Brendoncare Foundation(The)

Brendoncare Stildon Mews

Inspection report

Dorset Avenue
East Grinstead
West Sussex
RH19 1PZ

Tel: 01342305750
Website: www.brendoncare.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Brendoncare Stildon Mews is a domiciliary care agency providing personal care services to an extra care scheme where people live independently in their own flats. There were 11 flats in a purpose-built building. At the time of our inspection, four people were being provided with personal care. The service provides care and support to people with varied personal care needs, several of whom were living with memory loss, dementia or long-term health conditions.

The flats were equipped with alarms to alert staff to emergencies between care calls. A communal space with a small kitchen and table and chairs is available for the people living in the flats to meet socially and do activities.

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

Staff continued to have a good understanding of safeguarding adults at risk and knew how to recognise signs of abuse. At the time of the inspection people administered their own medicines. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

People and their relatives felt safe using the service and that staff were trustworthy. People continued to receive personalised care that supported them. People continued to receive safe care and treatment. Risks to people's health and safety were appropriately assessed. People were protected from infection.

People were supported by staff that knew them well, understood their needs, treated them as an individual and looked at providing additional assistance if a person's needs changed.

We observed staff treating people and discussing people's needs with dignity, sensitivity and respect. Staff supported people to make decisions about their care and welfare. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff felt fully supported by the registered manager and deputy manager to undertake their roles. Staff continued to receive training to support them with their role to ensure they could meet people's needs effectively. The provider invested in additional staff training and career development.
The service continued to be well led by the registered manager who had a clear vision and values for the service which was embedded in the care given and in the conduct of staff. Staff and the management team promoted an ethos of treating people as an individual, this was confirmed in what people told us and in the care observed during the inspection.

There was a robust governance framework in place to monitor the quality of care and support was provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Brendoncare Stildon Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to make sure that staff would be in the office for us to speak with and to arrange visits for us to observe care being given in people's homes. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we checked the information that we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

We visited the central office, a communal space for people to use and we met with a person in their own home, to observe care and support being provided. We observed care being given and observed a coffee morning for people living in the flats. We observed interactions between staff and people. We spoke with two people using the service, a person's partner, we spoke to two staff, the deputy manager and the registered manager. We spent time looking at records including four care records, two staff files, staff training plans, meeting minutes, audits and other records relating to the management of the service.

We contacted health and social care professionals who had knowledge of working with the service.

Good

Is the service safe?

Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

Staff continued to demonstrate a good knowledge of safeguarding procedures and the processes around reporting of concerns. Staff explained clearly the need to support people with any concerns they had about their safety, staff knew what to look out for such as unexplained bruises or seeing a change in a person's demeanour. Staff told us that they felt comfortable to raise concerns to the registered manager or deputy manager and told us they felt confident that these concerns would be addressed. Staff knew how to keep people safe in the event of an emergency such as a fire and records such as personal emergency evacuation plans confirmed this. The maintenance person for the provider completed fire alarm tests weekly.

Risk assessments were carried out to establish the type of care and support needed for someone before a person moved into a flat. Systems continued to be effective in identifying and reducing the risks to people. Risks to people continued to be assessed, managed to support people to be safe and reviewed and updated monthly. Care plans included consistent guidance to support staff to mitigate these risks. Risk assessments contained information relating to people's mobility and personal care needs.

Incidents and accidents were recorded and monitored through the provider's electronic incident reporting system, this system has been introduced since the last inspection and was embedded with staff training. There was clear evidence of learning and seeking to improve ongoing support through actions and analysis. For example, one person's care plan had a falls register and falls risk assessment, staff identified an increase in the person's falls and recognised that a new piece of furniture was causing the falls so staff supported the person to return the piece of furniture and buy a more suitable piece of furniture, following this the person has had a significant reduction in falls.

People were protected from infection. Lessons were learned and improvements were made following audits. For example, the deputy manager did 'spot audits' with staff where they observe staff visiting a person, a spot audit identified that staff did not always have access to soap and a clean towel to dry their hands as they are visiting a person's home, following this staff when visiting a person staff take pocket antibacterial hand gel and gloves. We observed this practice when visiting a person with a carer. Following a health and safety audit staff identified that the pathway in the garden was uneven, the provider addressed this by replacing the paving and people were observed to enjoy the garden space.

Records showed that there were enough staff available to meet people's needs. People continued to have set times when their care and support was provided. Support was available outside of these times if needed as the service provided cover on a 24-hour basis including a waking night carer. Staff that worked in the adjoining nursing home also worked in Brendoncare Stildon Mews but there were separate rotas for each part of the service. This meant that staff were clear about their roles within the different parts of the service. The registered manager used a dependency tool which
was reviewed every month which allows peoples changing needs to be tracked. Where a person's needs

were increasing staffing levels were adjusted accordingly. We saw that rotas confirmed this.

Staff were clear on the separate services and their duty responsibilities in either and staff were clear that if there is an emergency in Brendoncare Stildon Mews care staff on duty in the nursing home could assist where needed. Staff working in Brendoncare Stildon Mews or the nursing home had devices where they could see where alarm calls had been made and where this was in the building.

A relative that lived with a person showed us where there was alarm pull cords and alarm bells in their flat. They also told us that when their relative fell from bed during the night they pressed an alarm bell and staff attended within two minutes.

The provider continued to have a robust recruitment and selection process in place that ensured they employed appropriate staff to ensure that suitable staff of good character were supporting people safely. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check.

At the time of our inspection no one was receiving support with the management of their medicines. Appropriate staff continued to be trained in the safe management of medicines and would be able to support people should they need assistance in this area. The provider has a medicines management policy in place and supported each person with their choice of pharmacy.

Good

Is the service effective?

Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

People's needs and choices continued to be assessed effectively and comprehensive care plans were developed based on these assessments. Records showed that people were involved in developing their care plan. Staff told us that they presumed people have capacity to make decisions and give people time to make choices, this was observed when a staff member supported a person to choose what jewellery they wished to wear that day. We observed the staff member to be patient and give choices at the person's pace so they were not rushed. A staff member told us that if a person declines personal care they will be respectful of the person's choice, give the person time, give them options and visit them later in the day.

The service was guided by external professionals on a person's capacity, one person's care plan guided staff to presume capacity, support the person to make day to day decisions and advised that he person can give verbal consent. Where best interest decision meetings had multidisciplinary meetings had taken place these were recorded in the person's care plan.

The Mental Capacity Act 2015 (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. We checked whether the service was working within the principles of the MCA and staff understanding of the requirements of the MCA. People's choices were respected and staff demonstrated their understanding of the principles of the MCA. This was supported by our observations of care and how people's choices and preferences were recorded for example a person with a hearing impairment declined to wear hearing aids, this choice was respected and this was recorded in their care plan and guidance was given to staff in how to communicate with the person. This was observed when we saw a carer speaking to the person.

Staff told us they received the training which is a blended programme of e-learning and practical sessions and support they required to care for people and completed a comprehensive induction. Staff were allocated a member of staff as their 'buddy' or mentor while they were in training. A care assistant who acts as a buddy for new staff told us they enjoyed showing new staff and encouraging staff to aim to give high quality care.

Staff completed the Care Certificate and were encouraged to pursue further training such as National Vocational Qualifications; these are work-based training qualifications. All staff were trained in mandatory subjects such as safeguarding, fire safety, moving and handling, health and safety and first aid.

In addition to training considered essential to the role, other training was available to staff to increase their knowledge to meet people's needs and to develop their knowledge to progress in their career. Staff told us that they enjoyed learning new things and keeping their knowledge up to date.

Staff were well supported to be able to undertake their roles. A staff member told us "I feel 150% supported". Another staff member told us that they felt supported and had regular supervisions, they also told us that staff can speak to a manager whenever they need to, they also said one to
one's with managers can also be for when a person has complimented them and the manager wants to share that compliment with the member of staff. Records showed that staff received regular formal supervision and annual appraisals.

Staff used a communication book to update each other before a shift on any person's changing needs or anything staff need to look out for, for example a person had a bruise and staff updated and reminded each other to check the bruise and staff were made aware that a person had been bereaved and to be sensitive and how to support the person's wellbeing during that time. We saw records of daily meetings of Brendoncare Stildon Mews staff.

People's health needs were monitored effectively and they were supported to access the health care services they needed. We saw records of where people had been supported to access healthcare services and support healthcare professionals to visit.

People's individual needs were met by the adaptation, design and decoration of premises. The coffee morning is held in a communal space available to people living in the flats within the building, the space had tables and chairs and a small kitchen to make warm drinks and serve food. Staff told us people were able to use this space to have activities, events and hold tea parties which staff organised for people's birthdays.

People were supported to have adaptations within their flats to keep them safe, for example one person had a raised toilet and hand rails by their bed to support them to move around their home safely and retain their independence. All flats had an intercom and there was a wall mounted
post-box for repeat prescription requests for the local GP.

People were not supported in the preparation of meals at home as part of their care package. People were able to order meals from the adjoining nursing home's kitchen. People's allergies and any dietary needs were recorded in the person's care plan and the care staff worked with the chef to ensure this information is up to date and reflects people's current needs.

Good

Is the service caring?

Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

People were supported by staff that were friendly, kind, compassionate and caring. A person told us "We couldn't do without [staff member]". Staff had a good understanding of people's needs and preferences. We saw compliment cards and notes and invites to funerals from families, we
saw one compliment card that said "I would like to say a heartfelt thank you for all the excellent care given to my Mum both when she lived at the flats and later in the nursing home. Mum was always happy and contented which was a testament to her faith in the way she was looked after."

A staff member told us "It's a very friendly service, staff are caring to people and each other." We observed staff having a caring approach, for example we observed a staff member checking that a person had sufficient to drink, catching up with their relative about prescriptions and health appointments and taking the person's post into them.

Staff were respectful and empathic when speaking about people. Staff were considerate of the diverse needs of people and actively considered people's cultural or religious preferences. People joined church visits in the adjoining nursing home that were delivered by churches of different denominations. People were supported to maintain relationships, a person we visited lived with their partner in their flat and regularly had family visiting. Staff ensured people had access to independent advocates where appropriate and paid social visits to a person whose family lives overseas.

The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted to meet people's needs for example a person who was registered blind was supported by staff who would read documents or correspondence to the person, the person's care plan also encouraged staff to check the person's clothing for food spills or stains as the person could not always spot these and wanted to present themselves well. A person's care plan showed that staff were encouraged to check a person's hearing aids, support them to change their batteries and to keep their glasses clean.

People were able to order meals from the adjoining nursing home kitchen. The seasonal menu was delivered by a care staff member to each flat, the menu was presented brightly in a large type size with pictures of each meal. Carers would support the person to choose a meal if they wished to order from the adjoining nursing home kitchen.

We observed that people were supported to make choices and encouraged to talk about their care and treatment. People's wishes were also seen to be clearly recorded in their care plans. During our home visits, we saw that people were completely involved in decisions relating to their care and that their views were listened to and acted upon.

Staff ensured people's privacy and dignity. We observed people being at ease in the presence of care staff. During a home visit, the carer supported the person to have a shower discreetly and sensitively. Staff told us how they would uphold a person's dignity by closing the curtains when supporting a person to dress or closing the door when supporting a person in their bathroom.

All staff were dignity champions and received additional training. Staff told us they understood Human Rights Principles to be fairness, respect, equality, dignity and autonomy. Managers completed a dignity audit every six months to check that staff knocked the person's door and introduced themselves before entering the person's flat, that they called the person by their preferred name and checked the staff member understood the providers whistle-blower policy.

Staff respected that people lived independently and supported people to retain their independence by encouraging them to undertake tasks themselves and gave them assistance only when needed. For example, a person only needed support to put on socks and shoes and assistance with a shower once a week, this was reflected in records and the person's care plan. We observed that in the coffee morning a staff member prepared the coffee but people liked to serve each other, the staff member respected this and gave people space to socialise without staff present.

Good

Is the service responsive?

Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

People continued to receive personalised care that was responsive to their needs and preferences. Care plans recorded people's preferences, hobby's and activities they enjoyed. A relative that lived with a person told us "they [staff] are very good, very caring, it's nice to be thought of as human." Care plans reflected people's care package, their preferences, choices and health and wellbeing needs.

We visited a person's home with a carer, the person told us they were happy with the care provided. The staff member and person knew each other well, had friendly and caring interactions and jovial interactions with singing. The person was living with dementia and enjoyed a sing-song of French language songs so the carer said they often sang together while the person was helped to shower.

During our visit we observed a weekly coffee morning which was popular with people living in the independent flats. The registered manager and a care member of staff told us that they had identified that some people were at risk of social isolation and wanted the flats to have a community where they treated one another like neighbours. We observed that the coffee morning was a social occasion that people looked forward to and enjoyed each other's company.

People living independently in the flats were free to join activities in the adjoining nursing home and join lunch in the nursing home. People could also use a shop within the adjoining nursing home to buy toiletries and stamps. A person told us that they had had lunch in the nursing home with their granddaughter. Staff had made the effort to set a separate table for them so they could be in a social space to eat lunch but were also given a private table to help the person and their granddaughter to have a conversation as the person had a hearing impairment. The person told us that the staff member had set the table beautifully.

People lived independently and accessed the community themselves, staff told us that during very inclement weather earlier this year where it was unsafe for people to go out, staff went above and beyond to ensure that people had sufficient to eat and drink and went shopping for them.

We observed that people personalise their flats with their own furniture and objects, people were encouraged to have animals, such as dogs and pet birds.

The service continued to be prompt in dealing with complaints and listened to people's feedback. The provider had a complaints policy that was provided to people. This explained the timescales within which people could expect a response. A relative told us they knew how to make a complaint and raise a concern but had not needed to as they were satisfied with the care provided. We saw records of complaints that had been made and actions taken following the complaint. A person in a service questionnaire in November 2018 had written that after they had raised a complaint that "staff put it right".

There was no one at the time of this visit who was receiving end of life care. The organisation had a procedure for end of life care in place to support staff in meeting people's needs. The service has supported people that were receiving palliative care, respected their wishes and worked well with other services such as district nurses and a local hospice to ensure that people were as pain free as possible. All staff received end of life care training. The adjoining nursing home has been accredited with the Gold Standards Framework for providing end of life care. This is a training program that promotes good practice in end of life care and awards certificates to health and social care providers who have completed this training. This enabled staff to provide high quality end of life care to people in their own flats should this be needed.

Some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). DNACPR forms are completed by healthcare professionals when it is considered that resuscitation, in the event of the person suffering cardiac arrest, would be futile or unsuccessful. Documentation was kept in people's flats in an easily accessible place. It was important that the paperwork could be found easily in an emergency, such as when paramedics were called out.

Good

Is the service well-led?

Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

The service had a registered manager 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.

There was a positive culture where staff and management took pride in the care and support that they provided. A staff member told us "I love my job and I love it here." The service's approach was individualised, inclusive and aimed to build community.

Staff spoke positively about the support that the registered manager and deputy manager provided to them. A staff member told us "It's a really nice place to work, the managers are very approachable and I can always get advice if I'm unsure about something." There was an equality and diversity policy and training delivered to all staff. The service was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. The service was proactive in meeting the needs of staff with protected characteristics.

Staff including those at managerial level were well supported by the provider. Where staff went above and beyond this was recognised and staff received a range of benefits from the provider. A compliment was seen from the Chief Executive of the Brendoncare Foundation charity following a visit saying "I was immensely proud of the kindness and care shown by every member of the team. I thought there was a wonderful focus on the people as interesting individuals with their own needs and wishes."

The provider is a member of the National Care Forum, which provides information resources, updates and shares ideas. The registered manager attends a network of other managers for the provider to share and learn. The registered manager and deputy manager attend action learning sets and development days delivered by the provider.

The registered manager had an annual audit schedule to monitor the quality of care covering topics such as dignity, nutrition and care plans. Where an audit identified any issues an action plan was set up to act on the issues identified. The registered manager was supported by the provider's Organisational Care and Clinical Governance Committee which also monitors performance quality of the service. The registered manager and provider understood and managed their regulatory requirements.

Confidential information was kept securely in central offices and staff understood how to protect people's information.

Staff were engaged through staff meetings and we observed that the deputy manager and registered manager were always available to speak to staff. Staff groups, such as a night carer group, met frequently.

The deputy manager recently completed a spot audit at night to observe care at night and records showed that feedback was given at a staff group meeting. Staff had requested a quick reference guide of people's personal care needs in the event of an emergency in an all staff meeting, the registered manager made an easy access folder and kept up to date people's personal care needs, mobility needs and emergency information.

People were asked for their views on a service through a questionnaire. The registered manager personally responded to each person if they responded to the questionnaire, thanking them for responding and addressing any issues they raised. Residents meetings were held monthly, where people had raised a concern or made a suggestion this was acted on, for example people had asked for a cover to be built over the refuse bins which the provider did.

There was a range of audits in place to monitor the quality of the care delivered carried out by the registered manager and quality team for the provider. Accidents and incidents were analysed, any patterns or trends identified and action plans put in place to prevent reoccurrence, together with lessons learned. For example, we saw an incident form where a person had fallen from bed and care staff had attended and the paramedics were called. Where improvements had been identified through the auditing process, plans were put in place and action taken.

We observed and records confirmed that staff encouraged people they supported to communicate with a range of health care professionals to ensure they could access the support they needed. Students from a local University completed placements at the service, we saw compliments from students thanking the service, a student wrote "Thank you, I've learnt so much." The registered manager contributed to a Skills for Care project on developing new standards for Registered Managers.