

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brunswick House is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 46 people. People live in one adapted building across three floors. There is an external court-yard which people and relatives can use for visiting when the weather is good.

People's experience of using this service and what we found

People told us they felt safe. There were arrangements in place to protect people from abuse and avoidable harm. One person said, "Not one member of staff has been horrible to me." There were processes in place to support staff and people to report any concerns they may have. Staff recruitment checks helped managers make safe decisions when employing staff. Managers ensured there were enough staff, with the appropriate skills, to meet people's needs. Risks to people such as the spread of infection, falls and loss of weight were assessed, managed and reduced. People received their medicines as prescribed and safely. One person said, "I get pain relief when I need it, I'm not left waiting".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was planned and delivered in a way which met their needs, and which met their preferences. One person told us they were "In control of decision making" and they said, "Staff know the way I like things done." Care plans provided staff with guidance on how people's care must be delivered, and they included people's preferences and wishes.

People receiving palliative care were involved in making decisions about their care and treatment, and about their end of life care. Staff ensured people at the end of their life had a dignified and comfortable death.

Since the last inspection improvements had been made to how information was made available to people. To support people who found the written word challenging, pictures for example, had been added to the meal menus. Other information such as newsletters and the complaints procedure could be provided in large print. People's care plans included how they should be communicated with and how they required information to be provided to them.

Arrangements were in place to manage complaints and to learn from these. Feedback was gathered both informally and formally from people and their relatives and used to help improve the service.

There had been changes to the leadership arrangements in the service as well as some organisational improvements. Staff told us they felt well supported and managers were both approachable and available

to help. The provider's quality monitoring processes had continued to evolve and had resulted in ongoing and significant improvement being made to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 4 April 2019).

Why we inspected

This inspection took place as there had been changes to the leadership and management arrangements in the service. We wanted to check if people were safe, their needs were being met and that good governance was in place.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brunswick House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brunswick House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Brunswick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The home manager had started work in the home on 31 March 2020 and was in the process of applying to the CQC to be the registered manager of the service. This means, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 November 2020 with a visit to the service, continued with desktop inspection work on 1 December 2020 and ended on 2 December with a further visit to the service.

What we did before the inspection

We reviewed the information we held about the service since the last inspection in February 2019.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service and one relative to gain their view of the care provided. We reviewed care records relating to five people's care, which included risk assessments and care plans. We spoke with six staff which included the deputy manager, a team leader, a care assistant, lead housekeeper and a nurse. We also spoke with the manager and the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from a manager in relation to the management of complaints and admissions to the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Not one member of staff has been horrible to me." We observed trusting interactions between this person and a manager of the service.
- Staff received training on the provider's safeguarding and whistle blowing policy and procedures. They knew how to recognise abuse and report any concerns they may have.
- People felt comfortable to be able to report any concerns they may have about how they were treated.

Assessing risk, safety monitoring and management

- People's risks were assessed, and a plan of care decided on to help reduce or mitigate risks. We reviewed how people's falls were managed and the action taken to reduce further falls. This included additional supervision by staff, the use of technology and specialised equipment, referrals to the GP, physiotherapist and sometimes the NHS falls clinic. We also reviewed how risks related to people's skin condition and eating and drinking were managed.
- Environmental risks were also assessed and managed. At the time of the inspection numerous doors were being refitted with upgraded fire doors following assessment of the service fire safety.
- Equipment used by the service was regularly maintained and serviced.

Staffing and recruitment

- People's needs were supported by enough staff being employed and sufficient staff being allocated to work each day and night. Staff were deployed across the three floors. When asked if staff were available when needed one person said, "When I ring the bell staff come." Another person, who also predominantly remained in their bedroom, confirmed the staff were always "popping in" to see how they were.
- The manager explained that some staff had left the service and new staff had been employed. Staff recruitment files showed appropriate checks had been completed before employment. These had included a check through the Disclosure and Barring Service (DBS) against the list of persons barred to work with vulnerable people. It had also recorded a check on past employment, reasons for leaving and appropriate references.

Using medicines safely

- People received support to take their medicines as prescribed. One person said, "I get pain relief when I need it, I'm not left waiting". Another person confirmed they always received their medicines and were asked if they required any pain relief.
- Medicines were managed by staff who had been trained to administer medicines safely. An electronic system was used to record medicines administered and to monitor stock control.

- People's GPs reviewed their medicines frequently to ensure they remained appropriate for their needs. GPs and staff worked together to ensure medicines for people's end of life comfort were always ready if they were required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We signposted the provider to resources to develop their approach when supporting people to self-isolate following admission to the home.

Learning lessons when things go wrong

- Action was taken from the learning derived from situations which had arisen which helped to improve service safety. There had been improved identification of people who want to help others but who may cause distress or harm to others by doing this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and treatment and where they were unable to be, due to a lack of mental capacity or extreme frailty, their representatives and relatives were consulted.
- We spoke with two people who confirmed they were fully involved in planning their care and treatment. Although they told us they had not physically seen their care plans, we found what was written in their care plans reflected these people's specific needs and how they wanted their care delivered. Staff had spoken with people and with their representatives, where appropriate, about their needs, preferences and wishes and included this information into people's care plans.
- One person told us they were "in control of decision making" and they said, "Staff know the way I like things done." A relative of this person told us that, although staff kept them updated with their relative's health status, it was their relative who discussed with staff how they wished their care to be delivered because they were capable of doing this independently.
- Both people told us staff frequently asked them if they were happy with how their care was delivered and if they wanted anything altered.
- Care plan reviews had taken place with some representatives. This had been interrupted by COVID-19, but would continue moving forward.
- ReSPECT (Recommended Summary Plan for Emergency Treatment and Care) forms had been reviewed and continued to be reviewed considering the COVID-19 pandemic so all involved in supporting a person (including the emergency services) were aware of their wishes and the GPs recommendations in the event of an emergency. Individual conversations had been held with people or their representatives, by their GP, in relation to resuscitation decisions. Where a decision had been made to not resuscitate this was clear to see in people's care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about their communication needs and how these needed to be met.
- Managers had looked at how to improve people's accessibility to information which was important to them. Since the last inspection table menus had been altered to now include written and pictorial information.

- Information such as the complaints procedure, activities information and care plans could be provided in different formats, such as easy read and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which encouraged wellbeing, cognitive engagement and interaction. Designated activity staff were employed and provided activities to small groups of people or on a one to one basis.
- People had been supported to maintain relationships with those who mattered to them. Managers had followed government and local advice on care home visiting during the pandemic. They had organised window and outside visits for one designated visitor and used social media-based platforms to help people remain in contact with family members.

Improving care quality in response to complaints or concerns

- There were arrangements in place for people, relatives and visitors to raise a complaint or to be able to discuss concerns and have these investigated and responded to. We reviewed records relating to one concern where subsequent action had been taken to address this and to ensure a similar concern did not arise again.

End of life care and support

- People were supported at the end of their life to have a dignified and pain free death.
- Advanced care planning took place so people, their representatives, relatives, staff and GPs collectively understood the person's end of life wishes.
- People with ongoing deteriorating conditions and increased frailty were regularly reviewed by the GP and senior staff in the home. This ensured that all pastoral, nursing and medical support remained in line with the person's needs. This included meeting people's religious and cultural preferences and ensuring 'just in case' end of life medicines were prescribed and made available for use, if required.
- During the COVID-19 pandemic visiting arrangements were made, with specific relatives, so people who were at the end of their life could continue to get support and comfort from their loved ones.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and deputy manager shared the same vision, which was for people to receive personalised care, delivered to a high standard, from staff who were happy and who worked as one team to achieve this.
- Managers told us they felt supported with their vision by the provider's senior management team and staff told us they felt supported by their immediate managers. The impact of this cohesive and shared vision was evident when people spoken with told us they felt empowered to make choices and considered their care to be delivered in a person-centred way.
- A positive working culture had been promoted which had helped staff through what had been a difficult time for all, the COVID-19 pandemic.
- The manager had made several organisational, process led and practice changes to ensure standards were improved and good outcomes were achieved for people. Staff spoken with, confirmed there had been a period of significant change, but one which the service was benefitting from.
- There had been a focus on team working, improved communication between staff teams and ensuring all staff felt included in the changes taking place and decisions being made. All staff spoken with confirmed the manager was approachable and practiced an open-door policy. One member of staff told us they were able to discuss with the manager, their team's needs. They said, "(Name of Manager) is approachable and will look at things for me."
- Another member of staff said, "(Name of manager) is fantastic. I can come in and talk to her about anything at any time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was an experienced care home manager and was clear about their regulatory responsibilities and their responsibility to people who used the service. The deputy manager was an experienced healthcare professional who was clear about their professional responsibilities. A member of the provider's senior management team said, "They work well together and complement each other in skills and knowledge."
- The manager had supported staff to consider and accept practice development opportunities. Some staff had subsequently taken on lead roles, which came with additional responsibility for specific areas of practice, staff support and care related processes. These lead roles provided clarity to staff as to who was responsible for what and where to go for additional support. Team leaders were also trained to assist the nurses with some health-related observations, which had proved to be invaluable during the COVID-19

pandemic.

- Regular meetings with team leaders and heads of department helped managers to identify changes in risks and to alter risk management processes where needed and to identify and focus on areas which required additional support.
- The provider's quality monitoring system was effective and included a program of audits and other checks completed by managers and senior staff. Information from these, including regular support and performance monitoring visits, kept the provider well informed. The provider was able to monitor and assess from this information, the service's performance, regulatory compliance, including what service improvements had been completed and where improvement was still required.
- A program of ongoing and completed improvement actions was evident from the reviewing the service improvement plan (SIP). Progress against this was discussed with managers during the provider's support visits or calls.
- Improvements to the service had included, a review of all staff training. A decision had been made for all staff to complete refresher training, irrespective of their experience or past completed training. This was to ensure people received safe care from well trained staff in a time when demands on staff skills and knowledge had increased. A review of fire safety arrangements had resulted in all existing fire doors being replaced and upgraded. This gave increased fire protection time to people and staff in the event of a fire and if people needed to be evacuated.
- A review of how care records were maintained and stored had resulted in the provider investing in a new electronic care record system. The transfer of care records, including care plans and risk assessments, on to this system, was work in progress at the time of the inspection. Staff told us there were benefits to this system which included, less time taken up recording care as they could simply and immediately record the care, they delivered on electronic devices they carried. The system also provided staff with care prompts, such as needing to encourage a person to drink more fluid. It also gave staff immediate access to information about people's risks, how to manage these and if there had been any changes to these.
- A review of the home's interior had resulted in areas being decorated and upgraded for people's comfort and for practical reasons. A dedicated room was now in place for medicines management. Staff were less exposed to interruption when managing controlled medicines from here and it provided more storage space. Another area in the building had been altered to accommodate clean laundry and linen. This ensured clean laundry was stored separately from the dirty laundry area improving infection control.
- Quality monitoring processes were ongoing and included audits on medicines management, care plans, staff recruitment files, infection control, health and safety and complaints. Other checks included, observational competency checks, for example, on PPE use and handwashing.
- The manager informed us that they were keen to use reflection and discussion about situations for ongoing learning and where needed, to factor in improvement actions from this. One such situation reflected on for future learning had been the service COVID-19 outbreak earlier in the year and when talking through the service's outbreak management plan during this inspection it was clear that learning had been derived from that experience.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Both managers understood their responsibility to be open and transparent about incidents which took place, or about things which had not gone to plan. They ensured these were investigated, the findings reported to people or their representatives and that action was taken in response to avoid a recurrence. There had been no incidents which had been reportable under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people about their care experiences and the services generally provided to them. The activity co-ordinators held ad-hoc group or one to one conversations which helped to facilitate this feedback. Feedback was reported to managers who used this to help improve the service or how people's care was delivered. During these informal chats people planned and chose the activities they wished to take part in. Some activity ideas had needed to be put on hold during the COVID-19 pandemic.
- The provider formally sought feedback from people's representatives and relatives annually by way of satisfaction questionnaires. This process was due to take place in December 2020 dependent on pressures arising from the COVID-19 pandemic.
- Prior to the inspection we reviewed a website which enables people and relatives to write feedback about their experience of a service. All 10 comments, placed since March 2020 were read and were found to be complimentary and positive about the service, the staff and care provided at Brunswick House. It was apparent that the manager also reviewed these comments as part of their quality monitoring process.

Working in partnership with others

- Managers worked in close partnership with the local authority and local hospital discharge teams. Arrangements in place at the time of the inspection, supported people to be discharged from hospital when medically fit to do so, but to receive ongoing care until they could be further assessed. This might be for return to their own home or for further permanent care home support.