member of staff.

Staff told us that they felt well supported by the registered manager and the deputy manager and they could speak with them at any time. All staff received regular supervision with one member of staff commenting, "I know I can speak with the manager whenever I need to. I get regular supervision as well." Records showed that all staff received regular supervision and an annual performance appraisal from their line manager. This process was used to give staff feedback on their work as well as an opportunity for staff to request additional support and training.

People were able to provide consent for the care and support they received and were offered the opportunity to sign their care plans to confirm this. One person said, "I have full control, I make my own decisions." Another person said, "I have signed my care plan." People also told us staff sought their consent for day to day decisions and before any care was provided. One person said, "They do check first what I need." Records confirmed that people were able to sign their care plans to confirm their consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully. The

registered manager had made applications to the local authority and was awaiting the outcomes of some of these. Where there were restrictions on people's freedom, these had been appropriately assessed and staff were providing the least restrictive care. For example, one person was unable to leave the home on their own for their own safety. Staff sometimes took the person for short walks outside as they found this reassured the person.

Where people lacked the capacity to make a decision the provider followed the principles of the MCA. We saw completed MCA assessments and best interest decision checklists and these clearly showed the nature of the decision that was being assessed and how the person should be supported. Staff understood how the MCA impacted on the care they provided to people and were clear that they still offered people choices, even if they did not have the capacity to make certain decisions.

People were complimentary about the quality of food and told us they received enough to eat and drink. One person said, "I am not a big eater but the food is nice and they make sure I get enough." Another person said, "The food is really good, highlight of the day." Another person commented, "The food seems satisfactory so far." The relatives we spoke with were also positive about the food, with one relative commenting, "[My relative] has put on weight since moving here, they do enjoy the food."

We observed that people enjoyed their meals and ate good sized portions. People were offered drinks throughout the meal and had access to drinks during the day, in communal areas and in bedrooms. Where people required support to eat and drink this was provided in a person-centred manner and at the person's own pace. The staff we spoke with told us people were provided with sufficient amounts of food and drink and understood people's needs and preferences relating to food and drink.

People were offered food appropriate to their culture or religion where this was requested and kitchen staff were aware of the different ways that certain food may need to be prepared. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for.

People told us that they were supported by staff to access healthcare professionals such as their GP when required. One person said, "If I need the doctor the staff will get straight on to it." The relatives we spoke with also confirmed that staff informed them when medical appointments had been made. People benefitted from a daily visits to the home (Monday to Friday) that were carried out by two nurses from a local NHS trust. This service enabled quick diagnosis and treatment of any health related conditions. We spoke with the two visiting professionals during our inspection who commented that staff at the home worked effectively with them and acted upon guidance they provided.

The care plans we looked at confirmed that people received input from healthcare professionals on a regular basis. Staff also supported people to access specialist services such as the dementia outreach team and dietician. For example, staff had noted that one person was losing weight and had contacted a dietician for advice. The dietician had advised that the person should be offered supplements to increase their nutritional intake. This advice was incorporated into the person's care plan and followed in practice. Staff were aware of this information and ensured the person received the support required to try and increase their weight.

# Is the service caring?

## Our findings

People told us they enjoyed good relationships with staff and that they were kind and caring. One person said, "The staff are very caring, they can't do enough for me." Another person told us, "From what I have seen they seem nice enough." The relatives we spoke also told us that staff were kind and caring. One relative said, "Every member of staff really genuinely cares about people, it is more than just a job to them."

During our visit we observed positive relationships between staff and people as well as many kind and caring interactions. For example, one person became distressed because they were in pain, staff responded in an empathetic way, they listened to the person's concerns and ensured the person had access to pain relief. During an activity we observed that staff understood people's differing abilities and sense of humour. The activity was greatly enjoyed by everybody and the staff enabled everybody to participate regardless of their ability level.

The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. Staff told us they enjoyed working in the home and that they were able to develop good relationships with people over time because they usually worked in the same area of the home. People's diverse needs were catered for by staff. For example, local religious organisations provided services in the home to people of any religious denomination. The kitchen staff were aware of how people's cultural background and religion may impact on the way in which they prepared food.

People were able to be involved in making decisions and planning their own care. One person said, "I make my own decisions." Another person said, "I don't get involved with my care plan but I could if I wanted to." The relatives we spoke with told us they had been involved in providing information about the care of their loved ones and felt staff respected the choices people made. People were able to make day to day choices such as what they wanted to wear and where they wanted to be. One person said, "I generally stay in my room and staff are fine with that. I do sometimes join in activities but only if I want to."

During our visit we observed people making choices and exercising control over how they spent their time. For example, some people chose to spend their time in other areas of the home, away from their bedroom and staff respected this. Staff offered people support when required and also encouraged people to carry out tasks independently when they were able to. Staff described how they offered people choices, such as what clothes they would like to wear. Records confirmed that people were also able to be involved in reviews of their care plans should they wish to. One relative said about a recent care plan review meeting, "I was really impressed because they put all the paperwork to one side and just spoke to us. That made it feel like they were really listening to us."

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated well by staff who respected their dignity and privacy. One person said, "I

can't fault any of the staff, they are all good to me." Another person told us, "The staff are very nice, they treat me well." The relatives we spoke with said they felt staff treated people with dignity and respect. One relative said, "I am so glad [my relative] came here, all of the staff treat them well." Another relative commented about their loved one, "They have their dignity and staff do respect privacy."

We observed that staff were polite and respectful towards people and ensured that people's dignity was maintained. Staff also respected people's personal possessions and ensured that people had any treasured items readily available. One member of staff said, "We are working in their home, not the other way round. We make sure we respect that and treat people well." The staff we spoke with told us they felt all staff treated people with respect and that the registered manager reinforced the importance of doing so.

People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and we saw people visiting during the inspection at various times of day. People and their visitors had access to several private areas to spend time together if required. The layout of the building supported people's independence because it enabled people to access all communal areas of the home. There were wide corridors and handrails which enabled people to walk independently where able.

## Is the service responsive?

### Our findings

The people we spoke with told us they felt that staff provided the care and support they needed. One person said, "The staff care for me very well. They encourage me to do what I can myself and they do the rest." Another person told us, "No issues, everything is fine." We were also told, "I am happy, got everything I need. Staff do a good job." The relatives we spoke with also felt that people received responsive care. A relative told us, "[My relative] is well cared for, the staff do a marvellous job."

People received the care they needed from staff who were aware of their needs and how they had changed over time. Staff had access to up to date information about the care people needed and applied this in practice. Any changes to people's needs were communicated in handovers and also in a communication book. For example, one person's skin condition had improved and they no longer required regular changes in their position. The staff we spoke with were aware of this information and arranged for the care plan to be updated. Another person had been losing weight and staff described in detail how they were supporting them to increase their calorie intake.

People's care plans were regularly reviewed and updated as people's needs changed. For example, one person had been assessed as being at an increased risk of falling. The guidance to staff had been updated to take this change into account. The staff we spoke with told us they found the information in people's care plans was helpful. During our visit we observed that staff responded to people's requests for support in a timely manner and ensured that people's needs were prioritised over administrative tasks.

People told us there were activities available which they enjoyed taking part in. One person said, "I don't always do the activities but they are good." Another person said, "There's going to be a Christmas party tonight which I'm looking forward to." Several activities were carried out during our visit by an activities co-ordinator. These were widely enjoyed and staff encouraged people to take part as far as the people were comfortable doing. Staff were also aware of when people were not enjoying the activity and offered people the chance just to sit and observe or carry out a different activity. One to one activities were also available to people who preferred not to take part in the group activities. There were also trips to local attractions such as a fair and garden centre.

People told us they felt able to make a complaint and knew how to do so. One person said, "I'd be perfectly happy speaking with the manager about any problems." Another person told us, "I would go to any of the staff, they are all approachable." The relatives we spoke with told us they would have no hesitation in making a complaint or discussing concerns with the registered manager. One relative said, "I have disagreed with things they have done and they have always listened to my concerns and we have been able to reach a compromise."

We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure in most cases. Where a complaint exceeded the standard timescales communication was maintained with the complainant throughout the process. The registered manager and, where necessary, a representative of the

provider arranged to meet with the complainants to discuss their concerns in more depth. The outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

## Is the service well-led?

### Our findings

There was an open and transparent culture in the home and people were encouraged to be involved and included in the development of the home. One person told us, "It feels comfortable to be here." Another person said, "I haven't been here for long but everything seems to be easy going so far." The relatives we spoke with also felt there was an open and transparent culture which enabled them to speak up if they needed to. We observed that people were relaxed in the home and interacted confidently with staff and each other.

The staff we spoke with also described an open culture where they felt able to raise concerns, make suggestions and also be honest about any mistakes that may have been made. There were regular staff meetings and we saw from records that staff were able to contribute their opinions and any concerns during meetings. The registered manager discussed the expectations of staff during meetings and discussions were held about how improvements could be made to the quality of the service. Staff told us that they felt they could contribute during the meetings and at any other time and that their views would be listened to and taken seriously.

The registered manager welcomed suggestions and ideas about how the service could be improved. We saw that the registered manager and deputy manager operated an 'open door' policy whereby people, relatives and staff could speak with them at any time. The deputy manager also commented that they routinely arrived at work early so that they could take part in the shift handover with night staff. This ensured that all groups of staff were able to raise any issues they may have.

The service had a registered manager and they understood their responsibilities. The people we spoke with knew who the registered manager and deputy manager were. One person told us, "The manager and deputy are both lovely. They both pop in to see me most days." Another person pointed out the registered manager commenting that they were, "The person in charge." The relatives we spoke with were all familiar with the management structure of the home and told us that the registered manager and deputy manager both led by example.

During our visit we observed that both the registered manager and deputy manager were highly visible across the home. They spent time talking with people and relatives as well as offering support to staff. People benefitted from the clear decision making structures that were in place within the home. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and reviewing of care plans. Staff told us that resources were made available to support them and to ensure a good quality service could be provided.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with were aware of the different ways in which they could provide feedback about the service, one person said, "There are meetings from time to time which I have been to." Another person said,

"I recall completing a survey a while ago, I am very happy with everything." The relatives we spoke with also commented that they were aware of meetings they could attend.

People were provided with different ways of giving feedback about the quality of the service. Some people had completed a satisfaction survey and the surveys that had been returned were mainly positive about the service being provided. Where any comments had been made about possible improvements, an action plan was put into place and communication was made with people and relatives about the planned improvements. In addition, there were regular meetings which people and relatives were encouraged to attend. The deputy manager told us they had made this a more informal meeting which had helped to increase attendance. Records of recent meetings showed that people had provided input in relation to the types of food they would like to eat and changes were made to the menu as a result.

There was a robust programme of audits of the quality of service people received which covered numerous areas such as medication, infection control and care planning. Where the audits had identified areas for improvement these were acted on, such as better organisation of the medicines storage rooms. The provider completed visits to the home to check that people were receiving a good quality of service. There were also effective systems in place to analyse information about incidents and risks to people's health and safety. These highlighted where there may be emerging patterns and trends so that action could be taken to reduce risks.