Brendoncare Foundation(The)

Brendoncare Mary Rose Mews

Inspection report

Mary Rose Mews
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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

The inspection took place on 21 August 2018 and was announced to ensure staff we needed to speak with were available.

Brendoncare Mary Rose Mews provides extra care housing or 'Close Care' as the provider terms the service. The service is available to people who live in one of the 46 leasehold apartments located in the grounds of Brendoncare Care in Alton; if people wish to purchase a personal care service from the provider. People can also arrange personal care with external providers if preferred. At the time of our inspection 15 people were receiving personal care provided by the service.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection we rated the service requires improvement in one area, safe, where we found one breach of the regulations. At this inspection we found requirements relating to care workers had now been met. The provider was able to demonstrate they operated thorough recruitment processes.

People were safeguarded from the risk of abuse. Potential risks to people had been identified, assessed and managed so they could stay safe whilst maintaining their freedom. There were sufficient staff to provide people with their care safely. People received their medicines where required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People's care needs were assessed prior to the provision of their care and reviewed regularly. Staff had the appropriate skills and knowledge to provide people with effective care. Staff supported people as required to ensure they ate and drank sufficient for their needs. Staff worked both within the service and across organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professionals' guidance was followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People consistently reported they were treated in a kind and caring manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. Staff ensured people's privacy and dignity were upheld during the provision of their personal care.

People received personalised care which was responsive to their needs. People's concerns and complaints were sought, listened to and relevant action taken. People's views about their end of life care had been

sought and staff had undertaken relevant training.

There was a clear vision for the delivery of high quality care to people and a positive culture. There were robust arrangements in place for the management and governance of the service, with a dedicated domiciliary care supervisor who managed the service day to day. The general manager's application to become the registered manager of the service was being processed by the Care Quality Commission. People and staff were engaged and involved with the service. There were good processes in place to monitor and assess the quality of the service provided. The service worked with other agencies in the provision of people's care.

Further information is in the detailed findings below

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 has improved to Good.

People were safeguarded from the risk of abuse.

Risks to people had been identified, assessed and managed to ensure their safety.

The provider operated robust recruitment practices and there were sufficient staff.

People received their medicines safely.

People were protected from the risk of acquiring an infection during the provision of their care.

Processes were in place to review and learn from any incidents.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Brendoncare Mary Rose Mews

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.

This inspection took place on 21 August 2018 and was announced. We gave the service 24 hours' notice of the inspection to ensure staff we needed to speak with were available and to enable the service to inform people the inspection was taking place and that they may be contacted. The inspection was completed by one adult social care inspector.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection but gathered this information at the inspection. 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.

During the inspection, we visited and spoke with four people and two relatives about their experience of the care provided. We spoke with the general manager, the domiciliary care supervisor who had responsibility for the day to day running of the service and three care staff.

We reviewed records that included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in May 2016 when one breach of regulations was found.

Good

Is the service safe?

Our findings

People told us they felt safe. Their comments included, "I feel safe in their [staff's] care. I have a buzzer if I need any assistance. Staff ensure I have it in reach." "Staff help with medication they get it out and make sure I have the right medication." "Staff wear the gloves and aprons. "

At our inspection of 3 and 4 May 2016, we found the provider had failed to ensure there were robust recruitment processes. Staff had not always provided a full employment history. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan informing us they would meet regulatory requirements by the end of June 2016. At this inspection we found the requirements of this regulation had been met. Staff records reviewed contained staff's full employment history from when they had completed their full-time education as required. Other checks included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were required to provide suitable references; staff's identity had been checked and their right to work in the UK where required and staff had completed a health declaration. The provider operated thorough recruitment processes to ensure suitable staff were recruited.

Staff were provided with safeguarding training during their induction and this training was updated bi-annually. In between staff discussed safeguarding regularly during their one to one supervisions, to ensure their knowledge remained current and to encourage them to speak out about any concerns. Staff spoken with demonstrated a good understanding of safeguarding and the actions they should take. They had access to relevant policies and guidance and a flow chart to follow in the event they needed to make a safeguarding alert.

Processes and policies were in place to protect people when staff accessed their property or assisted them with their finances, to ensure they were protected from the risks of financial abuse or from unauthorised people accessing their property. People were kept safe from the risk of abuse.

Risks to people in relation to their personal care, health, mobility, risk of falls, skin integrity, continence, moving and handling and from their environment had been assessed with them, and people had signed their risk assessments. Where risks had been identified, measures were in place to minimise them, such as through the use of walking aids and pull cords and lifelines for people to be able to summon staff assistance 24 hours a day if needed. This ensured people were able to live independently as per their wish with the assurance of knowing they could access assistance as required.

Where people had been identified as at risk from skin breakdown this was noted in their records and the care they required which staff described. Staff were heard to share information about potential risks for people at the staff shift handover to ensure the information was appropriately shared and acted upon for people. Measures were in place to identify and manage risks for people.

There was a small, regular staff team with two care staff in the morning, one in the afternoon and one at

night, who also provided 'floating' support in the provider's nursing home which was located on the same site as the 'Close Care' flats. Rosters reviewed supported this level of staffing. People told us they saw, "Familiar staff." The domiciliary care supervisor told us there was only occasional use of agency staff from one agency to cover annual leave and sickness. People and staff told us there was sufficient time to provide people's care and they did not feel, 'rushed.' Care staff were able to access senior staff ether in person or via the 'on-call' system 24 hours a day for guidance. There were sufficient suitable staff to meet people's care needs.

People were asked whether they required assistance with their medicines and the type of support they required was assessed, for example whether people also needed their medicines ordered. Where assistance was provided, the service had an up to date list of people's medicines. People received their medicines from staff who had completed relevant training which they updated every three years. They also underwent an annual assessment of their medicines competency and their medicines practice was also monitored as part of the regular 'spot checks' on staff. Where people took medicines that presented potential risks, such as from medicines to thin the blood that require specific management, there was clear guidance for staff to follow and records demonstrated staff understood how any associated risks should be managed. Staff were provided with pictorial and written guidance about the application of people's topical creams to ensure they knew where, how much and how thickly to apply them. When staff had administered people's medicines they recorded this on their printed medicine administration record, to ensure it was documented. People received their medicines safely.

All staff had completed both infection control and food hygiene training which they were required to update periodically. People's care plans provided further guidance about when staff should wear personal protective equipment (PPE) such as gloves and aprons. Staff told us there were plentiful supplies of PPE which they wore. Staff's adherence to the infection control guidance was monitored during 'spot checks' of their practice. Processes were in place to ensure people were protected from the risk of acquiring an infection.

Records provided staff with guidance about any specific areas to monitor for people and how to report any concerns. Incidents were documented and reviewed to identify if any further actions were required to prevent the risk of repetition. We saw actions had been taken for people following incidents such as, putting in extra care calls and arranging for people to be referred to relevant clinics for review. People's care records were updated in consultation with them following any incidents, and the information and any learning was shared with staff at the shift handovers. Processes were in place to ensure any incidents were reflected upon and relevant changes made.

Good

Is the service effective?

Our findings

People told us the service was effective. Their comments included, "I had an assessment of my needs before the care was provided." "They always provide enough food and drink. They always ask me what I want and provide it." "Staff ring and tell me what the menu is [at the on-site restaurant] so I can choose." "Staff will help with contacting professionals."

People's care needs had been comprehensively assessed. People's personal goals and objectives for the provision of their care were documented and how they were to be achieved.

Staff had access to the provider's policies and procedures which reflected current legislation and guidance. The domiciliary care supervisor also received updates from the provider regarding patient safety alerts and new guidance to ensure the provision of people's care reflected best practice.

Staff all held a minimum of a National Vocational Level two professional qualification in social care. Staff new to social care were expected to complete the industry standard induction, in addition to the provider's induction. Staff told us they felt well supported in their role with regular training, one to one supervisions, spot checks on their practice and annual appraisals of their work, which records confirmed. People were supported by staff who had the appropriate skills and knowledge.

People's records identified if they required support with their meals or drinks and if they did their food and drink preferences were noted. People were supported with the meals they wanted assistance with. They could also access the on-site restaurant, or staff would ring people to tell them the restaurant menu for the day and take their meal to them if required. Staff monitored people's food and drink to ensure they received sufficient for their needs.

Staff worked both within the organisation, with the provider's on-site nursing home and with external organisations to ensure people received effective care. If people transferred from another service, then information was sought from their previous provider. Staff worked with the nursing home staff if people required respite care for example. There were three staff shift handovers a day and staff carried walkie talkies to ensure effective communication. If for example, a person was unwell, then they were monitored, and any relevant referrals made.

Staff told us they supported people to attend health or dental care appointments as required or arranged transport, which people confirmed. Records showed that guidance from health care professionals had been incorporated into people's care plans to ensure positive outcomes.

Staff consulted people about all decisions about their care to ensure their legal and human rights were upheld. The domiciliary care supervisor told us that everyone had the capacity to make decisions about their day to day care. Staff had all completed training on the Mental Capacity Act 2005 and had access to relevant guidance in the event they assessed a person lacked the capacity to make a specific decision.

Good

Is the service caring?

Our findings

People were consistently positive about the caring attitude of staff. Their comments included, "Staff are super. They have a good attitude and I get on with them." "Staff are lovely. They are happy and relaxed." "Staff are very kind and caring." "Care is provided in a relaxed and friendly manner." "Staff ensure my privacy and dignity in the shower and leave me in private."

Staff were provided with information about people's background in their 'This is me' profile,' which provided details about their occupation, family, hobbies and interests. This provided staff with topics to initiate discussions with people, so they could get to know them. A staff member told us, "I treat them like my granny or granddad. You feel part of their family." A person confirmed they had a, "Nice banter with staff and we talk about what is going on." People felt relaxed and happy in the company of staff.

Staff told us they had time to spend with people. The domiciliary care supervisor said, "People's care is not rushed, it is flexible." We heard at the staff shift handover staff explaining why a person's care had taken longer. The staff member had listened to what the person wanted and accommodated their wishes, rather than just telling the person there was not time. People were provided with the support they required when they needed it.

People were asked for their views and wishes both during their care planning and the day to day provision of their daily care. People's preferences for the time of day they wanted their care provided and duration were sought and accommodated wherever possible. People's care plans noted the choices they could make about clothing and bathing for example. A person told us, "They asked me if I minded a male carer" and "Staff check before providing care. I get the care at the time I like." Staff told us, "We respect people's choices." People's views about their care were sought and respected.

People were provided with information, about their own care and within the resident's guide, in addition to information about external services they could access such as the library service and sight loss service. People's communication needs were noted, to ensure staff knew how to communicate information to people, for example, whether they needed staff to speak more slowly.

People had been consulted about how they wanted staff to enter their property and this was documented. A person told us, "Staff always knock before entering and say who it is," which we observed. We noted staff were very respectful of being visitors in people's homes.

The provider had a policy statement, 'The Dignity Challenge', which outlined what people could expect from the service in relation to having their dignity upheld. In addition to a, 'Clients' Charter' which set out what people should expect from the service in terms of their rights. Staff had undertaken training, both in dignity in practice, and equality and diversity. They were able to describe the practical measures they took to ensure people's privacy and dignity was upheld during the provision of their personal care. People confirmed their privacy and dignity was always maintained by staff.

Good

Is the service responsive?

Our findings

People told us the service was responsive, their comments included, "Staff understand my needs." "Staff support my independence." "I join in everything keep fit, games. " "[Domiciliary care supervisor] runs a weekly coffee morning." "Oh yes I could raise issues."[Domiciliary care supervisor] is good at resolving issues."

The domiciliary care supervisor told us, they aimed to provide people with, 'person centred care' and this was achieved by "Capturing every aspect of a person's basic needs and tailoring the care to them as an individual." Records showed people had been involved in developing all aspects of their care plans and risk assessments and had signed to demonstrate they had been consulted. People's care needs, preferences and aims and objectives were documented, such as maintaining their independence. People only received the care they wanted to enable them to remain as independent as possible. People's, 'This is me' document recorded how they liked their care to be provided. People's preferred term of address was noted. People's care plans were regularly reviewed with them and agreed changes were implemented.

People's care plans addressed what was important to them, as well as how their practical care needs were to be met. For example, whether staff should tend to people's plants or put bird food out for them to encourage the wild birds to visit.

Staff were required to read and sign to say they had read people's care plans to ensure they were familiar with people's care needs. A staff member told us, "It is all in the care plan."

The service was responsive to changes in people's care needs, additional visits were provided as people required them, either as one-off visits to monitor people following an incident or regular additional care. The timing of visits was also changed to accommodate people's daily schedule such as appointments or family visits.

People were provided with opportunities for social stimulation and to pursue their interests. Within the 'Close Care' service various activities were provided, such as a weekly coffee morning, a monthly church service, art and craft activities and games. In addition, staff supported people to go out if required, for example to garden centres. Staff also supported people to attend activities at the provider's nursing home if they wished such as musical entertainment and to attend the hairdresser.

People had been provided with information about how to make a complaint and how any complaints would be addressed. People were able to make complaints in writing or had the opportunity to drop in and speak with the domiciliary care supervisor about any issues or to speak with them when they attended the weekly coffee morning. People spoken with knew how to make a complaint and felt confident that any concerns they expressed would be addressed. Staff understood their role if they received any complaints. Whilst no complaints had been received within the past year, we saw that the two complaints received in 2017 had been properly investigated and relevant action taken.

People were asked about their end of life wishes during their care planning. Although staff had not supported anyone at the end of their life, they had undertaken training in end of life care and could work with relevant healthcare professionals as required.

Good

Is the service well-led?

Our findings

People spoke warmly about the domiciliary care supervisor, who directly managed the service on a day to day basis and had met the general manager who was in the process of registering with the Care Quality Commission as the new registered manager for the 'Close Care' service and the nursing home located on the same site. 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.

Staff reported the team functioned well. A staff member told us, "It's pretty good, we have a good attitude and we do a good job" and another said, "We work well as a team." The domiciliary care supervisor had a proactive approach to improving the service for people and for example, was researching equipment to support people to stand following falls, to avoid the use of a hoist or ambulance staff.

The provider's statement of purpose clearly set out their philosophy of care, commitments, mission statement and aims and objectives. These included the promotion of independence, individuality, encouraging personal choice, fulfilment, social inclusion and dignity. Staff learnt about the provider's values during their induction, training, appraisal, monitoring. Staff's annual appraisal included a values assessment, where they reflected upon the provider's core values and how the staff member had demonstrated them.

There were clear arrangements in place for the management and governance of the service. The domiciliary care supervisor felt well supported in their role by both the senior carer and the general manager. Staff felt the general manager was accessible and told us they, "Get things done". Staff felt they could go to either the domiciliary care supervisor or the general manager and were familiar with the provider's whistleblowing policy in the event they needed to raise issues about people's safety outside of the service. There were good links with the nursing home and the domiciliary care supervisor attended the regular head of departments meeting to ensure they understood what was happening across the site and the two services.

People and staff were engaged with the service in a variety of ways. People and their relatives were sent a six-monthly questionnaire to see their feedback on the service and identify areas for improvement. People were then sent a feedback sheet to identify any issues raised and the actions taken in response to improve the service. People were also able to meet with the domiciliary care supervisor weekly to discuss any issues. There were regular resident's meetings and records showed issues raised such as the need to replace the carpet and curtains in the communal room had been addressed for people. In addition, people were able to attend the food forum to express their views on the meals at the restaurant. Staff were able to attend regular staff meetings to express their views.

There were robust processes in place to monitor and assess the quality of the service provided. In addition to reviews of people's care, questionnaires and meetings to seek people's views, there were regular reviews of people's care records to identify any areas that required attention. People's medicine administration

records were audited monthly and any required actions taken. There was a monthly analysis of any incidents to identify any trends for people such as in relation to falling and where issues had been identified, action had been taken for people. Staff training, supervision and appraisals were monitored to ensure they were up to date. The domiciliary care supervisor provided the general manager with a weekly report on the service to ensure they were kept up to date with any issues, in addition to face to face discussions. The quality of the service was assessed in a variety of ways and continual improvement was sought.

The service worked in partnership with other agencies. They worked with hospital discharge team's, occupational therapists, physiotherapists and re-enablement teams, GP's, district nurses and pharmacies. They had also linked with the local library and transport picked people up to attend the library monthly.