

Runwood Homes Limited

Braywood Gardens

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Braywood Gardens is a residential care home providing personal care to 54 people aged 65 and over at the time of the inspection. The service can support up to 99 people.

Braywood Gardens is a purpose-built care home which accommodates people across seven units over two floors, although at the time of the inspection not all units were occupied.

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

People were kept safe by the systems and processes in place. Risks to people's health and wellbeing were being assessed, monitored and mitigated against. People were supported to take their medicines in a safe way. People were protected against the risk of infection by good infection control processes, staff were seen to be wearing the appropriate PPE. There was adequate staffing in place to meet people's needs.

People had plans of care that were individualised and provided staff with personalised guidance in order to meet people's needs. People had a choice of activities to participate in and were supported to maintain important relationships with their friends and family. There was process in place for people to raise concerns, any complaints received had been appropriately responded to.

There was a new manager at the home who had helped make the necessary improvements to ensure the quality of care provided. There were effective audits and quality monitoring processes. Staff, relatives and people who lived in the home had opportunities to provide feedback in a number of different forums. The home worked well with other healthcare professionals to help achieve good outcomes for people.

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

Rating at last inspection (and update) The last rating for this service was inadequate (published 12 November 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 12 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focussed inspection of this service on 1 October 2020. Breaches of legal requirements were found. Breaches were around safe care and treatment, good governance and staffing. At a previous inspection on 6 August 2019 a breach of person-centred care was found.

We undertook this focused inspection to check they now met legal requirements. This report only covers our

findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe 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.

Braywood Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Braywood Gardens 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.

The service had a manager who has applied to become registered with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided and observed the general interactions between staff and the people they were supporting. We spoke with eleven members of staff including the regional operations director, the manager, the deputy manager, care team leaders, care staff, wellbeing lead, domestic and kitchen staff. We spoke with four professionals who regularly visit the service.

We reviewed a range of records. This included seven people's care records in detail and a further eight to check specific areas. We reviewed multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed both on site and off site.

Following the two inspection days on site we sought feedback from relatives about their experience of the care provided, we spoke with seven relatives and received feedback from a further 14 relatives and advocates. We sought and received feedback from a further 14 members of staff about their experience working at Braywood gardens.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure they were enough staff to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough suitably skilled staff to meet people's needs.
- People were no longer left unattended nor experienced long wait times for staff to support them. A person said, "They [staff] come, sometimes I wait a little longer but not very long anymore." Another said, 'If I ever need anything, they [staff] come.'
- Checks to ensure new staff were suitable for their role were carried out and staff were fully inducted to ensure they could support people safely.
- The call bell system had been identified at the last inspection as not working correctly, at this inspection it still had not been rectified. We raised this with the manager who promptly escalated this to maintenance to get it fixed. It did not impact on people being able to call for help and management did regular call bell audits to assure themselves staff were responding in a timely manner.
- Staffing levels were calculated using a dependency tool, at the time of inspection more staff than had been calculated to be required were on each shift. However, some staff we spoke with felt the deployment and knowledge of some staff meant that, whilst they were meeting people's needs, they were overstretched, particularly on night shifts. We discussed this with the manager who said he regularly reviews the skill mix to ensure people's needs are met safely.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were now being assessed, managed and monitored effectively.
- The manager had implemented a risk register which was updated weekly. The register identified people's risks and what steps needed to be taken to mitigate risk. This was shared with all care staff.

- Risk assessments, for example around pressure area care and falls, were regularly updated and reflected people's individual needs. Care plans contained clear guidance for staff on how to support people safely in relation to these identified risks.
- Risks associated with people's behaviour had been identified and assessed; care plans were detailed and personalised. Plans identified triggers and gave staff clear steps to take, to support people and keep them and others safe.
- Risks associated with the environment were being monitored regularly, for example water temperatures were being checked to ensure people's safety against the risk of scalds and legionella.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were adequately protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to take their medicines in a safe way.
- Staff we spoke with were knowledgeable on how to support people to take their medicines and had their competency regularly checked. We observed a medicine round and saw staff speak kindly with people and explain what the medicine was for.
- People who had medicines prescribed, 'as and when required', such as pain relief, protocols were mostly in place and relevant documentation was being completed. We did feedback to the manager about some missing information on the protocols and this was immediately put into place.
- Medicines were being stored, checked and disposed of in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the systems in place.
- Staff were trained in safeguarding and a policy provided clear guidance on what to do if they suspected

abuse. There was also a comprehensive whistleblowing policy in place. The provider had developed a contact details sheet which clearly guided staff on who to contact if they had concerns, both internally and to outside agencies, such as the local authority and CQC.

- The manager had investigated each safeguarding concern themselves with actions identified where appropriate. They had a good understanding on safeguarding processes and reported concerns to the relevant agencies such as the local authority or the police appropriately.
- As an extra safeguard the regional operations director reviewed all safeguarding concerns on a monthly basis to check the correct process had been followed to ensure people's safety.

Learning lessons when things go wrong

- The manager conducted thorough investigations when things went wrong.
- Analysis of incidents led to lessons learnt which were shared with staff at supervisions, team meetings and displayed in the staff room.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last comprehensive inspection we found people did not always receive personalised care, staff did not always follow the information in people's care plans and as a result people's care was inconsistent. This was a breach regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care was planned in an individualised and personalised way, where people had a preferred name this was used in their plans.
- Most care plans were detailed and contained information on all aspects of daily living. Staff were provided with guidance on how to meet people's individual preferences.
- For people who had specific needs, such as catheter care, their care plans contained appropriate information to ensure staff could safely support them. People's diverse needs had been taken into consideration and information was provided to staff on how to support them to meet these.
- There were some areas of care planning that required work, such as life histories, however the management were aware of this and were working their way through them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- At the time of the inspection there was no one in the home that required specific formats to help them understand information, for example braille. The manager understood their responsibility to provide information in other formats if they were to support someone who required this.
- People had communication care plans in place which provided guidance to staff on how best to speak with people. For example, where the use of PPE, particularly masks, impacted people's ability to communicate, plans emphasised the need for staff to speak clearly and use non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and maintain relationships that were important to them.
- The home had a wellbeing lead who organised activities for people. They were dedicated and passionate about their role. They said, "I make sure people are being treated as best they can be, if we make them happy, they eat better."
- There was a monthly meeting with people to find out what they would prefer to do, what they are keen on and what they were not.
- The home supported people to stay in touch with their relatives throughout the pandemic and liaised with relatives to organise visits in line with government guidance.

Improving care quality in response to complaints or concerns

- The home had not received many complaints or concerns. Where they had been received, we saw evidence they were responded to appropriately.
- The manager had a tracker in place to ensure they were responding to concerns in line with the providers complaints policy. We saw an example of an upheld complaint which led to a new process being implemented to improve the quality of care.

End of life care and support

- The home had an end of life policy in place which emphasised the need for personalised care, dignity and respect for people when they are nearing the end of their life. It provided guidance for staff and prompted them to look at people's personalised end of life care plans.
- Family members told us they felt people's wishes had been followed. One said, "The team were amazing and explained absolutely everything."
- Management acknowledged more work could be done on people's end of life care plans to ensure they fully captured peoples wishes.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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

At our last inspection we found quality assurance and audit processes had not always been effective in identifying and addressing areas for improvement at the service. This resulted in a breach of regulation 17 (Good Governance) of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection a new care home manager and regional operations director had been appointed. This new leadership had made a significant positive impact on the home and on people's wellbeing.
- Staff had all noticed the improvements throughout the home and spoke positively about the management. Staff now felt supported and understood their responsibilities. Staff said, "If we have any problems or questions, they [management] are always so supportive and very understanding."
- The manager had prioritised rectifying the concerns found at the last inspection and understood their ongoing duty to monitor the quality of the home. They conducted regular audits on all areas of care delivery and the environment. Where issues had been identified these were noted on action plans with timescales and a delegated person to action.

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

At our last inspection the provider failed to ensure that their systems and processes operated effectively to improve the quality and safety of the service they provided to people. This was a breach of regulation 17 of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was now a more inclusive and positive culture in the home, which had resulted in good outcomes for people. Professionals we spoke with confirmed they had seen the impact the improvements had on people living at the home.
- Staff explained, "I can honestly say the service revolves around the service users and that they are always put first, which is really important to me." Another said, "It is nice to see the home a happy place as before"

the home was miserable and the staff all looked sad...now it is such a happy enjoyable place to be, the home has improved massively and the staff and service users are so much happier."

- Staff felt they could now approach management and felt involved in the service. Staff explained, "There is good communication now with staff, we are involved, and we can always have our say. Staff are more willing to come to work as there is better morale."
- A relative said, "I can't praise the staff enough, they have been very helpful if I've got any questions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open with people and relatives when incidents occurred.
- The manager understood their responsibility to notify relevant agencies, such as CQC and safeguarding, to inform them about certain events.
- Relatives told us they were informed promptly and then kept updated whenever any incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were now more engaged and involved in the running of the home.
- People were able to take part in resident meetings and food forums, to allow them to voice any concerns and to inform staff of their preferences.
- Relatives also felt more involved. A family member explained "Since the new management has been in place, the noticeable thing is the amount of information that comes out, there are regular emails and zoom meetings, which are really useful. Last week there was a zoom meeting on dementia awareness which was really informative."
- Feedback was sought regularly from staff and people living at the home. There were regular staff meetings and supervisions. The regional operations director's monthly audit included interviews with staff, professionals, people and relatives to gain feedback on the quality of care.

Continuous learning and improving care; Working in partnership with others

- The home had a home development plan, which contained areas of concern picked up through management audits. Each point had a timescale for completion.
- The management were now working effectively with other professionals to improve the quality of care provided. Professionals we spoke with said they were taking on all the advice they had given them, they explained "If we say something needs to be in place, they are doing it straight away now."
- The home had recently signed up to a new online initiative to work more collaboratively with the community nursing team.