

Bupa Care Homes (AKW) Limited

Brunswick Court Care Home

Inspection report

62 Stratford Road
Watford
Hertfordshire
WD17 4JB

Tel: 01923218333

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08 September 2020
15 September 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brunswick is a residential care home providing personal and nursing care to 90 older people. At the time of the inspection the service supported 55 people.

The building consisted of three floors and a basement. The three floors had living facilities which included people's individual bedrooms with en-suite, dining rooms and lounges.

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

The management and staff team had worked hard to ensure people's care and support needs were fully met during the ongoing Covid-19 pandemic and lockdown period. However, we observed some examples of poor practice where staff were not wearing the personal protective equipment (PPE) correctly whilst moving around the home.

People had care plans that detailed their support needs. In some circumstances the care plans had not detailed the change in people's support, although when speaking to the staff they were able to confirm people's current support needs.

People felt they had control of their lives and staff supported them in the least restrictive way possible. Staff knew how to protect people and keep them safe. They had the right skills and knowledge to meet people's needs, and people were generally happy with how staff supported them.

The management team felt passionate about ensuring they met all of people's nutritional needs, however care plans needed to detail more information on people's fluid intake.

We recommend that the care plans for nutrition and fluid have specific targets for the individual's needs. The management team and the provider demonstrated their willingness and commitment to learn lessons and improve the service where required. People and staff confirmed they were given opportunities to make suggestions and provide feedback about the service. There was evidence that people were listened to and their suggestions implemented.

Quality monitoring processes were in place and the management team were able to demonstrate they were gathering the information, auditing, analysing and implementing improvements. However, we found some instances where the initial data that was collected was not always accurate, which then affected the overall analysis. This was addressed at the inspection and measures were implemented to ensure the data collected was checked for its accuracy.

The service demonstrated they understood the importance of close links with external stakeholders and agencies. Working in partnership in such an open way. Working in partnership in such an open and positive way meant that people received the overall care they needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of nutrition and fluids. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the information detailed in care plans and the feedback from relatives, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

The overall rating for the service has not changed.

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

Enforcement

We have identified a breach in relation to the mitigating the risks of the spread of infection within the home. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brunswick Court Care 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

The inspection team was made up of three inspectors.

Service and service type

Brunswick Court is a 'care home'. 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. The service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on long term leave and there was a manager covering the registered manager's leave.

Notice of inspection

We gave five minutes notice so we could clarify the services COVID-199 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

Inspection activity started on 08 September 2020 and ended on 15 September 2020.

What we did before the inspection

We gathered information from the local authority's quality assurance team, the safeguarding team and the Clinical Commissioning Group (CCG). This is a department of the NHS. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the acting manager, clinical manager, and care workers.

We reviewed a range of records. This included samples of 13 care records and multiple medication records. We looked at three 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 the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 Requires Improvement. At this inspection this key question has now remained the same. At our last inspection the provider had failed to consistently promote people's safety and placed people at risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had made improvements in the area of risk and safety. However, we found concerns in relation to infection control.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider had a policy in place to manage the infection control within the home in relation to wearing personal protective equipment. We observed several staff who did not always follow it, and managers had not identified these shortfalls. Although this was not when staff were directly supporting a person, this practice was not in line with the provider's policy and procedures.
- Additional measures had been put in place to help keep visitors safe whilst in the home, such as temperatures being taken, PPE to be worn and a visitor's risk assessment being completed. However, we received mixed feedback where relatives stated they had not had their temperature taken every time they had visited. This meant the service could not be assured that visitors did not enter the home with symptoms which could pose a risk to the people living at the service.
- The lay out of the property meant that people wanting to go into the garden would be expected to walk through a different part of the home. At the time of our visit there was a COVID-19 positive result and we observed people from different parts of the building walking to the garden. We were not assured that the infection outbreak could be effectively managed with this practice.
- All the staff we had contact with confirmed they had been provided with supplies of PPE. One member of staff said, "We have plenty of masks, gloves and aprons and we know where to go to get more if needed."
- Records showed that staff had completed infection control training.
- People living at the home and staff had access to regular testing for COVID-19.
- Where new people moved into the home, there were systems in place to ensure the person self-isolated for a set time in line with current guidance. In addition, the home requested COVID-19 test results before the person moved in.

We have identified a continued breach in relation to the mitigating the risks of the spread of infection within the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People had individual risk assessments which detailed their key support needs such as manual handling, choking risks, use of bed rails and health risks. These were kept under review.

- Staff were aware of people's risk. When asking staff about individuals they were able to explain the person's risks and identify their individual's needs. We observed most staff supporting people safely and patiently.
- In addition to this people had a personal evacuation plans (PEEP) in the event of a fire. A personal evacuation plan details how someone would be supported to evacuate the building in the event of an emergency such as a fire.
- Where people's needs changed, and risks emerged the staff team sought to amend the support of the person. This was not always reflected in the care plan. However, the staff were able to speak about the support people needed.
- We were offered many examples from a professional where the staff team were actively assessing people's support needs and risks. One example of this came from a professional who said, "The staff called me to say a resident wasn't eating and they felt that it was because the person's sight has deteriorated. They recognised this themselves and told me. They got the person's eyes checked and now has glasses and now the person is eating."
- Another professional gave examples where the staff had identified a risk and proactively sought advice, "I have no concerns they are not meeting people's needs, they will let me know if they are not swallowing properly or if they have any problems. It's not been easy, but we are now at a stage where they are working really hard and that reflects in the number of infections that they have not had. I have not got any concerns about the place."
- The staff were clear about their responsibility to report any risk or changes to people's needs. One staff member said, "I know the residents well, I know if they are not themselves. I would go and speak with the nurse and write it down."

Systems and processes to safeguard people from the risk of abuse

At our last inspection

- People told us they were happy with the support they were receiving. However, we received mixed views from relatives. One relative said, "A couple of staff instil great confidence and there is an equal amount that don't. When I ask [relative] if they are happy it's always yes."
- Another relative said, "Sometimes I do not think [person] is safe, some of the carers are not nice. I have heard the carer blaming my [relative] for things. [Staff member] is amazing, she has really been good, so I trust her."
- Staff had received safeguarding training. The staff knew how to identify, and report concerns to management relating to abuse and they felt comfortable raising concerns and received support for this. Staff were not always aware of who to contact outside the home. One staff member told us, "I'd whistle blow, not sure how to contact outside agencies though. I would report if someone spoke badly or did something they shouldn't."
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.
- Where people were able to use the call bells, they had access to these. One person said, "I always have the call bell near me. I try not to use it as I want to stay independent, but they (staff) will come if I need them."
- Where people were not able to use a call bell hourly checks were implemented. In addition, the management team spoke about plans to upgrade their monitoring system. Assistive technology will be implemented that may help people call for assistance easier.

At our last inspection the provider had failed to give evidence about unexplained injuries and the lack of proper investigations or reporting. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Staffing and recruitment

- The management team responded quickly in recognising support practices that needed improvement. This was through guidance, support and training.
- The service had recent changes to the management structure. The overall feedback from relatives was that the communication needed to improve, due to visits being reduced or stopped because of COVID-19 it was felt that communication was very important. Although relatives stated that once they emailed, they would get a response, it was them who initiated the communication. The manager recognised this and sent out communication to put together a plan for regular updates to relatives.
- One relative said, "They are all different. Most of them know [relative] and know what [relative] needs. They know [relative] likes to sing. One staff will sing with [relative] which makes them happy." Another relative said, "I think its varied with how well they know my [relative], I think [relative] has the ability to shut them off if they don't want to listen to the staff. [Relative] has a great sense of humour."
- A health professional told us, "Interaction with residents and staff, I miss seeing that bit with staff and residents, they are always saying they are looked after really well. The staff go out their way to do something for them." Another professional said, "There was a recent video assessment with a resident, who praised the nurses that look after them, said that they were very happy, was given choice on activities and is happy with equipment provided and how the person is being hoisted by carers."
- When speaking with staff they felt the staffing levels were sufficient. One staff member spoke about how it allowed them to have more time with individual people and did not feel rushed.
- The management team used dependency tools to assess staffing levels based on people's support needs. Rotas confirmed that from this assessment the correct amount of staff were on duty.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff confirmed they had been trained to administer medicines in a safe way and records supported this.
- In general, medicine administration records (MAR) had been completed correctly and were clear to read. However, we did find one MAR with several days where medication was not given and no explanation. This was looked into and found to be a recording issue. This was discussed with the management team and actions were taken to review this.
- Medicine 'grab sheets' had been included in people's care folders, whether the service was responsible or not for administering their medicines. This provided a list of each person's prescribed medicines to assist hospital staff in the event of someone needing to be admitted in an emergency.
- People received their medicines when they needed them. We saw staff administering medicines in a discreet and respectful manner.
- The manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication

Learning lessons when things go wrong

- The management team reviewed incidents that happened and analysed this and developed lessons learnt. This was then used to feedback to staff to make improvements across the service. One staff member confirmed they were given feedback on lessons learnt. The staff member explained they had team meetings where they discussed call bell responses and the expectations, as well as fluid and nutrition documentation.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this would be

discussed with the staff and how they could learn from it. One staff member said, "We have staff meeting and the management will bring up lessons learnt."

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 Requires Improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture had some more improvements to be made for the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection concerns were found in the quality assurance and breaches found as part of this inspection, this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. In addition, we found concerns in relation to management of food and fluid records, as well as not always meeting people's nutritional needs. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had invested additional resources into the service following the last inspection from CQC. The provider made improvements to the management structure; additional support offered to the management team from the internal quality assurance team as well as restructuring the management team within the home.
- Where the service had been offered guidance and support, they had welcomed this and made changes to improve people's care. One professional said, "There was the lack of up to date risk assessments, i.e, for falls, PEG feed. It was recommended that a risk assessment was implemented for oxygen cylinder and smoking last year, however this was not found to be in place. Updates have now been followed up by the home and appropriate risk assessments are now in place."
- The management team had implemented a quality assurance system, in addition the management team analysed this information and put action plans in place to address identified shortfalls. However, some of the data used was not always accurate. This meant the information gathered would not reflect the true picture of the service. For example, the fluid charts were not always tallied correctly. When this was addressed with the management team, they had put systems in place to correct this.

There was enough improvement made at this inspection and the provider was no longer in breach of regulation 17.

Although we saw an improvement in the quality assurance, we recommend the need to use the systems they have in place thoroughly to continue the improvements.

- The management team had stated that people's nutrition and fluids were at the forefront of their care. The management team implemented checks and reviewed the food and fluids they were providing for the

people living there. however, there were times the information was not always correct.

- Where needed the management team were implementing a monitoring tool for people's food and fluid. There had been improvements by a decrease in infections as well as feedback from people stating they had access to food and fluids. One person said, "Can't fault the staff, they're wonderful, there is plenty to eat and drink, you have a choice, staff are always available when needed."
- One professional said, "They had issues a while ago about people not eating or drinking but then when looking at the information it was often that it wasn't documented in the best way. It may not be documented on the form. They did a big bit of work around fluids and what needs to be documented. They have got better at it, if I ask if they are eating and drinking, they can tell me."

There was enough improvement made at this inspection and the provider was no longer in breach of regulation 14.

Although there were significant improvements to people's health and infection rates, we recommend that the care plans for nutrition and fluid have specific targets for the individual's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The care plans did not always reflect what people's current support needs were. However, staff were clear about people's individual needs and were able to talk about their support needs for example, who needed repositioning or who needed support with their nutritional needs.
- We observed staff interact with people. Most of which were positive interactions, however we observed some staff not fully listening to people, being task focused and not always having meaningful conversations with people.
- People had mixed knowledge of who the current manager was, however when reviewing the most recent resident meeting minutes we noted the management team had been introduced.
- A relative told us, "We know who the manager is. They are very present on the ground and their doors are always open. Very approachable."
- Staff told us, and we also saw, that the acting manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "Management are very good. They come to us every morning and ask how you are."
- The management team ensured there was always a leader available at the home every day. This offered support to the staff team as well as ensure that they were able to monitor staff practices throughout the week.
- The management team had recently changed; this gave staff and professionals confidence the service was being led effectively. One professional said, "The current manager is one of the best home managers I have worked with there. They are happy to pick up the phone and will discuss any issues with families and will understand the family's needs. They have been really helpful. We have a great working relationship."
- Professionals had commented on how the management team and staff were helpful and approachable and had seen lovely interaction with people.
- People were involved in making decisions about the care they received. This was through residents' meetings; in addition, the service held a meeting for friends or relatives who represented people in the home. Where suggestions had been mentioned, the management team were able to show this was listened to and actioned.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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

- The manager was open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements. For example, they took swift action to address areas we asked more questions about or identified for improvement.
- The provider carried out regular quality checks. Both manager and provider had an open and honest relationship which meant that the service received the dedication from all management involved.
- Records showed that legally required notifications were submitted to CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

Working in partnership with others

- The provider and management team had worked collaboratively with external stakeholders and agencies.
- The management team ensured they had the key organisations in place to support the care provided to people. This meant the support people received had a holistic approach and not just focusing on the care element.
- One professional said, "Overall perspective, the home has come a long way over the year, it was difficult initially. They are good with informing me of medication changes, they know when to contact and what needs urgent support. We have built up a good relationship."
- Another professional spoke about how it was initially difficult to engage in the home, however there had been an improvement and since then seen staff in the home have engaged with the outside agency support. One staff member was described as, "very efficient and helpful."
- Overall feedback was the communication had got better.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We have identified a breach in relation to the mitigating the risks of the spread of infection within the home.</p> |