

Brendoncare Foundation(The) Brendoncare Knightwood Mews

Inspection report

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Date of inspection visit:
23 January 2023

Date of publication:
15 February 2023

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

About the service

Brendoncare Knightwood Mews is a domiciliary care agency providing person care and support to people in their own homes and flats. The service provides support to older people. At the time of our inspection there were 6 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service people received from Brendoncare Knightwood Mews was safe, people told us they were happy with the care and support. Staff who worked for the service were happy and enjoyed their role.

There was a recruitment process in place. However, this was not always followed, we have made a recommendation to the provider about recruitment. Quality assurance systems were in place, we have made a recommendation about strengthening those systems in order to drive improvements within the service. A survey had been sent out to people using the service, with a plan to share the results and take actions where needed.

There were enough staff on duty. Staff had the necessary skills and experience to carry out their role. Staff felt supported and appreciated. People received their medicines as prescribed. Infection control procedures were robust. People had access to healthcare when needed and supported to maintain their physical needs, referrals where necessary were made in a timely manner. People were supported to have enough to eat and drink.

Risks people faced in their day to day lives were assessed, and person-centred care plans had been created to enable staff to support people whilst maintaining their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring, people were positive about the staff at the service. People had personalised care which met their needs. People had an opportunity to discuss their end of life needs and wishes. People knew how to make complaints and raise concerns, they felt confident they would be addressed. Communication needs and preferences were known to staff and detailed in care plans.

Staff knew their roles and responsibilities. Staff felt proud to work for the service and told us the manager was interested in increasing their involvement. The manager understood their role including their legal obligation to report concerns and notify CQC of certain events that occurred within the service. We received positive feedback about the manager and deputy manager of the service. People and staff were

complimentary about the whole team at Brendoncare Knightwood Mews.

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

Rating at last inspection

The last rating for this service was good (published 10 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brendoncare Knightwood Mews

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager for the service. However, they had recently transferred to another of the provider's locations. A new manager was in post who had started the process of registration with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with and received feedback from 12 members of staff including the manager, deputy manager and care workers.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was a recruitment process in place. However, we found this had not always been followed. Gaps in employment were not always explained and the medical fitness of staff had not always been reviewed. The manager told us they undertaken an audit and actions to obtain the missing information.

We recommend the provider ensures they always follow their policy and procedure for the safe recruitment of staff.

- There were enough staff on duty. People told us staff were available when they needed them. People had planned visits and were able to request additional care and support if it was required.
- Staff knew people well as they had worked at the service for many years. This helped to provide continuity of care for people. A member of staff said, "Brendoncare is fully staffed and we have a wonderful bank team who step in when needed."
- People told us there was enough staff on duty to ensure people's needs were met safely.
- Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support needs. The service was proactive in their approach to managing risks. Risk assessments were reviewed monthly or in response to a change in a person's condition.
- Risk assessments were detailed; staff understood the risks and knew people well. A member of staff said, "We are made aware of the resident's capabilities and where their areas of weakness are."
- Risks to people's health and wellbeing were discussed daily within handovers. This meant staff were involved and knew the presenting risks for people. For example, where a person's mobility was reduced, and they needed to use equipment.
- People had environmental assessments which covered potential hazards within the home, such as specialist beds and equipment.
- There was an open culture within the service to learn from accidents and incidents. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again. Accident and incident reporting had provider oversight and was monitored across the provider's locations. This meant learning was shared which supported reducing risks for people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the service they received from Brendoncare Knightwood Mews. Some of their comments were: "I like living here, very much so", "I felt safe from probably the first night", "I'd rather be here!", "It's lovely."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. The manager told us safeguarding and concerns were discussed during staff meetings and supervisions.
- There were clear communication channels for raising concerns within the service. Posters displayed around the service reminded staff of the importance of speaking up and gave the number to call should they need to raise concerns to the local authority. A health and social care professional told us, "We have never needed to raise a safeguarding incident formally or informally. I am confident that if I did, my concerns would be listened to and understood."
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the manager and deputy manager. A member of staff told us, "The manager [name] has an open-door policy which makes popping in to discuss any concern easy." Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken.

Using medicines safely

- People received their medicines as prescribed. There were safe procedures in place for the ordering, storage and disposal of medicines where this was required.
- Medicine administration records were completed correctly. Where people were responsible for taking their own medicines the necessary assessments and agreements were in place to ensure safety.
- Staff told us they had a good relationship with the doctor's surgery and pharmacy. Regular checks took place to ensure medicines management within the service was robust.
- Staff responsible for giving medicines had been trained and had their competency assessed. They were knowledgeable about the medicines people took.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. The manager told us they were developing the guidance to be more personalised.

Preventing and controlling infection

- Infection prevention and control procedures were in place. Staff had received training in best practice and how to prevent avoidable infections.
- There were enough supplies of personal protective equipment (PPE). Staff wore the necessary PPE in order to keep themselves and others safe during personal care and support.
- Hygiene procedures were in place such as hand washing and sanitiser gels.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed. Staff training and knowledge about nutrition and moving and handling demonstrated the plans had been created with evidence-based practices in mind.

Ensuring consent to care and treatment in line with law and guidance

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The manager and staff had received training in the MCA and refreshers were being arranged.
- Staff had a good understanding of consent and people's feedback told us staff always asked their consent before supporting them. One member of staff said, "Sometimes consent is also seen in the persons actions. For example, you can ask someone if they are ready to be assisted to dress and they nod and raise their arm ready for their top to be put on."

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. Staff told us they can rely on their colleagues and managers for support.
- Formal staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff were given the opportunity to discuss development opportunities and additional training. The manager had recently revised the supervision process to ensure all staff had an assigned supervisor.
- The service had an induction in place which combined face to face and online learning as well as supporting staff to shadow more experienced members of the team.

- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training included mandatory subjects such as; safeguarding, medicines, food hygiene, infection control and moving and handling. People told us staff were well trained and thought they had the necessary skills to care for them. A member of staff told us, "We all have training mostly online and some face to face, we are emailed by the training coordinator when they need updating."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Their needs regarding nutrition were assessed and support given as required.
- People were able to dine in the on-site restaurant and had access to a small shop to buy essentials such as cereals and biscuits. Regular coffee mornings were held and people using the service were able to attend if they wished.
- People were complimentary about the food options available to them, either with support in their own home or dining in the restaurant. Some comments we received were: "They serve the tea and coffee Monday mornings and Thursday afternoons. They help at all the various events we have, like this week we have Burns Night which will be a lovely two course meal with poetry", "I've always enjoyed my food here, I have lots of vegetables", "The food in the restaurant is quite good", "The food is very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Referrals were made by the service to a variety of professionals, such as doctors and nurses. A health and social care professional told us, "They [staff] asked for support and advice but on the whole they had put everything in place to ensure that the person was comfortable."
- The manager, deputy manager and senior staff said they worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner. They said, "In the respect of actioning the registering of residents with the GP, yes, it was timely and kept the resident safe."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included: "They are nice and friendly, and always helpful. They respond to my needs", "They are kind", "The carers, all of them are very pleasant and the volunteers are also very nice", "Everyone is so friendly, I love living here."
- Staff treated people with kindness. A health and social care professional told us, "I was really impressed by the dedication and compassion that was shown to this person from the carer to the senior staff and management."
- Staff had received training in equality and diversity. Staff told us they would support people from any background with their care needs, understanding and appreciating people's differences was important to them.
- People were supported to observe their faith if they chose to and details were recorded in their care plans.
- Information about people's lives were detailed in their care plans and documents. Staff knew people well and encouraged conversations about daily life.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected, care took place in their home. When care and support was being provided privacy was maintained. A member of staff said, "I work with staff who treat the residents with dignity and respect and as individuals."
- Confidential documents were kept securely locked away in the service office when not in use. Staff were aware of the procedures for handling sensitive information within the service.
- People were encouraged to be independent. People told us staff supported them in a way which was supportive and reassuring rather than to do things for them.
- People told us staff treated them with dignity, respect and offered them privacy.

Supporting people to express their views and be involved in making decisions about their care

- People were partners in their care services. People were given individual opportunities to give their feedback and views. However, these conversations were not always documented, we raised this with the manager and deputy manager, they took immediate action to ensure all feedback was recorded in order to monitor the standard of care provided.
- Staff told us they always gave people choices throughout their visits with all their care and support needs. People confirmed this was the case.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their changing needs. Care plans were person centred and had the involvement of the person. The deputy manager told us the service was planning to transfer people's care plans and assessments to an electronic care planning system. This meant changes to plans could be updated immediately and staff would have the most up to date information.
- People's care plans explored their needs as well as their skills and abilities. Specific care plans detailed people's individual health conditions, for example, needs related to anxiety, physical limitations and mobility. A member of staff said, "It is lovely to get to know the residents, they all have such wonderful stories about their lives to tell."
- People's wishes around accepting emergency medical assistance were in place where appropriate and known to the service. This meant their wishes could be shared with external professionals as required.
- People had been given the opportunity to discuss their end of life needs and last wishes. The service had worked in partnership with healthcare professionals to ensure people received dignified and comfortable care at the end of life, including support for loved ones. A member of staff told us, "I have cared for people over the years and supported them to be cared for during the end of their lives in their own homes which is a privilege and I feel is a comfort to them as we often know them very well by then."
- Brendoncare Knightwood Mews had supported a family to be together during their final days. Working closely with health care professionals to ensure peace and kindness at a difficult time. Compliments were received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed in their care plans. These needs were shared with external professionals when needed.
- Staff supported people in ways they preferred and met their communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. The manager told us the service did not have any open complaints at the time of the inspection.
- People knew how to make a complaint and who to speak to if they had any concerns. They felt confident

that the manager, deputy manager or any of the staff would address any issues they had.

- Information on how to make a complaint or raise a concern was displayed within the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems in place to monitor and improve the standard of the service were not always robust. Outcomes and actions were not always clearly recorded.

We recommend the provider reviews their quality assurance systems to ensure outcomes are recorded and actions taken in order to drive improvements in the service.

- The service used an electronic system in place for recording events, which meant the manager had live oversight of the home. The provider had restructured their overall compliance systems to make them more robust which included newly appointed staff who were in the process of creating additional audits which would monitor standards within the service.

- The manager was responsible for managing the reporting system within the service and inputting the information into the system, this included; falls, skin integrity, nutrition and accidents. Weekly reporting enabled the manager to have oversight over the service.

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

- The manager, who was new in post, told us they actively engaged staff in decisions about the service whilst working closely with the deputy manager. There was a positive culture, and vibrant atmosphere in the service, staff told us they felt happy in their work and felt included. One member of staff said, "I have always felt a valued member of the Knightwood team by management and feel the help and support is also appreciated by the residents and it improves their quality of life and helps them live as independently as possible."

- Staff were proud to work at Brendoncare Knightwood Mews, their comments included: "It is a happy place to be and I am glad I can make a difference and bring some cheer to the people who live at Knightwood", "I do feel proud because we are all there to care for the residents and I feel that that is achieved", "I feel very proud to work for Brendoncare Knightwood Mews. All the staff are caring and kind and always have our resident's best interests at heart."

- People, professionals and staff were complimentary about the leadership of Brendoncare Knightwood Mews. Some of their comments included: "The manager [name] has already shown their dedication to the residents care and supporting staff through their caring actions", "The manager [name] is very friendly and already a hit with the residents. They are very approachable and listen to staff and residents well. They are

proactive and have made a real effort to get to know everyone since joining the team", "The deputy manager [name] gets on with the residents well and is good at communicating with their next of kin and family", "I find the manager [name] very good with the residents, for me personally they have been very supportive, and available", "The deputy manager [name] is always available to speak to and supportive."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were offered the opportunity to be involved in the service and told us they were always asked by staff if there was anything different, they wanted or any changes necessary to make life better for them.
- The home continued to make links within the community. The wellbeing co-ordinator for the sister service told us, people using Brendoncare Knightwood Mews were able to participate in activities and events. This has promoted friendships between people using the service and those who live in the sister service.
- The service had recently sent out satisfaction surveys for people and their relatives. The most recent survey had been returned. We saw one of the surveys which showed positive results. The manager and staff encouraged people and their relatives to complete online reviews of the service. We discussed increasing opportunities for feedback with the manager and deputy manager, they took our comments and immediately made the changes to documents in order to capture people's views.
- The service worked well with health and social care professionals. One health professional told us, "We have always had a good working relationship." A member of staff told us, "I aim to make the residents lives better by providing a high standard of care and feel we have a strong care team that work well. We have brilliant relationships with the local pharmacy, district nurses and GP's which helps us to get medical support for those we require quickly."