Buckland Care Limited

Brunswick House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected Brunswick House Nursing Home on the 13 and 15 April 2016. This was an unannounced inspection. Brunswick House is a nursing home for up to 46 older people. 43 people were living at the home at the time of our inspection. A number of people living at the home had been diagnosed with dementia.

We last inspected in April 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was registered manager in post on the day of our inspection. 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 and their relatives were positive about the home, the staff and management. People told us they were safe and looked after well in the home. Staff managed the risks of people's care and understood their responsibilities to protect people from harm. Mostly people had the assistance they required to take their prescribed medicines. However, nurses did not always maintain an accurate record of people's prescribed medicines and the medicines they had in stock.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured their on-going healthcare needs were met.

People told us they enjoyed living at Brunswick House and that it was a friendly, pleasant and lively atmosphere within the home. People also enjoyed the time they spent with each other and staff and carrying out activities. People were offered choices about their day. They told us they felt listened to and able to raise concerns or suggestions.

Staff were supported by a committed registered manager and had access to training, supervision and professional development. They could request further training and development as required. There were enough staff with appropriate skills deployed to meet the needs of people living at the service and support them with activities. Staff spoke positively about the home and the registered manager and told us they valued the continuity of staff.

People and their relatives spoke positively about the management and the service. The registered manager ensured people, their relatives and external healthcare professional's views were listened to and acted upon. The registered manager involved staff were involved in decisions regarding the home, and respected their views. The registered manager and provider had systems to assess, monitor and improve the quality of service people received at Brunswick House.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were at risk of not always receiving their medicines as prescribed. Staff did not always keep an accurate record of people's prescribed medicine stocks.

People were safe from the risk of abuse because staff knew their responsibility around protecting people from harm. Staff knew the risks associated with people's care and had guidance to manage them.

There were enough suitable skilled and qualified staff deployed to meet people's needs. The registered manager ensured staff employed were of good character.

Is the service effective?

Good

The service was effective. People were supported by staff who were skilled, trained and had access to professional development.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices, and their legal rights to make decisions were respected.

People had access to external healthcare. Where staff had sought the advice of external healthcare professionals to meet people's needs they followed this advice.

Is the service caring?

Good

The service was caring. People were at the centre of their care, and were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes.

Is the service responsive?

Good

The service was responsive. People were supported with

activities within the home and were engaged throughout the day by staff.

People's care plans were detailed and were personalised to them and their needs.

People and their relatives were confident their comments and concerns were listened to and acted upon by the registered manager.

Is the service well-led?

Good

The service was well-led. The registered manager carried out audits and had systems in place which enabled them to identify concerns. Where concerns were identified, action was taken to improve the service.

The views of people and their relatives were regularly sought. Staff told us they could raise ideas and were involved with decisions made within the home.

Brunswick House 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 was 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.
This inspection took place on the 13 and 15 April 2016 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 43 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a local authority commissioners about the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 spoke with 12 people who were using the service and with two people's relatives. We also spoke with four care staff, a nurse, the deputy manager and the registered manager. 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 reviewed seven people's care files, care staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

Nursing staff did not always keep an accurate record of the support they provided people with regards to their prescribed medicines. For example one person, had been prescribed a medicine to treat their nausea. Staff had signed to say they had given 16 doses of this medicine, however when we counted the remaining stock of this person's medicines we identified only eight doses had been given. Additionally, nursing staff had not consistently signed to indicate if they had given someone their medicine. This meant there was not always an accurate record to show if people's medicines had been administered, or if it had been refused.

Nursing staff did not always keep a record of the stocks of people's prescribed medicines, or document when individual boxes of people's prescribed medicines had been opened. This meant that nursing staff, the deputy manager or registered manager could not always evidence if recordings made on people's medicine administration records (MAR) were correct, and if people had received their medicines as prescribed.

We discussed these concerns with the registered manager who took immediate action with the deputy manager to ensure that people's medicine record's accurately reflected the medicines people received. Additionally, the registered manager and a nurse told us new MAR charts were being provided to the home, and that staff would ensure people's medicines boxes were dated as opened.

People told us they felt safe in the home. Comments included: "I'm safe here, especially at night, I have a bell"; "I do feel safe. Very comfortable, if I didn't feel safe, I wouldn't be sitting here"; "I've never been safer" and "The staff definitely keep me safe." A relative told us, "I get peace of mind."

People were protected from the risk of abuse. Care and nursing staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager or the senior staff member in charge. One staff member said, "I would go straight to the registered manager." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "I've never had to, however if I needed I could go to the provider, the adult helpdesk or CQC." All staff told us they had received safeguarding training and were aware of their responsibility to report safeguarding concerns.

The registered manager fully understood their responsibility to raise and respond to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC.

People told us there were enough staff to meet their needs. Comments included: "I can press the bell, they come quickly"; "Staff always come and talk to me" and "I've never thought about it [staffing]. It's never been a problem."

There was a friendly and lively atmosphere in the home on both days of our inspection. Care and nursing staff were not rushed and had time to support people in a calm and dignified way. Staff had time to spend

talking and engaging with people throughout the day, including supporting them with group activities. One person told us that they enjoyed to spend time in their own room. They also told us they were always told what activities and events were being carried out. They said, "Some people [staff] come and talk with me."

Staff told us there were enough staff deployed on a day to day basis to meet people's needs. Comments included: "We have enough staff, staffing has increased as people need a bit more"; "We have the staff to meet people's needs" and "Always on the go, however we work well as a team, it's good." The registered manager had identified the number of nursing and care staff who needed to be deployed to meet people's daily and social needs. The amount number of staff changed during the day dpending on people's daily support needs.

Records relating to the recruitment of new nursing and care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included disclosure and barring checks (criminal record checks) to ensure all staff were of good character. The service had ensured references were sought for staff member's to ensure they were of good character.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled staff to keep people safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of choking due to a due to a deterioration with their swallowing. Care staff had clear guidance to monitor the person at mealtimes and reduce distractions (which reduce their focus from swallowing and eating their meal) to ensure they were protected from risks. Care and nursing staff had sought the advice of healthcare professionals to assist this person. We observed care staff ensure this person had the assistance they needed to reduce this risk.

People were involved in discussing their personal safety and the risks associated with their care. One person told us how they wanted a gate at their bedroom door to ensure their room was private. They told us they knew how to open and close the gate and were aware of the risks and benefits of having a gate. They said, "I'm safe, I have a gate to stop people getting in."

Where people required assistance from care staff and equipment to assist them with their mobility, there was clear guidance on how staff should support them. The equipment needed, including wheelchairs, hoists and slings were clearly detailed. Staff knew how to use equipment to support people and told us they had the training they needed. Staff made sure equipment was fit for purpose, and if there was a concern the registered manager was informed. For example on the second day of our inspection staff had identified one hoist was broken and unsafe. The hoist was clearly marked with 'do not use labels'. The service still had enough moving and handling equipment to assist people with their mobility.

We recommend the provider should consider the NICE (The National Institute for Health and Care Excellence) guidance for the management of medicines to ensure medicines are safely administered.

Good

Is the service effective?

Our findings

People and their relatives were positive about nursing and care staff and felt they were skilled to meet their needs. Comments included: "They're nice people. They've done a lot for me"; "They're ever so good, I couldn't fault them"; "The girls know what they need to do and they're always happy" and "The staff are wonderful. They look after me."

People's needs were met by nursing and care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "I have the training I need"; "I think we all have the training we need, if there is something more we need we'd only have to ask" and "Definitely. There is always ongoing training." Staff told us they had the training required to meet people's needs. They were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "We've had training on different things when we've needed it."

New staff were given time, support and training to meet people's needs. One staff member spoke positively about the support they had during their induction to the service. They told us, "Before I started I did all my training. I felt I could ask staff anything. The [registered manager] is like a manager and a friend. I couldn't ask for any more." They also told us how they shadowed more experienced care staff, which enabled them to build a rapport with people living at the service. One person told us they always got to know new staff.

Care and nursing staff told us they had been supported by the registered manager and provider to develop professionally. Four care staff told us they were supported to complete a Qualification Credit Framework (QCF) diploma in health and social care (a qualification staff can achieve in relation to adult social care, which often enables them to have greater skills to meet people's needs). One staff member said, "We have all the training and professional development we need." Another staff member told us, "I asked for my NVQ (a qualification which staff can access) in one to one supervision. We discuss it and my progress."

People were supported by nursing and care staff who had access to supervision (one to one meeting) with their line manager. All staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One staff member told us, "We have meetings regularly and you can request one whenever you want." All staff we spoke with told us they felt supported by the registered manager, provider and other nursing and care staff, citing good teamwork. Comments included: "We all work together"; "It's friendly here, we have good workers and good team work" and "It's good here, we all get on and support each other."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care and nursing staff showed a good understanding of this legislation and were able to cite specific points about it. Comments included: "We always offer choice and never assume. Even if someone is non-verbal, we can

usually tell what they want, by using simple choices and looking for a change in facial expression or body language"; "We can't force people to do things, it's about choice, and offering choice, where people can make a choice, we can't just assume they can't."

The registered manager and provider ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the benefits and risks of refusing support with their personal hygiene. A decision was made in the person's best interest with their social worker and family present. The registered manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

People spoke positively about the food and drink they received in the home and told us they always had plenty to eat and drink. Comments included: "I get plenty to eat and drink"; "I get tea whenever I want it"; "I really enjoy the food"; "bloody marvellous food" and "There's a lot. It can be death by cake sometimes."

People's dietary needs and preferences were documented and known by nursing, care and catering staff within the home. The home's chef knew what food people liked and which foods people needed to meet their nutritional needs. The chef was informed when people had lost weight or if there needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet. People had and enjoyed a meal which met their personal needs.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, speech and language therapists, podiatrists and speech and language therapists. For example, the registered manager had sought the support of speech and language therapists and community psychiatrists to assist them with the care of one person. A long term management plan was in place to meet this person's needs. Care and nursing staff was aware of this plan were managing their needs.

Good

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I'm happy, they're [staff] marvellous"; "I'm happy. I keep them all laughing. They listen to me. I couldn't say a bad word"; "I can have a joke with staff. It's a lovely home" and "The staff are great. It's not home, however it's very good."

People enjoyed positive relationships with nursing and care staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff who asked them if they would like to talk to us. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person told us they liked to spend time in their room. They said, "There is plenty to do here. I'm not a mixer, I enjoy my own company, however I know there are things going on, the staff respect my choice."

People engaged with staff and were comfortable in their presence and enjoyed friendly and humorous discussions. For example, the one staff member sat with a person and enjoyed singing with them during holy communion. People clearly enjoyed the time they had with staff, enjoying friendly conversations. One person told us, "They're very good, they always have a chat."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us about one person and the support they provided them to meet their emotional needs as well as their daily care needs.

Care staff were supported to spend time with people and they spoke positively about this. Comments included: "In the afternoon we have time to spend with people. People and their relatives love the atmosphere in the home, we get compliments"; "We have time to spend with people, we make it homely" and "I like that we have time to spend with residents." One relative told us that their relative enjoyed the home and benefitted from lots of company from other people and staff. They said, "He's much happier. It's the company. It's definitely had a positive impact on his wellbeing."

People's dignity was protected by attentive care staff. For example, one person was unwell after their lunch. Care staff identified this and supported the person to be comfortable. They asked the person if they wished to go to their room, which they agreed. They supported the person to change, and ensured their dignity was protected at all times. The person told us, "They're great. I'm okay now."

People told us their dignity was respected by all staff at the home. Comments included: "I feel they respect me and treat me with dignity" and "They respect my choices and look after me well." Care staff told us how they ensured people's dignity was respected. One staff member told us they would always ensure people received personal care in private and would ensure they were never exposed.

People were able to personalise their rooms. For example, people had decorations in their room which were

important to them, or showed their interests. One person told us they had been supported to move to a room which received more natural light from outside. They told us they had appreciated this change, particularly as they liked to spend time in their own room.

People's independence was promoted. For example, one member of care staff supported a person to eat their lunch. They encouraged the person to hold their cutlery and assisted them at a calm and relaxed pace. The person started to eat independently and enjoyed their meal. We spoke with the staff member who told us the person could usually eat independently with some gentle encouragement. They told us staff assisted them every day, and if they required more support this was provided to ensure their nutritional needs were met.

People were possible were supported to make decisions around their care and treatment. People's care plans and risk assessments were written by nursing and care staff with people. For example, one person's care plan clearly documents their views and also their wants and wishes regarding end of life care. Another person's views around their social needs had been recorded and was respected by staff. This person has also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

Good

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for nursing and care staff about how people's care should be delivered. People's care plans and risk assessments were reviewed monthly and changed to reflect people's needs where changes had been identified. For example, when healthcare professionals had been consulted and made recommendations regarding people's healthcare needs.

People's life histories, likes and dislikes were clearly recorded in their care plans. Care staff told us the care plans were useful in giving them the information they needed about people. Nursing and care staff also kept detailed records of the support people received on a daily basis. This information clearly informed people's care plans and enabled care staff to identify changes in people's daily care needs.

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "They involve me in everything. They let me know if there have been any changes. They're marvellous."

When a person's care was being reviewed family had been invited. Relatives told us their views were always sought and respected. These reviews were documented in people's care files. Where people or their relatives had raised suggestions these had clearly been responded to.

People spoke positively about life in the home and told us there was always something to do. Comments included: "We're happy, there's plenty to do"; "I like a bit of music" and "I love it here, it's always busy." People enjoyed taking part in quizzes, having discussions between themselves and reading newspapers throughout the day. People also told us they enjoyed time spent with the hairdresser. Some people in the home enjoyed their own company. Care staff ensured they protected people from the risk of isolation by regularly visiting people to make sure they were safe and have a friendly chat. Additionally, people's relatives were able to visit people at any time and could enjoy meals and private time with their loved ones.

People told us their spiritual needs were being met. On the day of our inspection, a church service was being enjoyed. People enjoyed singing hymns with staff, and knew the visiting clergy member well. Staff told us if someone was unable to attend the session they could be visited in their own bedroom. This helped ensure people's religious needs were being met.

People and their relatives knew how to complain. Everyone we spoke with told us they had not had to use the complaints policy; however they felt the registered manager was very approachable regarding any concerns. One relative said, "It's great, we can't really complain. The only problem is the limited parking."

The registered manager had received one complaint in 2016. They had clearly investigated this complaint and had offered to reimburse the complainant for a lost item. The registered manager used concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, one person raised a concern regarding an incident when they had hurt themselves with a hot drink, which the

registered manager and staff took immediate action to ensure the person was safe and comfortable. They also discussed the incident with nursing and care staff to ensure the risk was minimalized in future.

Good

Is the service well-led?

Our findings

Brunswick House Nursing Home had a registered manager who has been in position for a number of years. 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.

Everyone we spoke with was complimentary about the registered manager. When asked people felt the registered manager was good. One person told us, "I think they're really good, they do come and talk to me." Relatives were confident about the management of the home. The care and nursing staff were wholly positive about the registered manager, stating they were approachable and friendly. One staff member said, "I can go to the manager with any concerns. She does her best to sort out problems." Another staff member told us, "They involve us; they're always open to our suggestions."

The provider promoted a culture that put people at the centre of everything. Care and nursing staff were committed to this idea. One member of staff said, "We have to respect this is people's home, they come first." Staff spoke positively about providing person centred care and promoting choice and independence for all people within the home.

People's views were sought regularly through 'residents meetings'. These meetings allowed staff and people to discuss any concerns or suggestions they had regarding Brunswick House. At a meeting in January 2016, people raised concerns regarding care staff understanding of their nutritional needs and being taken to the dining room tables to early before meals. They had also made suggestions for how chairs should be layed out in the lounge and around the variety of cakes. The registered manager had acted on these views. For example, they had arranged for care staff to attend additional training on nutrition which was also discussed in their one to one meetings. People told us their views had been listened to and respected.

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, concerns we had identified at this inspection regarding medicines would be identified by the provider's medicine audits. Additionally, shortfalls found in relation to house keeping monitoring were acted on and clear improvements made. This included the implementation of a cleaning record.

People were protected from risk as the registered manager ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The provider ensured the quality of the service was discussed with care and nursing staff and all staff felt they were able to suggest ideas about the day to day running of the home. Staff meetings were used to discuss key points such as medicine management, CQC inspections and training. This ensured the

registered manager was able to discuss key information with staff at the home. One staff member told us, "We are all able to suggest ideas and discuss improvements." One staff explained how they discussed staffing and staff skills at team meetings. They discussed how the registered manager listened to their views and enabled the service to improve.