

Mr. Liakatali Hasham

# Brownscombe House Nursing and Residential Home

## 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

Brownscombe House Nursing and Residential Home is a care home which provides accommodation for up to 36 older people who require nursing and personal care. At the time of the inspection 29 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Brownscombe House Nursing and Residential Home on 29 November 2016. The inspection was unannounced. The service was last inspected in September 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "Yes I feel very safe," and a relative told us, "Oh yes, it is very good here, excellent really. There is consistency so (my relative) feels safe as he sees the same team."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs.

The service had a programme of organised activities, and an activity organiser was employed. These activities included activities such as board games, manicures, trips out, and sing-alongs. Some external entertainers such as musicians and singers visited.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included, "The meals are very good and nutritious," and people said they had a choice. People said they received enough support when they needed help with eating or drinking.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told, "The manager is very nice." There were satisfactory systems in place to monitor the quality of the service.

## 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

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

### Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

### **Is the service well-led?**

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

**Good** ●

# Brownscombe House Nursing and Residential 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.

We visited Brownscombe House Nursing and Residential Home on 29 November 2016. The inspection was carried out by one inspector 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. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the day of the inspection we spoke with seven people who used the service. We had contact (either through email or speaking to) with three relatives. We also spoke with the registered manager and four members of staff. Before the inspection we had written contact with three external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the service.

## Is the service safe?

### Our findings

People told us they felt safe. Comments we received from people included; "Yes I feel quite safe," and "I feel very safe, never scared."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. For example one member of staff told us, "Management would take concerns very seriously."

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff we spoke to said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets, and trolleys in the medicines' room. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept small amount monies on behalf of people. These monies were needed to purchase items such as toiletries and hairdressing. Records were kept for all expenditure, and receipts were also obtained. We checked monies kept for some people, and amounts kept tallied with totals recorded.

There were enough staff on duty to meet people's needs. For example, rotas showed there were six care staff on duty during the morning, afternoon and evening. During the night there were two care assistants on waking night duty. In addition there was always one registered nurse on duty throughout the 24 hour period. A clinical lead, who was a registered nurse, was also on duty, during the day, four days a week. The registered manager worked at the service, on a full time basis. Ancillary staff such as catering, administrative, cleaning and maintenance staff were also employed. People told us staff would help them promptly and there were enough staff on duty to meet their needs.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested but the certificate stated the circuit was 'unsatisfactory.' The registered manager said satisfactory remedial work had been completed to ensure the circuit was safe. Records showed the passenger lift and manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.



## Is the service effective?

### Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. Relatives said, "We feel as if we've landed on our feet with this home. It is not fussy or fancy, yet it is very good for(our relative)." A medical professional commented, "Yes it is good medically, emotionally and the care is given with kindness."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said, when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also work alongside more experienced staff before being expected to complete shifts. For example, one person told us they worked for a week shadowing more experienced staff, and they had to complete 60 hours of elearning.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate helps ensure all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. They had formal supervision every six months, and an annual appraisal. The staff we spoke with said the registered manager was very helpful and supportive and would assist them if they had a problem with any aspect of their work. There was also a registered nurse on duty, 24 hours a day to supervise and lead shifts. Staff said they felt confident approaching senior staff if they had any queries or concerns.

People told us they did not feel restricted. However due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. People could access the garden without asking staff to unlock the door. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was delivered and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions 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. 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 said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes. A choice of meal was available to people. People also told us they had a choice at breakfast and tea time. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink. Comments received about the meals included; "The meals are very good and nutritious, we also get healthy shakes," "I get a good choice with the meals, they taste delicious," and "Very good choice of meals. The cook is very good here." At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. Some people, due to their illness required charts to monitor they were having enough food and drink to minimise the risk of malnutrition and dehydration. We checked records for several people, who spent all or most of their time in bed. These records were completed comprehensively.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. We received positive feedback about the standards of the service from several health and social care professionals.

The service had appropriate aids and adaptations for people with physical disabilities such as a specialist bath, designed for frail people. We were told there were plans to have a walk in shower facility. There was a passenger lift for people who could not manage the stairs. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

## Is the service caring?

### Our findings

People were positive about the care they received from staff. We were told; "Yes it is very caring," "I do feel they are caring and I am safe." and "They respect my dignity." Professionals stated; "People are all treated with respect and dignity regardless of the challenges they bring," and "People are very well looked after." A staff member said, "Care is to an extremely high level," and another staff member said, "We do our best. We treat people how we would look after our own family."

We observed staff working in a professional and caring manner. The people we met told us care was provided in a kind and caring manner and staff were patient. One person said, "When they help me wash they are very polite." Staff were observed to be calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided. One person said they did not like it that staff would put the big light on, in their bedroom, when the person needed help at night.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about the person's life and interests before they moved into the home. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said, where possible care plans were completed and explained to people and their representatives. Relatives said they felt involved in people's care. One relative told us, "Yes they do involve us and we have one to one meetings to discuss (our relative's) care every few months. We also have an annual review."

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. One relative said, "We drop in completely unannounced on different days, never the same two days, and we are always made to feel welcome at any time." People could go to their bedrooms, and also to the lounge or dining room if they wanted to meet with visitors.

## Is the service responsive?

### Our findings

People were positive about the care they received from staff. We were told for example; "The care is generally good, I cannot complain," and "Staff are very nice, food is good and staff are always helpful." A relative told us, "They are very responsive and sometimes call me in the day as (my relative) gets a lot of chest infections." We observed staff acting in a kind and considerate manner. When people rang call bells for help we were told, and we observed, these were usually answered promptly.

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan which were kept electronically. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care records at any time.

The service arranged organised activities for people. An activity organiser was employed. We spoke to the activities organiser and she said she would spend time individually with people who were not able to leave their rooms. Group activities were also organised. These included activities such as board games, singing, darts, hand massage, quizzes and manicures. On the day of the inspection a trip out to the local garden centre had been arranged. People went out with staff members for a look around and a cup of tea. A minibus was regularly hired for such trips. Some external entertainers such as musicians and singers visited. One person commented, "The music is very entertaining and they have sing alongs." People were positive about activities which were on offer. We were told, "(The activities organiser) publishes a programme and brings it around so we always know what is going on." People told us; "The activities are really varied," and, "Activities indoors and outdoors are equally very good." There was a regular church service.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record. Nobody who we spoke with had any reason to complain or could remember complaining.

## Is the service well-led?

### Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example people told us the registered manager, and senior staff, were approachable, and supportive. People told us; "The manager is really caring," "The management team are very nice, they seem to get things done," and we were also told, "They are doing their best." Staff told us managers were supportive and helpful. For example, the manager; "Treats us well" and is "Supportive."

People said there was a positive culture at the service. Staff told us; "Everything is very well organised, it is very smooth running," and "All the staff have been here a long time, and the staff team has been pretty constant."

Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by a staff member, "Staff are lovely, care is to a very high standard. Staff seem to get on well."

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare.

There was a clear management structure. A senior manager visited the service regularly and was in regular contact with the manager and staff electronically and by telephone. The registered manager worked in the service full time, and worked alongside staff. A registered nurse was on duty 24 hours a day, every day. The registered manager said she was on call when she was not at the service.

Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, infection control, health and safety, training provision, accidents and falls. A staff member commented "There are lots of checks such as spot checks, supervision and appraisals." A survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. A senior manager visited the service on a monthly basis, checked standards were satisfactory and provided a written report of the findings of their visit. We also saw numerous thank you cards from relatives who had been happy with the care provided to their family members.

The registered manager said there were regular meetings for staff and we saw minutes of these. There were also staff handovers at the beginning and end of each shift. Staff we spoke with felt communication in the home was good.

The registered provider was registered with the CQC in 2016. The registered persons have ensured CQC

registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.