Brendoncare Foundation(The)

Brendoncare Park Road

Inspection report

Park Road
Winchester
Hampshire
SO23 7BE

Tel: 01962869287
Website: www.brendoncare.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We last carried out an inspection of this home in December 2016 when we found the service needed to improve on the recognition of the risks associated with people's care and person centred care planning. Audits in the service were not always effective and people were concerned that there were not always enough staff available to meet people's needs.

We carried out an unannounced inspection of this home on 17 and 18 January 2018. At this inspection we found some of these concerns had not been addressed. Risks associated with people's care had not always been identified and actions taken to mitigate these. Care records lacked order and were not always an accurate reflection of people's needs. However, care plans were more person centred and audits in the home had improved although timely actions had not always been taken to address issues identified. There were sufficient staff available to meet people's needs.

Brendoncare Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brendoncare Park Road accommodates up to 46 older people in one adapted building. There were 29 people living at the home at the time of our inspection. Accommodation is arranged over two floors with access to all areas by stairs and lift.

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.

Risks associated with people's care had not always been identified and assessed to ensure actions were taken to mitigate these.

Medicines were administered, stored and ordered in a safe and effective way. However some risks associated with medicines had not been identified.

Whilst care plans were person centred and held information on peoples likes, dislikes and preferences these lacked consistent, accurate and orderly information to support staff in meeting the needs of people.

The registered provider had a robust system of audits in place to ensure the safety and welfare of people. However, the action from audits of care records had not been completed in a timely way.

Staff had a good understanding of how to protect people from the risk of infection and policies and procedures were in place for the management of infection control.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of

abuse, discrimination and harassment 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.

Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare, although this was not always clearly documented. Where people were not able to consent to their care, 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 provided a calm and relaxing dining experience for them. Those who required specific dietary 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 although this was not always documented.

The home worked with a multidisciplinary team of health and social care professionals to ensure people's individual needs were met.

The registered manager promoted an open and honest culture for working in the home. Staff felt supported in their roles and reflected the home's philosophy of care that, "Residents should be able to make decisions for themselves and choose how to spend their time" in the care and support they provided. 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.

At our last inspection of Brendoncare Park Road in December 2016 we found this service Required Improvement. Actions were required to address several areas including staffing levels, the monitoring of risk in the service and record keeping. At this inspection, whilst some improvements had been made in these areas, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of these breaches at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remained requires improvement.

Risks associated with people's care were not always assessed appropriately to ensure the safety and welfare of people

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Requires Improvement

The service remained requires improvement.

People were not always aware of and involved in the planning of their care.

Is the service well-led?

Requires Improvement

The service remained requires improvement.

Records were not always held securely and were not always a clear and accurate reflection of people's needs and preferences.

Audit processes had improved and identified areas in need of further action in the home although these had not been addressed in a timely way.

Brendoncare Park Road

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.

Brendoncare Park Road accommodates up to 46 older people in one extended and adapted building. There were 29 people living at the home at the time of our inspection. Accommodation is arranged over two floors with access to all areas by stairs and lift.

This inspection visit was unannounced and took place over two days. On 17 January 2018 two inspectors and an expert by experience visited the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 18 January 2018 two inspectors visited the home to complete the inspection.

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. We used the information the registered provider sent to us in the Provider Information Return.(PIR) A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who lived at the home, two relatives and three visitors. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with eleven members of staff, including; the registered manager, the deputy manager, the maintenance manager, two registered nurses, four members of care staff, the cook and an activities coordinator. The Head of Quality and Compliance for the registered provider was also present during our inspection and for feedback. During and after our inspection we received feedback from four health and social care professionals about the care people received at the home.

We looked at care plans and associated records for twelve 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.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe in the home. One person told us, "Yes I am very safe. All the staff are very friendly and helpful." Another told us, "I do feel safe, it's wonderful." Seven other people expressed their contentment in the home where they felt safe and well cared for. Visitors felt people were safe. One visitor told us, "There are always plenty of staff around." Health care professionals told us they felt people were safe in the home. However, we found some areas of practice in the home required improvements to ensure the safety and welfare of people.

At our inspection in December 2016 we found information about the risks associated with people's care was not always clearly documented and actions not always taken to mitigate these risks.

At this inspection we found whilst some of the risks associated with people's care needs had been assessed and informed plans of care to ensure their safety and welfare, the assessment of risks associated with people's needs in the home was not consistent. For example, for people who lived with health conditions such as diabetes and epilepsy, the risks associated with these conditions had not been identified to inform plans of care for people. Actions required to mitigate these risks were not planned.

We looked at the care records for eight people who required the use of bed rails to reduce the risk of falls from bed. The registered provider's policy on the use of this equipment stated, "All residents must have a documented clinical assessment made if bed rails are requested or required within 24 hours of admission. The assessment should be used to determine if a bed rail is the most appropriate solution if the patient is at risk from falling from the bed." Risk assessments had not been completed for the use of this equipment for these people. People were at risk of injury as the use of this equipment was not being assessed and appropriate steps taken to reduce the risk of injury to people.

One person had a risk assessment in place for eating, drinking and swallowing. This showed the person's condition had deteriorated on 6 January 2018 which required reassessment of their swallowing in line with the registered provider's policies and procedures. No action had been taken to address this risk and identify any further actions required to mitigate this risk.

The risks associated with some medicines which people in the home received had not been assessed and used to inform plans of care. Two people received a medicine to thin their blood (anticoagulants), which can put people at risk of bleeding and bruising easily. These risks had not been assessed and used to inform plans of care for people. Care staff were not aware of these risks, although registered nurses who administered medicines were. Medicines care plans showed both of these people were not on anticoagulant medicines - an inaccuracy in their records. We asked one registered nurse why these risks had not been assessed to inform care staff of the signs and symptoms of excessive bleeding to be aware of. They told us, "Care staff don't know about medicines and so have no info about the side effects of these; but they would tell the RGN if the person knocked themselves." Information about these risks was not available to staff on the staff handover sheet. We were not assured staff had all the necessary information about the risks associated with people's care to ensure the safety and welfare of people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place which provided information on how people should be supported to evacuate the home in the event of an emergency. 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.

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. Equipment in use in the home such as hoists and wheelchairs were well maintained.

At our inspection in December 2016 we saw some medicines were not administered in a timely manner. At this inspection the registered provider used an electronic medicines administration system which provided a robust overview of all medicines people received, with timely prompts to ensure people received their medicines when they were prescribed. People received their medicines in a safe and effective way from registered nurses.

There was a robust system of audit and review in place for 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. For people who required medicines to reduce anxiety or agitation we saw staff monitored the use and effectiveness of these medicines. They worked closely with health care professionals to ensure people received adequate doses of these medicines without reducing people's independence.

At our inspection in December 2016 we received mixed feedback about the staffing levels in the home as some people felt there were not sufficient staff deployed at all times to meet people's needs. At this inspection 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. One member of staff told us, "It's okay at the moment because we don't have too many residents," and another told us, "I think so [there are enough staff]. There are agency staff when we are short and we all help each other if other staff are busy." The staff rotas showed there were consistent numbers of staff deployed each day and although external agency staff worked in the home, there were systems in place to ensure these staff were inducted to the home and worked alongside staff who knew people well. People and their relatives told us there were sufficient staff to meet their needs. One person told us, "Yes, there are always plenty of people [staff]". One health care professional told us there was always a member of staff available to accompany them on their visits.

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 policies, procedures and effective audits in place for the management of infection control in the home. Staff had a good understanding of their responsibilities in reducing the risk of infection in the home

and we saw they used personal protective equipment such as gloves, aprons and hand gel which was readily available in the home.

Safeguarding policies and procedures were in place to protect people from abuse, neglect, harassment and avoidable harm. Staff had received training on safeguarding and recognised what constitutes abuse and how to report concerns to protect people and prevent the discrimination and harassment of people. The registered manager had a good understanding of their responsibilities in reporting safeguarding matters to the local authority and investigating any concerns which were raised. Learning from any safeguarding investigations was shared with staff to improve the quality of care provided at the home. 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. One member of staff told us, "I would let my manager know if I thought someone, a resident, was being treated badly. I'm sure they would do something, but if not I would contact you [CQC]."

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. The registered provider had systems in place to monitor and review the frequency of these events in the home and identify any patterns or trends with a view to reducing and preventing recurrent incidents.
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Good

Is the service effective?

Our findings

People told us they were able to make choices about how staff supported them, what they had to eat, what activities they participated in and how they went about their daily lives as independently as possible. A visitor told us, "Oh yes, they can do as they wish in the home, it's really lovely." A relative told us how their loved one had been encouraged to make choices about the care they received and to remain as independent as possible until their health had deteriorated. Staff had continued to recognise and respect their choices in how to be cared for when they became more dependent. The relative told us, "I can't fault the care; it has always been very much about [person] and what he wanted."

People who lived at Brendoncare Park Road had the capacity to make decisions about the care and treatment they received, although for some people this ability fluctuated. 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.

Care records showed when staff were concerned about the capacity of a person to make decisions they were guided by the principles of the MCA. Staff told us how they would support people and involve relevant others in making decisions in the person's best interests. However, whilst people were able to give consent to their care, care records did not always reflect this. For example, for three people we saw a registered nurse had signed as a representative of a person to agree to their plans of care. Each of these people was able to consent to their care plans but had not signed these forms. Staff told us these people were able to make decisions and had been involved in these decisions. People were able to provide consent for their care but care records did not always reflect this. We have dealt with this records issue in the well led domain of this report.

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 of this nature in the home at the time of our inspection, although staff understood when these would be required.

Care records showed people's physical, mental health and social needs had been assessed on admission to the home to ensure the care they received was in line with their individual needs. People and their relatives were encouraged to express their preferences and wishes in the home and staff did not discriminate against people for their beliefs or lifestyle choices.
A program of 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. One staff member told us, "The training is brilliant. There's always something to do." Another member of staff spoke to us about the supervision system in place and said, "It's really good. We talk about what I need and how I am doing. I think it's worthwhile." Another said, Well I wouldn't wait for supervision if something was bothering me but

supervision is okay because it's away from the floor and it's confidential."

Staff 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. One member of staff told us, "I've just finished my NVQ3. I had to stop last year bit I started again and I've finished now." Registered nurses were supported to develop skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

People enjoyed the food at the home. One person told us, "[The cook] looks after me particularly well. I said to him one time that I love avocado and now I have them regularly." Another person said, "The food is lovely, the chef is lovely and I always have a choice." A third person told us, "I think the meals are too good, I've put on so much weight! They [staff] are so accommodating, the kitchen is unbelievable."

With a four week rolling menu, people had a choice of meals provided each day and food was presented well. The cook had a very good understanding of people's dietary needs, likes and preferences including people's allergies and food intolerances. All foods were freshly prepared in the home and the registered provider had a system of coloured trays in place to help staff in identifying people who required more assistance or monitoring at mealtimes.

Care plans held clear information on people's dietary preferences and their medical nutritional needs. For two people who required support from registered nurses to have their nutrition through the use of clinical feeding equipment, we saw staff were knowledgeable about the management of this. Risks associated with eating, drinking and choking had been identified and plans of care put in place to mitigate these risks. Staff described how they supported people with nutrition and hydration needs including monitoring their food and fluid intake if there was a concern and monitoring their weight. They described how they fortified or thickened foods and drinks if people needed this and would liaise with the dietician if required.

Mealtimes were unhurried and people could take their meals in an area of the home of their choosing. One person told us, "Yes I can have my meals where I want to, usually I come to the dining room but sometimes I stay in my room." Some people were supported with their meals in their rooms. Staff were attentive to people's needs and supported people when it was required without hurrying them or reducing their independence.

The kitchen was clean and well maintained and had received a five star food hygiene rating from the Food Standards Agency in January 2018.

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. People had access to support from GP's, specialist nurses, dieticians, speech and language therapists and community therapy staff as they needed this. A health care professional told us staff worked well with them, asking for advice and following this to ensure the safety and welfare of people. Health and social care professionals told us they felt very confident the staff at Brendoncare Park Road knew people well and requested their support appropriately. One health professionals told us how they valued staff's judgement and assessment of people's needs to assist them in supporting people appropriately in the home.

The home's environment had been adapted to provide a safe environment for people to mobilise around independently. Corridors were clear and allowed people to walk around the ground floor of the home.

Secure and easily accessible outdoor areas were available during good weather to allow people to walk and sit in the garden. There were level access areas all around the home for people who required the use of wheelchairs and walking aids and a lift in place to provide easy access to the upper areas of the home.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us staff were, "Excellent," whilst another said, "The care is superb here. The staff are brilliant." A third person said, "I give them ten out of ten for the care here, it's excellent." A relative told us, "The friendliness and support of the staff is fabulous. Nothing is ever too much trouble." Three professionals told us the staff were very caring and kind. One professional told us, "The staff are extremely attentive," and, "Staff are always friendly and welcoming." Staff felt they offered good care for people. One told us, "I think it's very caring. I wouldn't work here if I thought otherwise." Another told us, "All the staff are really caring here, it's a good place to work."

People were supported in a kind and caring manner. There was a calm and inclusive atmosphere in the home. Staff were knowledgeable about the people they were caring for and it was clear they recognised people as individuals. Staff took time to allow people to express themselves and participate in their care and activities as they preferred. As people walked around the home staff interacted with them and encouraged them to remain independent whilst ensuring their safety. For example, during the first morning of our inspection a Holy Communion service was held in the main lounge area of the home. This was a weekly service for people who wished to attend. For one person who wished to attend this service we saw they were mobilising in the main hall of the home unclear as to where they needed to go. Staff spoke kindly to the person giving them direction to the main lounge whilst encouraging them to remain independent.

We saw people responded well to staff who knew them very well and understood how to meet their needs. Staff we spoke with understood how important it was to embrace people's previous experiences in their daily lives and allow them to reflect on these. For example, one person enjoyed the music of a particular famous singer and we saw they enjoyed doing this with the activities coordinator. Staff had supported another person over the Christmas festivities to host a family party as this was very important to them. On the second day of our inspection it was one person's birthday and we saw staff took time to make them feel special on this day encouraging them to wear a hat celebrating their birthday and having a birthday cake for them and others to enjoy. Birthdays of the month were clearly shown in the communal area of the home to celebrate with people. A display of one person's art work was proudly displayed in the entrance of the home and this encouraged people to share their experiences in the home and have them recognised.

People who lived at Brendoncare Park Road were able to express their views on how they wished to be supported or involved in the management of any changes of the home. The registered manager was proactive in speaking with people and their relatives when they visited to ensure their views were respected and also to encourage them to involve people in discussions about their care and the home. During our inspection visitors and relatives were keen to express their views of the home and encouraged their loved ones to tell us of their thoughts. Relatives felt their views and those of their loved ones were respected.

People and their relatives felt staff were very respectful of their privacy and dignity. Doors remained closed when people were being supported with personal care and for one person we saw they posted a sign on their bedroom door requesting staff did not enter at night and disturb them. They told us this was respected and they were able to summon help using their call bell when they needed it. Staff asked permission before

supporting people to move or participate in any activity and were courteous and respectful at all times.

Requires Improvement

Is the service responsive?

Our findings

People were not always aware of any written plans of care in place to provide staff with information on how they wanted to be cared for, or how these were updated. One person told us, "I think I have one [care plan] but I don't know what it says." Six other people told us they were not aware of their care plans although they thought staff understood how to meet their needs. One person told us they knew their care plans were reviewed every month and had been updated when they had developed a health condition. This person told us their relative had also been involved in this process. Health care professionals told us where necessary they had been involved in supporting people and staff to prepare plans of care for people. For example when a speech and language therapist or specialist nurse visited they were involved in the planning of people's care.

At our inspection in December 2016 we found people's care plans did not always provide staff with information on people's preferences or life histories to support staff to know and understand people's needs and preferences. At this inspection we found care records held information on people's personal history, preferences, likes and dislikes, however these were not always recorded in a clear and organised way which allowed staff to access this information efficiently and effectively. We have dealt with this records issue in the well led domain of this report.

At our last inspection we found care plans did not always contain sufficient information on how staff should provide person centred care. At this inspection we found care plans gave information for staff on how to meet the needs of people, including those who lived with specific health conditions such as diabetes, dementia and other long term mental health conditions. However some improvement was required to clearly identify the individual needs of people who lived with epilepsy or who required support with blood conditions which may require additional monitoring. The deputy manager told us this matter would be addressed immediately. Staff we spoke with demonstrated a good understanding of people's needs and understood how to support people with them. For example, care staff were able to tell us how people who were at risk of falling needed to be monitored to maintain their safety and welfare; they also had a good understanding of the need to monitor people who were at risk of choking and falls.

Staff knew people well and had a good understanding of people's likes and preferences and understood how to involve them in their care in a way which was supportive and meaningful to them as individuals. For example, one person needed to have their leg elevated to help reduce the risk of oedema in their leg. Staff knew that this person disliked to sit with their legs up and preferred to remain in bed to reduce this swelling. For another person who chose to remain in bed and was at risk of isolation, the activities coordinator and a family member took turns to read books to them which they enjoyed very much. They told us, "I don't really like to join in with other people, but I really like a good book. I am enjoying being read to so that I can keep my own company. I look forward to this." For one person who was an accomplished piano player, we saw staff encouraged them to play this instrument whilst others enjoyed this.

We spoke with an activities coordinator about activities and meaningful occupations in the home. There was a wide and varied range of activities available in the home allowing people the opportunity to

participate in games, arts and crafts, entertainment, trips and individual activities in the home. Displays around the home showed pictures of events or posters which had taken place or were forthcoming family events such as a Robert Burn's Evening, an Easter Egg Hunt, a Table Top Sale and an event for the National Care Home Day. People, their relatives and friends and also volunteers were actively encouraged to participate in these events which people told us were always well organised and fun. One person told us, "It's really great when we all get together for things like music and parties. My family come too."

The activities coordinator explained how some people chose to remain in their rooms and did not often participate in activities in the home. However, they encouraged people to join in and would also support them with activities on a one to one basis to ensure they did not become socially isolated. The activities coordinator was passionate about the provision of meaningful and inclusive activities in the home to ensure everyone was able to enjoy activities of their choice. They told us how they had worked with one person who used to spend all day in their room. "Now he will come out to exercise classes and he absolutely loved 'Balloon Tennis'." For another person who did not often come to activities the activities coordinator had worked with them to identify they enjoyed choir music. On the first day of our inspection we saw this person was supported to enjoy this activity when a local college group came in to sing with people. For a third person who was reluctant to join in activities staff had identified they did not want to join in as they had to be hoisted out of their comfortable chair to attend. This person was then supported to be included in activities without having to be transferred from their chair. The activities coordinator told us, "We want everyone to be able to have fun, that's what it's all about."

Staff at Brendoncare Park Road provided good care for people at the end of their life. Staff had a good understanding of the need to ensure relatives were fully involved in and supported when a person moved toward the end of their life and we saw staff were kind and compassionate as they supported a person and their relatives. A relative told us, "We could not ask for better care- we can see the staff really do care for [relative], their compassion and care is second to none. They know him so well." A health care professional told us staff worked closely and efficiently to support people as they moved toward the end of their life. We saw feedback from families of people who had passed away at the home thanking staff for the support and kindness they had been offered at this difficult time.

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. For one person who had difficulties with their speech, the activities coordinator told us how picture cards were being prepared for this person to help them communicate with others. 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.

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, some of which were displayed in the home.

Requires Improvement

Is the service well-led?

Our findings

People, their visitors and relatives, staff and professionals told us the home was well led and spoke highly of the registered manager. One relative told us the home was, "The best, runs like clockwork. We were so blessed to find this home." A visitor said, "It's always so welcoming and calm, never feels like staff are stressed." A member of staff said, "We are a good team and the leadership is good. It's made a big difference having senior carers in the team now." One health professional told us, "Leadership has greatly improved under [registered manager] and her senior nurses - the staff liaise with [service] appropriately."

Care records were legible but were not always stored securely and lacked consistency and order. Care records were held in small staff offices which were unlocked, open and often unsupervised when staff were not present. This meant they were not always held securely and confidentially. One care entry had been obliterated from the record with the use of a correcting fluid and staff were no longer able to identify the information below this. This is not good practice to remove entries made in records in error.

Whilst information held in people's care plans was mostly individualised and person centred, it was difficult to clearly identify people's individual needs in care records which were disorganised and lacked consistency in the methods of recording information. For example, a member of staff who was not familiar with people's care needs would need to complete a very detailed search of records to identify people's needs as they were not consistently recorded. For one person who was disabled and did not have the use of one limb, the information about this disability was not recorded in care records until most documents had been read. Care records lacked clear and concise information on people's medical history, diagnosed conditions and current needs to signpost staff to care plans of information. This meant that staff who were not familiar with people did not have access to clear and accurate records of their needs; for example agency staff.

Care records were not always accurate. For one person whose assessment of their skin integrity had been completed on 9 January 2018, this information showed they had lost weight and this needed to be addressed. However this person had actually gained weight. This person was at risk of not receiving the care they required to maintain their safety and welfare as records had not been maintained accurately.

Care records held on file to record people's consent to the care they received were not always consistently used and were not always understood by staff completing these. A 'Photography and Information Sharing' record had not been used in accordance with the Mental Capacity Act 2005. For example, for people who are able to consent to their care, others cannot sign on their behalf as their representative or in their best interests without the appropriate documentation to support this. For three people a member of staff had signed records on this person's behalf however they did not have the legal authority to do so. They also did not need to do this as the person was able to consent to their care independently. This record was being completed inaccurately by staff.

Care records were not stored securely and were not accurate, complete and contemporaneous record in respect of each person's care needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were looking to review and improve care plans for people as this had been identified as a concern in an internal audit. The registered provider had identified in their PIR, before our inspection, that they were introducing a 'Resident of the Day' system where peoples care needs and records would be reviewed on an allocated day each month to ensure they accurately reflected the needs of people. Further work was needed to ensure records accurately reflected people's needs and provided robust systems of information for staff to meet people's identified needs.

At our inspection in December 2016 we found that some improvements were required in the collation of audits completed in the home and action plans created from these. At this inspection we found a wide range of audits were completed by the registered manager to ensure the safety and welfare of people in the home. This included audits of; infection control practices, medicines, care plans, catering, dignity, safety equipment, maintenance and health and safety practices. Actions from these audits were collated and acted upon by the registered provider. Whilst some of the concerns we had identified during our inspection had been identified by the registered provider and registered manager, sufficient actions had not been taken to ensure these matters were addressed in a timely way since our last inspection. The home was not fully compliant with all the required Regulations.

The registered manager worked closely with other managers within the registered providers' group of homes to share good practice and learning from incidents, accidents and events in these homes. They also attended local meetings with commissioners and other care home managers to ensure practices in the home were kept up to date. The registered manager told us how they planned to be one of the registered provider's pilot sites for a new computerised record system for the group and would share this experience with others. Other learning included registered nursing practices and new initiatives, training developments and complaint sharing to ensure service development and learning in these areas.

The registered manager was clearly visible in the home and communicated in an open and transparent way, encouraging others to do the same. This promoted an environment where people who lived in the home, their relatives and staff felt able to express any concerns they had and know they would be dealt with fairly and promptly. There was an effective staffing structure in place which provided a good network of support for people who lived and worked at the home. A recent introduction of senior carers in the home allowed staff to have opportunities for further development of their career and additional responsibilities in the home. There was a strong sense of team work in the home as staff moved around the home working together to promote good quality care.

The philosophy of the home is that, "Residents should be able to make decisions for themselves and choose how to spend their time." This philosophy is evident throughout the home and staff embed this philosophy in the care they deliver. Staff reflected the need to provide individualised care for people in our conversations with them and had a good understanding of people's needs. One member of staff told us, "We all work together as a team to make sure people can have what they want."

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. There had not been a recent meeting for people and their relatives in the home although this was planned for February 2018. The registered manager and their deputy prided themselves in being visible and available in the home for people and their relatives to speak with whenever they chose to provide feedback and raise any matters of concern with them. People told us there was always someone they could talk to if they had concerns whether this was the registered manager, a registered nurse or another member of staff. One person told us, "I had a keyworker introduced to me recently who is going to be the person I can speak to, but I haven't seen them since." The registered manager told us this was work in progress to ensure each person had a nominated staff member to link with

them and ensure their needs were met.

Regular meetings with staff were held with the registered manager where staff were given opportunities to discuss any matters of concern they may have in the home and receive updates on new concerns, incidents or changes in the service. Daily handover sessions provided staff with up to date information on people's needs and were also used to share any learning from investigations or safeguarding matters.

The registered provider sought annual feedback from people and their relatives through the use of quality surveys. The last survey completed was available at our last inspection in December 2016. Feedback to the registered provider through the use of a social media site showed people and their relatives were very happy with the care they received at Brendoncare Park Road. One relative said, "All staff took care to emphasise that it was her home and she must feel at ease." Another said, "Brendoncare Park Road has a wonderful reputation over many years and deservedly so. The management and staff operate with complete integrity, gravitas and warmth. I hold them I the highest regard."

Staff at the home had a good working relationship with health and social care professionals from the local authority, GP surgeries and specialist nursing and health care professionals' teams. Feedback we received from all professionals showed they felt the home was well led and that they had an effective and respectful working relationship with staff which ensured the safety and welfare of people.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure all risks associated with people's care needs had been identified with actions in place to mitigate these.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure care records were an accurate and contemporaneous record of people's needs and were stored securely.