

Buckland Care Limited

Brunswick House Nursing 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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Brunswick House on 11 and 12 February 2019. The inspection was unannounced.

Brunswick House is a 'care home' and provides accommodation and personal care for up to 46 older people, including those living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our visit 40 people were using the service.

We last inspected the home on 20 and 22 February 2018 and found five breaches of the legal requirements. People did not always receive safe care and good medicine practices were not always followed. When people had been deprived of their liberty for the purpose of receiving care or treatment lawful authority had not been sought. Staff were not appropriately trained and supported and people did not always receive personalised care. The provider's quality monitoring systems had not been effective in identifying these concerns prior to our inspection and action had not been taken promptly to improve the service people received.

During this inspection we found that improvements had been made and the provider met legal requirements. We found people's plans of care had improved and contained detailed information about their individual needs and preferences. Medicine practices had improved. There were systems for ensuring people were not being deprived of their liberty without lawful authority and a new co-ordinator for training had been employed. Staff induction training and mandatory training had been completed as required by the provider's policy. Plans were in place to ensure staff one on one supervision and refresher training were provided in line with the provider's policy.

The service had a registered manager who registered with CQC in January 2019. 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.

The registered manager had implemented the service action plan to address the shortfalls in the service and had implemented improvements as required. There was a clear vision for the delivery of good quality care to people and a positive culture within the staff team.

People and their families did not always know what was contained in care records, and people did not have the opportunity to review information held about them.

There was an activities coordinator in place however, more time was needed to imbed a full activities program to support people to maintain or improve their health and mental wellbeing within the home.

Information for people within the home was not always presented to them in a way they could understand.

People told us they felt safe living at the home and we saw there were effective safeguarding processes in place to protect people from the risk of harm. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing.

Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs safely.

Risks to people had been assessed and managed appropriately. Staff followed safe moving and handling practices. Information in relation to risk was clearly identified. People at risk had clear assessments in place with guidance to enable staff to support people effectively. There were systems in place to check and maintain the safety and suitability of the premises.

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.

Staff knew how to protect people from abuse and how to report any concerns.

Risks to people had been assessed and staff knew how to support people effectively.

There were sufficient numbers of suitable staff employed.

Peoples medicines were managed safely.

People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

People were supported by staff whose skills and knowledge to meet their needs had been checked effectively.

People's needs were assessed promptly and detailed care plans were in place to ensure people's needs and preferences would be met.

There were systems to ensure applications had been made to the local authority where people needed to be deprived of their liberty.

People's health and nutritional needs were met and people had access to health and social care professionals.

Is the service caring?

Good ●

The service was caring

People were treated with dignity and respect

People were encouraged to be as independent as possible

Is the service responsive?

The service was not always responsive.

People and their relatives were not always involved in planning people's care, support and treatment.

Information was not always presented to people in a way they could understand.

People's needs were assessed and care and treatment delivered in accordance with people's individual needs and preferences.

Complaints received were dealt with effectively and in a timely manner.

The home provided end of life care with respect and dignity.

Requires Improvement 

Is the service well-led?

The service was well led.

The service had visions and values which were integral to Brunswick House and were incorporated into work practice.

People and staff benefitted from clear and supportive leadership from the registered manager and provider.

A range of audits monitored the quality of the service and the registered manager focussed on continual improvement.

Good 

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 checked 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.

This inspection took place on 11 and 12 February 2019 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed information held about the service including statutory notifications received about key events that occurred as required by law. We also sought feedback from the local authority commissioners.

We reviewed the action plan submitted by the provider following our previous inspection, outlining what action they would take to address the previous breaches of legal requirements.

During the inspection we spoke with four people using the service, four relatives, a GP and four staff. We also spoke with the registered manager, deputy manager and area manager of the service. We reviewed five people's care records and staff records relating to recruitment, training, supervision and appraisal.

We reviewed records relating to the management of the service and medicines management processes. We undertook general observations focusing on the environment and interactions between people and staff.

Is the service safe?

Our findings

At our previous inspection in February 2018 we found that risks to people were not always assessed or reviewed. Risk management plans did not always give staff the information needed to keep people safe and staff did not always support people to reduce these risks. People's medicines were not always managed in accordance with current best practice guidelines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the service met the requirements of this regulation.

Staff who administered medicines had received training and their competency was checked. Brunswick House had an electronic form of medicines management where people's records were stored and could be accessed via handheld electronic devices. The deputy manager showed us how these worked and how the system was used to ensure people received their medicines safely and as prescribed.

The registered manager had implemented changes to people's medicine management records and to care plans. Staff had clear information to follow to provide people's medicines as prescribed. Each person had a medication care plan that enabled staff to ensure medicines were given as prescribed. Risks to people using certain types of controlled medication were clearly identified and recorded. Medicine administration records were checked daily by a nurse or a member of the management team to ensure medicines were given as prescribed.

Controlled drugs were stored securely and there were robust systems in place to check stock. The temperature of medicine cabinets had been recorded daily to ensure medicines were stored as recommended by the manufacturer's instructions. This is important as any medicines incorrectly stored could be less effective and may pose a risk to people. People's topical medicine administration charts were completed and there was guidance for staff to know how to support people with their creams and ointments.

Risks to people's safety had been identified and plans were in place to ensure staff knew what action to take to reduce risk. Where risks had been assessed and hazards identified, measures to limit risk were in place and staff knew what action they should take. For example, staff used moving and handling equipment safely and effectively when transferring people.

People at risk of choking had clear assessments in place with guidance for staff to support people safely in relation to eating and drinking. People who required bed rails had clear assessments in place and information in relation to the risk of bed rails was clearly identified.

We observed safe and effective moving and handling of people. Staff took their time and encouraged people to be as independent as possible to complete each manoeuvre safely. For example, during one manual handling transfer staff encouraged one person to sit forward and put their weight through their feet as they

stood, ensuring a safe and effective manoeuvre was completed. Staff ensured they provided encouragement and said, "That's it" and "Well done", (name of person)."

The registered manager had implemented systems to assess and monitor the use of pressure relieving mattresses. People's mattresses were checked frequently to ensure that they were using the correct mattress and that each mattress was set on the right pressure setting for the person. This protected people who could not independently move from pressure damage to their skin.

One person was nursed in bed and treated for pressure ulcers they had acquired prior to their admission to the home. The registered manager had notified CQC of this and was providing weekly updates in relation to this person's pressure area care. We spoke with the GP of the service about people's wound care and they told us "Staff are brilliant" and "Nurses know patients really well."

Staff had received training to keep people safe from abuse and knew how to report any concerns. Staff were also familiar with the term "whistleblowing" and staff told us if they were unhappy with the manager's or provider's response, they would speak to the local authority safeguarding team or the CQC. Where whistleblowing concerns had been raised these had been acted on promptly by the registered manager. One member of staff said, "I know how to whistle blow. I would report concerns to management." Records confirmed staff completed hourly welfare checks on all people to ensure they remained safe.

Brunswick House had fire safety procedures in place. There were staff fire marshals allocated daily to assist people, staff and visitors to evacuate safely in the event of a fire. Fire equipment such as fire extinguishers had been checked annually. Weekly door and fire alarm checks were completed to check they remained in working condition. People had individual evacuation plans detailing what support they needed in the event of a fire and copies of these were kept in a fire "grab bag" next to the front door. This information supported staff to promptly evacuate people in the event of a fire.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. Where areas of improvement had been identified, clear timescales for improvements had been set and met by the provider. People's relatives told us, "Maintenance issues are quickly dealt with" and "The home is always working to improve the decoration."

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks, the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. There was a stable staff team in place to provide consistent support to people and the registered manager told us staffing levels were based on people's needs. All the staff we spoke with felt there was enough of them on duty. The registered manager told us the use of agency had reduced ensuring people were supported by staff who knew their needs well. One person told us "staff know what to do to care for you."

Staff were well organised. They communicated effectively with each other, people who used the service and external professionals ensuring information was shared and people received effective care and treatment from a range of professionals. Staff had a calm approach, spent time chatting with people and responded to

their requests for assistance in a timely manner. One person told us "staff are friendly."

People were cared for in a clean environment. Housekeeping staff were carrying out cleaning tasks and completing the cleaning schedules to show that tasks had been completed. Arrangements were in place to prevent cross contamination. For example, staff wore personal protective equipment when required and soiled laundry was kept separate from other laundry. The kitchen had been inspected by the food standards agency in March 2018 and was awarded the highest five-star rating.

Accidents and incidents were recorded and analysed and information in relation to any notifiable accident or incident had been sent to CQC. The registered manager reviewed accident and incident statistics regularly and was actively working on falls prevention within the home.

Is the service effective?

Our findings

At our previous inspection in February 2018 we found that people had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority or application to the authorising authority having been made. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection, we found improvements had been made and the service met the requirements of this regulation.

People who lack capacity to consent to their care can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care and nursing homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had implemented systems to ensure applications had been made to the local authority where people needed to be deprived of their liberty. There were clear audits in relation to assessments and outcomes in relation to DoLS referrals. DoLS applications were detailed and decision specific to ensure people were supported in the least restrictive way possible. Where any conditions were identified as part of a DoLS authorisation these had been met.

People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles of the MCA. Mental capacity assessments and best interest decisions were made when appropriate. Daily best interest decisions made by staff included what people wore and what they had to eat and drink.

We found training and supervision had not always been effective in ensuring staff had the skills and competency to support people effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staff had received effective training and support and the service met the requirements of this regulation. Staff spoke positively about the support they were receiving. A staff member told us "I feel the management team have confidence in me."

Staff were trained to carry out their roles and had the skills and knowledge to meet people's needs. New staff completed an induction period during which they completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff had received training in for example, safe moving of people, infection control, food hygiene and safeguarding. There was a new training co-ordinator in post to train staff and ensure staff had access to the training on offer from the provider.

Where the registered manager had identified that refresher training to support staff to remain up to date with their knowledge might be delayed, plans were in place to ensure staff's competency in these areas were maintained. For example, booklets in relation to safeguarding were given to staff to complete until they could attend a refresher training course. The training co-coordinator told us "My role is a new role created to improve training." Staff told us they had received effective support and supervision.

People's immediate and ongoing needs were assessed using recognised assessment tools. Care was person centred, planned and delivered in line with advice and best practice guidance from specialist health care professionals. For example, people's risks in relation to skin damage were clearly identified and staff worked in collaboration with a range of external health and social care professionals to meet people's needs. These included for example, the local GP, specialist mental health practitioners to support positive behaviour management, tissue viability nurses when managing skin concerns and social workers to support people's social needs.

People's nutritional and hydration needs were met and people were offered a balanced diet. Information in relation to what meals were on offer was limited, this was raised with the registered manager who immediately implemented picture menus on each table to support people to make a choice. People were offered a choice of drinks to remain hydrated.

The people we spoke with told us that they liked the food and they always had enough to drink. A person's relative told us that the food always looked very good. One relative told us "Food and drink is lovely; cakes and biscuits and fruit and cheese. They give (name of person) cake in bite sized pieces so they can eat independently."

We found the building was appropriately adapted for the needs of people who used the service. For example, there was sufficient space in bedrooms and a passenger lift. The premises were well-appointed and pleasant throughout and people's bedrooms were personalised. People had access to a garden and patio area backing on to a country park that was pleasant and inviting.

Is the service caring?

Our findings

The service continued to be caring.

Staff had a caring approach towards people. Throughout our inspection, people living at the home were relaxed with staff who were supporting them. People smiled when approached by staff who interacted with them in a positive, kind and tender way. Staff were observed to lower themselves to eye level to communicate with people and showed compassion and humour which clearly put people at ease and encouraged effective communication. A person's relative told us "I know my mum is well cared for."

Staff told us they enjoyed their job role and supporting the people who lived at the service. They spoke with affection about people. One staff member said, "It's brilliant here, I love it. I have compassion, and love and enjoy caring for people."

Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. Throughout our visit, we observed staff treated people with dignity and respect. We observed that staff respecting people's privacy. For example, staff offered some people clothing protectors discreetly to help to protect their clothes while they were eating and to maintain their dignity.

Staff encouraged people to do things for themselves if they were safely able to do so. We observed two staff helping a person transfer using a standing aid and they encouraged the person to grip the rail and push themselves up to standing. Both staff were caring and patient.

Staff encouraged people to make daily decisions. For example, people were asked about what time they would like to shower and what time they wanted to get up. One person told us, "Staff always ask me before carrying out tasks".

Is the service responsive?

Our findings

At our previous inspection in February 2018 we found that people's needs were not always assessed promptly and detailed care plans were not always in place to ensure people's needs and preferences would be met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During this inspection we found that the registered manager had made changes to how the care plans were set out and reviewed. People's needs were assessed and plans of care developed so that staff had the information they needed to meet those needs in an individual and consistent way.

We found staff knew people well and provided personalised care and support. For example, during the morning drinks round a member of staff noticed a person was upset and asked the person what was wrong. The person reacted with a crying tone and said they were sad. The staff member responded with a reassuring "Come on, some company and a cup of tea will make you feel better." The person immediately cheered up and went to the lounge happily with the member of staff.

Care records focused on people's individual support requirements and what was important to each person. For example, care plans listed activities people liked to do and what time they wanted a shower. People's protected characteristics under the Equality Act (2010), such as their disability and sexual orientation were considered as part of their initial assessment, if people wished to discuss these. For example, there was information about people's life history and information about people who were important to them. One person using the service told us people from local churches visited the home to support their religious needs.

People's care records contained information for staff on how to provide important aspects of their care such as washing, dressing, eating and drinking. Staff knew where to find important information about people. For example, one staff member told us, "Information relating to people is in their care plan, they have "this is me" documents in their care plans."

Whilst clear improvements had been made to the content of care plans, people did not always know what was contained within them. One person told us "I know I have a care plan but I've never seen it or been involved in it". This is an area for improvement.

We observed a morning handover during which time night staff were sharing information with the day staff starting their shift. Information relating to people's weight, oral care, health needs and any health appointments planned for the day was shared to ensure people received consistent care across a 24hour period.

We reviewed activities provided at Brunswick House. A visiting singer provided light entertainment regularly and weekly visits from people from churches in the area ensured people living in the home had their religious needs met. There was a new activity co-ordinator in post. They told us they had started to

implement new activities; however, these had not had time to become fully effective. Time was needed to ensure all people had opportunities to pursue their interest and remain socially engaged.

People's relatives were not always aware of activities their loved one had been involved in. For example, one relative told us "I feel quite a bit in the dark about what mum does". When we spoke to the registered manager about this they said they would endeavour to make improvements to how people were involved in their care plans moving forward. This was an area that required improvement.

The registered manager had set up a new initiative to invite family members to meetings to talk about how the home could improve however, people's relatives told us they did not always know about these. We found that more time was needed to establish the effectiveness of these meetings and this was an area that required improvement.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The registered manager and staff team recognised people's different levels of communication and detailed care plans described the way people communicated and how staff should engage with them. However, information displayed throughout the home was not always clear and did not support people with sight difficulties or additional communication needs to understand what was happening. For example, both the menus and the activity plans were on display in small font on A4 paper pinned to notice boards where people could not always see them. This was an area that required improvement. This was raised with the registered manager at the time of the inspection and they said they would make immediate changes to how information was presented to people.

Brunswick House had a complaints policy in place and all complaints were acknowledged in a timely manner. The home's policy clearly set out responsibilities for investigating complaints. There was information available for people as to how they could raise further issues if they were not satisfied with the outcome of the complaint.

The registered manager kept a log of all complaints and a record was available to monitor whether the provider had taken appropriate action to investigate people's complaints. We found that where complaints have been made they had been resolved to a satisfactory outcome.

The home was not supporting anyone with end of life care at the time of our inspection. However, the registered manager told us that if a person's health deteriorated, they would work with healthcare professionals to support their care such as the local GP. People's end of life care plans included their spiritual and cultural needs, some information around symptom management and their funeral arrangements. One professional we spoke with in relation to end of life care for people said "End of life care is very good. I would put a member of my own family here".

Is the service well-led?

Our findings

At our previous inspection in February 2018 we identified five breaches of legal requirements. The provider's governance systems were not sufficiently robust or operated effectively to monitor and improve the safety of the service and to ensure legal requirements were met. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the service now met the requirements of this regulation.

The provider's action plan had been effective in making sufficient improvements in the service for the legal requirements to be met. Staff training had improved, risk to people were managed and medicine practices were safe. Where people had been deprived of their liberty for the purpose of receiving care or treatment lawful authority had been sought. The registered manager had implemented changes to the layout and content of people's care plans. People's care plans now contained accurate information and staff supported people's wishes and preferences. The registered manager had acted to address shortfalls in staff refresher training and had improved the consistency of staff supervisions as well as record keeping across the service.

The registered manager told us they would make immediate further improvements to the way in which information was presented to the people at the home and that they would explore ways to further develop relationships with people's relatives and to seek ways in which they could be involved in people's care planning.

Brunswick House had a manager who registered with CQC in January 2019. 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.

The provider had systems in place to assess and monitor service quality, on a weekly and monthly basis. The health and safety of the environment, all aspects of medicines management, progress of repairs and maintenance, cleanliness and maintenance of infection control standards were audited. We spoke with the area manager of Brunswick House who showed us examples of audits completed and the actions taken as a result of these audits. These included audits of the décor and presentation at the home and the standards of care delivered to people at the home.

There was an appropriate provider management structure in place and the registered manager told us they received effective support from the area manager. The area manager visited Brunswick House at least twice per week to support the registered manager in embedding improvements. We found this management structure was having a positive impact on the culture in the home. A staff member told us "Things have got a lot better, better training, managers are more responsive and there is more communication. We are one big team and we communicate well."

The manager was promoting an open and collaborative culture where staff felt confident to challenge and make suggestions about how the service was run. Staff told us the culture in the home was improving. One staff member told us "I am supported in achieving my aspirations".

The provider's vision states "We pride ourselves on each care home's unique identity and homely atmosphere, excellent facilities, and most of all, their level of care. Every member of staff sees their role not just as a care provider, but as a friend and confidante to our residents". Our conversations with staff and managers supported this ethos. People were enabled to live enriched lives and outcomes for them were good. People socialised in their local community and were supported with personal and family relationships. A person using the service told us "It's great here. It feels like home, which is important when you are in care."

Staff were clear on their roles and responsibilities. All staff were aware of their individual responsibilities when it came to the management of risks and meeting the provider's requirements. Staff respected people's right to privacy and information held about people was stored securely and only passed to other professionals as appropriate.

Prior to our inspection, stakeholders were provided with an opportunity to provide feedback about the service. One stakeholder told us "All of our meetings with the registered manager were positive and with each meeting considerable progress had been made. I was impressed by (name of registered manager) drive and dedication to moving the service forward, make required improvements and develop the service further."

The provider ensured they met CQC's registration requirements by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service. In addition, the registered manager had responded to our requests for regular updates on the treatment of the person in receipt of pressure ulcer care.