

Brendoncare Foundation(The) Brendoncare Meadway

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

We carried out an unannounced inspection of this home on 4 September 2017. The home is registered to provide accommodation and personal care for up to 13 older people, some of whom live with dementia. Accommodation is arranged over two floors with access to all areas by stairs, lift and stair lift. At the time of our inspection 12 people lived at the home.

A registered manager was in post. 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.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

Medicines were administered, stored and ordered in a safe and effective way.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff deployed to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

People were encouraged and supported to make decisions about their care and welfare. Where people's ability to consent to their care fluctuated, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People received nutritious meals in line with their needs and preferences, in an environment which had been adapted to provide a calm and relaxing dining experience for them. Those who required specific dietary requirements for a health need were supported to manage these.

Staff were calm, kind and gentle in their interactions with people and supported them to remain independent whilst maintain their safety and welfare. People's privacy and dignity was maintained and staff were caring and compassionate as they supported people. Staff knew people in the home very well and involved them and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. External health and social care professionals were involved in the care of people and care plans reflected this.

The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. Staff felt supported in their roles and people and their relatives spoke highly of all staff. People and

their relatives spoke highly of the registered manager and all their staff team.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The registered provider had a robust system of audit and review in place to ensure the safety and welfare of people.

At our last inspection of Brendoncare Meadway in April 2016 we found this service to be Good although improvement was required in the well led domain with record keeping. At this inspection the home remained Good and record keeping had improved.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well led. Record keeping had improved in the service since our last inspection in April 2016.

Brendoncare Meadway

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.

One inspector completed this unannounced comprehensive inspection on 4 September 2017. Before our inspection we reviewed the information we held about the home, including previous reports and notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In January 2017, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

We spoke with eight people who lived at the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with six members of staff, including; the registered manager, the registered provider's head of care, two members of care staff, the cook and the maintenance person. Following our inspection we spoke with three relatives and reviewed feedback from health and social care professionals.

We looked at care plans and associated records for three people and reviewed the medicines administration system in the home. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, four recruitment files and policies and procedures.

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them well and understood how to support them to maintain their safety and welfare. One person told us, "Oh gosh yes, I am very safe here. Staff are always around and help me to do what I want safely." Another person said, "This is my home and I feel very safe here." A third person told us, "They [staff] know just what to do to make sure I am safe." Staff had a good understanding of how to support people to maintain their safety. One told us, "It's about letting them be independent but understanding the risks that come with that. This is their home and we do anything we can to make them feel safe, that's important." Relatives felt people were safe and staff knew how to maintain people's safety. Health and social care professionals reported that staff knew how to meet people's needs safely and always sought support appropriately if they had any concerns about people.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, choking, falls, nutrition and moving and handling. Incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. For example, a review of incidents of falls which occurred in a person's bedroom had resulted in the introduction of a falls mat and the use of a bed which could have its height adjusted accordingly for the person. All incidents and accidents were reported centrally to the registered provider and these were reviewed across the home and other locations of the registered provider to identify learning and ensure people's safety and welfare.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans, an emergency grab bag, a robust business continuity plan and home emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure. Regular fire safety checks and evacuations were completed by the maintenance person and staff and people who lived at the home had a very good awareness of the fire procedures in the home. One person told us, "We have fire alarms every week and we practice getting out so that we are all safe. He [maintenance person] asks us all lots of questions to make sure we know what to do. It is very reassuring."

The home was well maintained. Electrical, gas, and water checks were completed routinely in the home to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the home and how or when these were addressed.

People received their medicines in a safe and effective way. The registered provider had implemented an electronic medicines recording system to support the safe administration of medicines in the home. This provided a robust system of audit and review for the safe administration of medicines. Staff had been suitably trained and had a good understanding of the policies and procedures around the safe administration of medicines. Medicines were stored and administered safely. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these medicines. Homely remedies were available for people if these were required. These are medicines which can be bought over the counter at pharmacies and include medicines for pain relief, constipation and

indigestion. For some people who administered their medicines independently risk assessments had been completed to ensure their safety and welfare.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and recognised what constitutes abuse and how to report concerns to protect people. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy. No safeguarding concerns had been raised in the home since our last inspection and the registered manager had a good understanding of how to report and investigate any concerns if they were raised.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff deployed to meet the needs of people. Staff had time to interact and support people in an unhurried and calm way. The staff rotas showed there were consistent number of staff deployed each day and on occasions where staff had been absent from work through sickness these duties had been supported by other members of staff. The registered provider had a bank of staff who could work at the home in the event of staff absence and the registered manager told us very occasionally they may need to use external agency staff.

The registered manager had a very good understanding of the needs of the people who lived at Brendoncare Meadway and worked with staff 'on the floor' to maintain good working relationships with staff and people who lived at the home. People told us there were always sufficient staff available in the home to meet their needs. One person told us, "When I call, they are always there the minute I need them, I can't fault their dedication." Another said, "They let me be independent but are always around if I need them, what a team they are." A relative told us, "There are always staff around who know [person] well and are very helpful." Staff told us they felt they had time to provide care for people in a way which was meaningful and respectful. One member of staff said, "There is no need to hurry, we are there for people when we are needed."

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and took time to allow people to make decisions in line with their wishes and preferences. One person told us, "It really is up to me what I do and the staff always respect my choices." Another said, "If I get a bit muddled they [staff] know to give me time and help me understand what I am being asked." A third person said, "Of course they let me do as I wish. This is my home and I come and go as I please. That's how I like it."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Care records held information to show people consented to their care. For people whose capacity to make decisions fluctuated staff took time to support them in making decisions in line with their wishes and preferences.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and all staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Where people had selected a legal representative such as a Lasting Power of Attorney to make decisions on their behalf this information was clearly recorded.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. There were no safeguards in place at the time of our inspection; however the registered manager had a good understanding of when these would be required and how to apply for these.

A program of appraisal and supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people.

Staff told us they were encouraged to develop their skills through the use of external qualifications such as nationally accredited qualifications and The Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People told us the food was very good and they enjoyed a variety of foods in line with their preferences. One person said, "The food is excellent, can't fault it. It's meat free Monday today- makes a nice change."

Another told us, "We speak with the cook every day and they make sure we have what we want. Nothing is too much trouble. I rather like the puddings."

People enjoyed a good dining experience at mealtimes in the home. The dining area of the home was a quiet and calm environment well laid out with tablecloths, mats and napkins on the table. Meals were brought to the dining room and served from a hostess trolley. People chose where they wanted to be seated and interacted with others at their table. Most people were able to manage their meals independently, however for those who were not staff were attentive to their needs and supported them in a calm and efficient way. For people who chose to have meals in their room these were well presented and staff provided appropriate support or ensured people had all they required to remain independent with their meal.

Care plans identified specific dietary needs and the cook had records of these. Special diets such as those for people who required a soft or diabetic meal were catered for and the cook had information about any allergies people may have and their likes and dislikes. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs. Staff described how they supported people with nutrition and hydration needs including those who had an identified fluid intake target to maintain adequate hydration.

Records showed health and social care professionals visited the service as and when required. For example, care records held feedback from GP's and community nursing staff. Professionals said staff identified people's needs and involved them appropriately.

Is the service caring?

Our findings

People were happy in the home and spoke very highly of staff who were kind and caring. One person said, "They are all wonderful and so caring. I cannot ask for more." Another said, "You could not wish for better. They [staff] are just wonderful." A third said, "Angels, that's what they all are, angels." Relatives spoke of staff who were very caring. One said, "I can't speak highly enough of them all [staff]. They are amazing and so very very kind." Another told us, "Nothing is too much trouble, they are all so kind and helpful." A third said, "They [staff] have the most outstanding patience with [person]. Wonderful."

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. The atmosphere in the home was friendly and very family orientated.

Staff knew people well and demonstrated regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. Staff had a very good awareness of people's life history, likes and preferences and incorporated this into the way in which they provided care for people. For example, one person loved the garden and staff demonstrated a genuine interest in sharing this with the person. Another person loved to sing and dance. Staff were aware of these interests and encouraged the person to participate in meaningful activities.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff spoke of respecting people's choice at all times for example, where they wanted to have their meals, what activities to participate in and when to support a person with personal care. One member of staff told us how they had supported one person to liaise with a GP about their ill health. They told us how they declined to speak with the GP about the person as the person was able to discuss their concerns themselves. They ensured the dignity and privacy of this person was maintained whilst also ensuring their safety and welfare. They then supported this person to attend an appointment with the GP by providing detailed information on how they could attend the appointment independently.

People's rooms were spacious and offered sleeping and seating areas for people to enjoy. Each person's accommodation was personalised with their own furniture and belongings. When bedroom doors were closed staff knocked and waited for a response before entering. People were proud of their rooms and the home and were keen to share this. One person told us, "This is the very best of the best. I cannot ask for more. Everyone is lovely and this really is my home now." Another said, "It's taken a little time but this is my home now. Lovely place."

People and their relatives were involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. These were then clearly recorded.

Staff sought the support of health care professionals to ensure people could remain at the home at the end

of their life and receive appropriate care and treatment. Staff spoke passionately of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. One member of staff told us how the staff had recently supported one person at the end of their life. They said, "It was not an easy time for everyone; the family, residents or staff, but we all worked together to make it as good as possible." Another member of staff said, "It was a real privilege to share that time with [person] and their family. I have learned a lot about this. The manager was so supportive to everyone and I know we all felt very sad when the time came." People were aware one person had recently passed away in the home and spoke of them in a kind and caring way, remembering good times. People were encouraged to express their feelings and staff acknowledged that people needed to be able to express their emotions and be supported at this time.

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them well.

People had been assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

We spoke with the registered manager about the admission process as a vacancy had arisen in the home. They told us how they worked with people and their families to assess their needs and understand how and if these could be met at the home. They recognised that as a small family orientated home it was important that new people moving into the home had an understanding of how the home supported people to remain independent whilst supporting their needs and those of others. One person who lived at Brendoncare Meadway had written, 'A resident's viewpoint'. This was a review of their admission to the home to help people who planned to move into the home understand how they had felt. The head of care for the registered provider told us they had embraced this idea to support people being admitted to all of their homes.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place were person centred and gave clear information for staff on how to meet people's needs. Care plans had been updated monthly or more frequently as required. For example, for one person who had recently returned from hospital, their care plans had been updated to reflect their changed needs and how staff should support these.

Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them to make decisions. People were supported to maintain close relationships with families and friends. Relatives and visitors told us they were warmly welcomed in the home and encouraged to participate in any events in the home.

A system of keyworkers was in place to support people who lived at the home and ensure they received the care and support they required. The registered provider identified a keyworker as a nominated member of staff person who worked with a person to plan their care by building on their strengths, providing assistance where necessary and helping them to remain as independent as possible. Each person had a keyworker and a night keyworker who was responsible for making sure care plans and records were maintained in line with the person's needs and preferences. People were aware of who their keyworker was and how they could make changes to any of their planned care. One person told us, "She [member of staff] talks to me very regularly just to make sure nothing has changed for me, and she lets my [relative] know I am okay too."

The registered manager told us how they planned to introduce a 'Resident of the Day' system. This would allow each person to have a nominated day of the month which was particularly for them to have a full review of their care, their room and perhaps have special attention to do something they chose or wanted, for example a special meal choice or film choice.

Staff supported people to participate in activities of their choice throughout the day. Some people chose to remain in their rooms or go out on the bus to local venues. Wi-Fi in the home provided people with the opportunity to use electronic information and communication systems if they chose. There was a wide range of activity equipment available in the home for people to use including exercise equipment, board games, arts and crafts and reading materials. One person told us, "We do quizzes, I am not very good at them but love them. And I love to sing; the old songs are just lovely and really make you look back and remember happy times."

People enjoyed each other's company in communal areas of the home and we saw people enjoyed a singing session on the day of our inspection. Staff told us this was a particular favourite of people. There were extensive outdoor areas where people could enjoy the surrounds of the home and the views they offered. One person told us of their love of the garden and how they were able to plant bulbs and grow their own produce such as tomatoes, rhubarb and other fruit and vegetables. The garden was well maintained and people told us how much they enjoyed this area, especially since pathways had been made more accessible.

Activities planned in advance and advertised included external music entertainment, trips out to local venues, fetes and celebrations of special occasions such as birthdays. There were photographs around the home of people participating in social events and people spoke highly of the activities available to them. One person told us, "We went on a wonderful boat trip and I loved every minute of it." Another told us, "Oh yes the boat trip was great fun, what a life."

The registered manager displayed information about the home, how to make complaints and other documents such as menus and activity schedules in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff spoke with people and their relatives and visitors in a warm and friendly way and encouraged them to express any views about the service. People and their relatives were able to express their views or concerns and they felt these would be dealt with effectively.

There were effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns raised were investigated and actions from these were implemented. There had been no formal complaints in the home since our last inspection. The staff at the home had received many compliments from people, their families, friends and other visitors to the home including health and social care professionals. These were recorded, forwarded to the registered provider and shared with staff.

Is the service well-led?

Our findings

People felt the service was well led and spoke highly of the registered manager and all the staff at the home. One person said, "I know if I had a problem I could go to any of the staff but I would probably speak with [deputy manager], she is lovely." A relative told us, "[The manager] is absolutely wonderful and enormously supportive of staff, residents and families. Another said, "If I had any concerns I would go to the manager and she is very good."

At our inspection in April 2016 we found that whilst the home was not always well led, as some improvements were required in the record keeping in the home. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations. At this inspection we found the registered provider had taken sufficient actions to be compliant with this Regulation. Care records were clear and concise. A program of review and audit in place was effective in ensuring records were accurate.

The registered manager and other members of staff completed a robust program of audits to ensure the safety and welfare of people. Any actions identified through these audits were completed. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety. The registered provider visited the home monthly or more regularly if needed to complete audits, review of care and provide support to staff at the home.

The staffing structure in place at the home and through the support of the registered provider's organisation provided a strong support network for staff and people who lived at Brendoncare Meadway. Staff had a good understanding of their role in the home and the management structure which was present to support them. The registered manager and their deputy manager provided senior leadership in the home and were supported by a group of senior carers to ensure a smooth running of the home. Staff told us they felt supported through supervision, appraisal and team meetings which were used to encourage the sharing of information such as learning from incidents and new training and development opportunities.

The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home. A member of staff told us, "I had not worked in care before but since I have been here I have had so much support it's wonderful. I love coming to work and it really is people's home." Another told us, "We are in people's home and we work very closely as a team." A third member of staff said, "We all know each other, like family. We are a great team."

People, their relatives and staff were encouraged to feedback on the quality of the service provided at the home through a variety of means of communication. Regular meetings with people and their relatives were held with the registered manager. People were given opportunities to discuss any matters of concern they may have in the home and then actions were taken to address these. For example, people discussed meals or activities provided in the home and decided on new activities or trips to be considered and we saw these had been followed up by the registered manager. Regular newsletters and communications between people and the registered manager and registered provider ensured people had a good understanding of what was

happening in the home to ensure their safety and welfare.

Feedback was regularly sought from people and their relatives through the use of quality surveys. These showed people and their relatives were very happy with the care provided at the home.