

Brendoncare Foundation(The) Brendoncare Knightwood Mews

Inspection report

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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 

Overall summary

This inspection took place on 13 May 2015 and was unannounced. A second visit took place on 19 May 2015.

The personal care service was provided to people who lived in private apartments or bungalows within the Knightwood complex. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by Brendoncare. When we visited eight people were using the service. Others could

receive care should they need it in an emergency. Additional facilities on site included a licensed restaurant and coffee shop, residents' lounge, shop a library with IT facilities and a hairdressing salon.

There was a new manager in place who going to apply to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Care provided included assistance with washing and dressing, preparing drinks and snacks, providing reassurance, assisting with medicines and liaising when this was requested, with health and social care professionals. No one needed staff to assist them to move, although staff had been trained in using a hoist to move people safely.

People said they felt safe and said they received a consistently good standard of care and support. Staff had a good understanding of how to protect people from avoidable harm such as from potential abuse and any risk to people's health or wellbeing was assessed and actions were taken to minimise them. Staff recruitment processes were robust and staff were employed in sufficient numbers to meet peoples' needs. Where staff assisted people with their medicines this was managed consistently and safely.

Staff discussed their learning and development needs and training was made available to ensure they could

effectively meet people's needs and preferences. People were always asked to give consent to their care and support. Staff had a good understanding of the Mental Capacity Act 2005 and put this into practice to ensure people's human and legal rights were respected. People's health care needs were discussed with them and when requested staff liaised effectively with health care professionals on people's behalf.

Staff had developed trusting relationships with people who used the service and cared about their wellbeing. They understood and respected confidentiality. People's independence was promoted and they were regularly consulted about their needs, choices and preferences and about how these should be met. Staff provided a flexible service by providing more care and support when people were unwell or when they were upset or distressed.

There was a positive culture and everyone using or involved was encouraged to provide feedback to develop it further. Managers and senior staff were available to staff for guidance and support. Quality assurance arrangements were robust.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People were protected from abuse and avoidable harm because risks to their wellbeing were identified and assessed.

The service followed safe recruitment procedures and there were sufficient numbers of staff to meet people's needs.

There were clear procedures which were followed for managing medicines.

Good



Is the service effective?

The service was effective.

Staff had effective support and training to help them to meet people's needs.

Consent to care was always sought in line with legislation and guidance.

People did not receive support with meals and drinks but the service had a restaurant for those who wished to have meals provided.

Most people managed their own healthcare but the service liaised with health care professionals when this was necessary.

Good



Is the service caring?

The service was caring

Staff showed concern for people's wellbeing and respected their privacy and dignity.

People were involved in making decisions about their care and given the information they needed to exercise choice.

Good



Is the service responsive?

The five questions we ask about services and what we found The service was responsive.

People received care and support which reflected their needs.

Good



Is the service well-led?

The service was well- led.

The service had a clear vision and values which staff understood and followed.

There was a new manager in post who was going to apply for registration.

Thorough quality assurance processes helped to ensure the quality of care and support remained good.

Good



Brendoncare Knightwood 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.

The inspection took place on 13 May 2015 and 19 May and was unannounced. The inspection was carried out by one inspector.

Before we visited we reviewed all the information we held about the service. This included notifications about changes, events and incidents. A notification is when the provider tells us about important issues and events which have happened at the service.

We spoke with five people who used the service and with one relative. We also spoke with five staff, the manager and a health care professional to obtain their views about the quality of the service provided.

We reviewed five people's care records, two staff records and looked at other documents such as incident reports, staff training records, staff rotas and meeting minutes.

Our last visit was in March 2014 when we found Brendoncare Knightwood Mews was meeting all the essential standards of quality and safety we inspected.

Is the service safe?

Our findings

People said they felt safe when they received care. There was an open culture and people said they were encouraged and felt able to raise any concerns they had, however minor. People said there were sufficient staff employed to meet their needs. One person said, for example, "staff always come when I call for them, even in the middle of the night." This made them feel safer and more secure.

People were protected from abuse and avoidable harm. The safety of people was discussed with potential staff as part of the recruitment process. Safeguarding adults was part of the mandatory training programme and staff confirmed they had completed this. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. There was a flow chart on display which described what action staff should take if they suspected any abuse and there was always a senior member of the organisation they could contact out of hours if they needed further advice. Staff had also received information about whistleblowing. Whistleblowing is when a worker reports wrongdoing at work. A whistleblowing policy was on display and staff were encouraged to read it from time to time to refresh their knowledge.

People's personal risk was assessed in terms of their general health, mobility, risk of falls and personal care needs. There was guidance for staff about what support was needed to minimise any identified risk. This included a consideration of what specialist equipment may be needed to keep people safe. Where required, this equipment had been provided, for example, a bed sensor was in place for one person so staff were aware if they had not returned to bed after ten minutes during the night. This had been installed with the agreement of the person concerned and helped to ensure they remained safe.

A record was kept of any incidents and accidents. These records described action taken to minimise the risk of an accident occurring again, for example for a person who had fallen.

There were arrangements in place for foreseeable emergencies. Staff held a key to apartments and bungalows to provide access in the event of a person not being able to answer their door. These arrangements had been made with the agreement of the people concerned.

There were sufficient numbers of staff employed to keep people safe and meet their needs. The service employed a total of 17 staff. A minimum of two staff were on duty for six hours in the morning and one member of staff was on duty for six hours in the afternoon. One member of staff was on duty each night. Staff said this was sufficient to attend to everyone's care and support needs. Arrangements were flexible so staff could provide additional care when needed, for example if a person was unwell.

The provider followed safe recruitment procedures. Staff files contained documentary evidence of checks made to establish potential staff were of good character. Records included a satisfactory Disclosure and Barring Service check (DBS). DBS checks enable employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults. There were two references, where possible, one of these was from the person's previous employer. An application form detailed people's previous experience and qualifications and there were copies of certificates of training which had been completed on file.

The provider had suitable arrangements in place to manage medicines safely. Most people managed their own medication but they also had secure storage for prescribed medicines which they used when people did not want to keep their prescribed medicines themselves. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken it. Some people had been prescribed 'as required' medicine (PRN) such as for pain relief. People were able to confirm whether or not they needed this 'as required' medicine. Records we saw showed people were receiving medicines as prescribed.

Is the service effective?

Our findings

People were very complimentary about the staff team. Whilst they didn't know who was coming to support them, they said that they knew and liked them all. New staff were always introduced to people before they started to assist them with care and support. A lot of staff had worked for the service for a number of years and people who used the service had also lived at Brendoncare Knightwood Mews for some time and so people knew each other well. People described staff as more like "friends" and staff described the "good rapport" they had with each other and with the people they provided support to. People did not need help to eat and drink but a number used the on-site restaurant regularly and spoke highly of the quality and choice of food available. They appreciated not having to cook for themselves unless they wanted to and described the restaurant as "first class". People could also have meals from the restaurant brought to their apartments and bungalows if this was their preference.

Staff said the training provided was very good. They had completed training in key health and safety areas such as fire safety, infection control, food hygiene and safe moving and handling. As staff were also supported some people with their medication they had training to help them to manage this effectively and safely. Staff said if they identified they needed training in a particular subject this would be arranged, for example, they had received training about motor neurone disease which helped them to understand some people's particular needs. Staff were

especially complimentary about some recent dementia training where they had been asked to think through certain scenarios. They said this had increased their understanding about how people experienced this condition and so helped them to provide effective support.

Staff had effective support because they had received an induction, which included some shadow shifts with more experienced staff. Staff had supervisions, appraisals and attended regular staff meetings. From time to time staff were observed in their practice to ensure they provided effective care in line with people's needs.

Staff always asked for people's consent before assisting them with personal care or other support. Where they suspected people lacked capacity to consent to certain aspects of their care they had completed an assessment which was in line with the requirements of the Mental Capacity Act 2005. Where people were assessed not to have capacity to make certain decisions, the service liaised with family and their legal representatives to ensure any decisions made were in the person's best interests.

A record was kept of medical appointments and staff described good liaison between families and health care staff. People said they generally arranged any hospital appointments themselves but staff could assist if necessary. Staff if needed, also advocated on people's behalf, for example when one person did not want to take a particular medicine staff contacted the GP for advice. A health care professional said staff asked for advice appropriately and where necessary.

Is the service caring?

Our findings

People said "some staff are more caring than others" but said all staff were polite, kind and caring and said they were happy with the support they received.

People told us they were involved in planning of their care and in care records we saw a lot of evidence of this, with people signing to confirm they agreed with the amount and sort of support they were provided with. This was reviewed regularly to ensure it was still what they wanted and expected. Plans of care were kept in people's apartments and bungalows so they could check what had been discussed and agreed upon. Where people were not able to consent to aspects of their care staff had liaised with the person's representative.

Staff respected people's privacy and dignity. Care was provided discreetly and staff were mindful about how to provide support to people in a way which was acceptable to them. We observed respectful and friendly interactions between the staff and people they provided care for. One person described staff as "more like friends" A health care worker said staff knew people who used the service well and said they had observed staff were always friendly and respectful when they interacted with people.

Staff said they were part of a "friendly and nice team." Most staff had been working at the service for a number of years and clearly knew people they cared for well and understood and their needs, preferences and interests. Staff were aware of the need to respect people's privacy.

Records showed that staff apologised to people if they were ever late and that they spent time chatting with people and provided comfort and reassurance if there were unhappy or distressed. Staff confirmed they stayed longer than the agreed time if this was needed.

Staff showed a good understanding of the need to respect people's confidentiality and records held by the service were securely stored.

People were given information about the service to help them to make decisions about their care and support. The most recent CQC inspection report was on display in the foyer of Brendoncare for people to read if they wished to. Each person had been consulted about a key holding policy which explained in what circumstances staff would use a key to access people's property. This was signed by them or by their representative to indicate their agreement and reviewed regularly to ensure this was still appropriate. There was information about the fees charged. People had a copy of the fee agreement and had signed to confirm this had been discussed and agreed. People were sent an updated letter containing information about hourly rates at the start of each financial year to keep them informed of any possible increase in charges.

People had a number of avenues available to express their views about the service. They could do this individually during reviews of their care or informally through discussion with staff. There was a quality assurance survey, (the most recent one had been completed in October 2014 and people had provided positive feedback about the service) There was also a residents committee and residents meetings which also involved staff.

Is the service responsive?

Our findings

People said they had not had to make a complaint although they knew how to do so. Any "minor gripes" had been discussed with staff and staff had responded listened and taken any necessary remedial action. Records showed that no complaints had been recorded since our last inspection in March 2014. People said the service responded to their needs and circumstances in an appropriate way, one said for example "they help, but they don't interfere."

People's care records contained important information about them such as their next of kin, their GP any known medical conditions and their mobility and care needs. Records also described people's interests and backgrounds and staff knew what these were. This helped staff to understand what was important to people.

Care plans described what support was needed in sufficient detail to ensure that consistent support was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, one person did not need help but liked staff to be nearby for

reassurance when they had a bath. Staff acted in accordance with the person's wishes. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time to support them instead.

Staff said they provided a "very reliable service" They had a daily handover so they were aware of any changes in a person's needs, such as if they were unwell and they used walkie talkies during their shift to continue to update each other where needed. This helped them to respond to people in a timely and appropriate way.

Care records were kept in people's apartments and bungalows, with a copy kept in the office so staff could refer to them easily. Information in care plans was checked at least once a month with the person concerned so they had the opportunity to discuss what they needed and if any change in the level of support was necessary.

There were a number of on site facilities provided for people to use if they wanted to. This included a restaurant, lounge, shop, library a hairdressing salon and a fitness area. People had the opportunity also to participate in a range of activities such as exercise classes, coffee mornings and outings.

Where people used other domiciliary care services in addition to the Brendoncare Knightwood Mews service there was good liaison to ensure they received consistent and co-ordinated care

Is the service well-led?

Our findings

There was a new manager in post who, at the time of our second visit, had been in post for two weeks. They were intending to apply for registration with CQC. The manager had met most of the people living at Brendoncare Knightwood Mews and said they intended to visit people regularly to ensure they were happy with the support provided. People confirmed they had met the manager "two or three times." The manager had arranged a meeting to give people a further opportunity to meet with him and to air their views. At this meeting people commented they were not always aware of all activities and of when meetings took place. This information was available in the foyer but some people did not go to the foyer regularly and did not always see it. Staff were acting on this feedback and said they intended to reintroduce leaflets detailing the meetings and activities taking place. Staff would take these around to each person so everyone would have this information available to them.

Staff were aware of the vision and values of the organisation such as promoting independence, privacy, dignity and choice. These were discussed at their informal interview, in ongoing training and during staff meetings and supervisions. Staff explained how they put these values into practice for example by providing person centred care and by understanding the importance of maintaining confidentiality. Brendoncare had a forum which provided staff with a voice and encouraged them to be involved in the aims and objectives of the organisation. Staff said "They (Brendoncare) do listen." Staff morale was good. Staff described Brendoncare Knightwood Mews as a "good place to work" and said they felt part of a "good supportive team."

The Brendoncare Foundation has held the Investors in People Award since 1999. Investors in people is a government approved quality award indicating that staff are valued and have the appropriate training and involvement to meet the purpose of the organisation.

There were a number of quality assurance systems in place which helped to ensure the service was effective. There were monthly audits of care records to ensure the information contained within them was up to date and accurate. Incidents and accidents were recorded and reviewed by the manager who took action where necessary to minimise risk of reoccurrence. This information was sent to the Brendoncare's clinical governance team who also reviewed the information to ensure appropriate action had been taken and to look for any potential trends.

Staffing levels were regularly reviewed and changes were made when necessary. For example, when we last inspected in March 2014 the service was employing a sleeping in member of staff each night. Since then, as a result reviewing people's changing needs this had been changed to a waking member of staff.

There was a learning and development programme in place for Knightwood Mews and a training calendar for staff. Mandatory training had to be completed at set intervals, for example, fire training had to be refreshed every six months for day staff and every three months for night staff. There were monthly audits completed to ensure this was taking place. Action was taken if this was not happening when expected.