

Belvoir Healthcare Ltd

Brundall Care Home

Inspection report

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Brundall
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brundall Care Home is a residential care home providing accommodation and personal care for up to 39 people. At the time of the inspection visit there were 37 people living in the home, the majority of whom were living with dementia. Accommodation is over two floors and the home has been divided into two areas called Nightingale and Kingfisher.

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

Risks to people's safety had not always been assessed or managed appropriately which placed them at risk of avoidable harm, and the systems in place to protect people from the risk of abuse had not always been effective at doing this.

People's consent had not always been sought in line with the relevant legislation and therefore, people had not been fully supported to have maximum choice and control over their lives.

The governance systems and leadership in place had not been fully effective at monitoring the quality of care people received and therefore, reducing risks to their safety. CQC had not been notified of important incidents as is required by law.

People received enough food and drink to meet their needs although the dining experience required improvement to ensure it was a pleasant experience for all. People received their oral medicines when they needed them but some improvements were required to the recording of prescribed creams.

Staff had received training in various subjects and received regular supervision however, this needed improving as we found a number of issues with staff practice during this inspection.

The staff were kind and caring when they interacted with people although the provider had not ensured the service had a consistently caring approach and this needed improving. There were enough staff to meet people's needs but some of the required checks to ensure they were of good character before they started working at the service had not occurred.

People and relatives were happy with the care they received and told us this had improved under the new provider's leadership and people had access to regular activities to provide them with stimulation.

The service had ensured that people and relatives were involved in the planning of care and had taken steps to ensure care was delivered to meet people's individual needs and preferences. Some improvements are required with regards to the planning of people's oral healthcare and we have made a recommendation in this area.

The home and equipment people used was clean and the environment had been adapted to meet the

needs of the people living in the home. Any concerns or complaints raised had been listened to and acted on and people and relatives had been actively engaged in the running of the service and their opinion valued.

Staff ensured people were supported with their health needs and worked well with other professionals when required, this included when people reached the end of their life.

Rating at last inspection

Brundall Care Home was purchased by a new provider in 2018. Under the old provider, the home had been rated as Inadequate. This was the first inspection under the new provider's ownership.

Why we inspected

This was a planned inspection based on the date the provider registered with us.

Enforcement

We identified five breaches of regulation at this inspection. This was in relation to the assessment and management of risks to people's safety, the systems in place to protect people from the risk of abuse, obtaining consent in line with legislation, governance systems for monitoring and improving quality of care and notification of incidents to CQC.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Brundall Care Home

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.

Inspection team

On 2 September 2019 the inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 4 September 2019 one inspector visited the service.

Service and service type

Brundall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection visit of 2 September 2019 was unannounced. The 4 September 2019 was announced.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Most people living in the home were not able to provide us with full feedback regarding the quality of care they received. However, we did speak briefly with eight people about their experience and in more depth to eight relatives. Eight members of staff including the registered manager, deputy manager, care workers and the chef were interviewed as part of this inspection. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting healthcare professional. We carried out observation in communal areas to help us judge the quality of care provided to people.

We tracked the care in depth of four people living in the home and reviewed a range of records relating to their care. We also looked at certain aspects of six other people's care. This included their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to safeguarding people from the risk of abuse.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems were not robust at protecting people from the risk of abuse.
- Records showed a high number of incidents had occurred within the home where some people had experienced abuse relating to a specific situation. The registered manager had recognised this risk and had assessed staff needed to provide one to one support to a person when they became upset and distressed. However, staff had not been instructed to always be present within communal areas of the home and we observed a person being verbally abused when they were not present.
- Not all incidents of actual or alleged abuse had been reported to the local authority safeguarding team or CQC as is required.
- Not all staff we spoke with who were working with people independently had received training in safeguarding. A staff member we spoke with did not demonstrate an understanding of this topic which increased the risk of them not recognising or reporting incidents of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2014 (Regulated Activity) Regulations 2014.

Assessing risk, safety monitoring and management

- Not all risks to people's safety had been assessed or managed effectively. We found items including denture cleaning tablets, cleaning products and scissors unsecure within the home which could have caused harm if ingested or used inappropriately. The registered manager told us these should have been kept secure.
- Risks relating to the premises had not considered the safety and security of the garden. A fence in the garden measured approximately 3.5ft. This was not adequate to reduce the risk of people leaving the home where the provider had assessed it would not be safe for them to do so on their own.
- There was an uncovered drain in the garden which posed a risk of injury to people if they accidentally stepped into it.

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

- Despite our findings, people and relatives told us they felt safe living in Brundall Care Home. On the second day of our inspection visit, the registered manager confirmed they had acted to reduce these risks to people's safety.
- Other risks to people's safety were managed well. For example, risks associated with fire, Legionella,

pressure care and choking. Lifting equipment had been serviced in line with relevant legislation to ensure it was safe to use.

Staffing and recruitment

- Not all the required checks had been made to ensure staff were of good character. Full employment histories and verification as to why the staff member had left previous employment in a health or social care role had not always been sought.
- People and relatives told us there were enough staff to meet their needs and that the use of agency staff had reduced. One relative said, "They used to have a lot of agency staff, but now there are more regular staff." We observed staff responding to people's requests for assistance in a timely manner when this was required.
- The staff we spoke with told us they felt there were usually enough of them to meet people's needs. The registered manager said they tried to cover any unplanned staff absence with either existing staff, agency staff or a member of the management team.

Using medicines safely

- Prescribed creams had not always been stored securely and we found some gaps in the records that indicated staff may not have applied them in line with the prescriber's instructions. Staff advised us they applied creams but did not always sign the record as was required.
- The information to guide staff on when to give someone a PRN 'as and when' medication required improvement. There was no guidance to prompt staff on what actions they could take before administering this type of medicine such as distracting the person. This would help reduce the risk of these types of medicines from being given to people inappropriately. The registered manager agreed to immediately implement this.
- People's oral medicines were managed safely. They were stored securely, and records showed people had received these when required. Staff had received training in medicines management and their competency to do this safely had been assessed in line with best practice guidance.

Preventing and controlling infection

- People and relatives told us the home was clean. One relative said, "One of the things we were impressed by when we first visited here was that it was clean and doesn't smell."
- People's rooms and communal areas of the home including bathrooms and toilets were clean. Equipment people used was also clean.
- Staff had received training in this area and demonstrated a good knowledge of this subject. They were observed taking precautions such as wearing gloves and aprons when necessary.

Learning lessons when things go wrong

- Staff demonstrated they understood the need to report any incidents or accidents that occurred within the service. The registered manager reviewed and investigated these incidents as they occurred, and we saw that some lessons have been learnt. For example, the provider had invested in an electronic system to improve the administration and monitoring of people's oral medicines.
- The registered manager conducted a monthly analysis of incidents and accidents to help them identify patterns and trends, but this did not include behavioural incidents. Therefore, there may have been missed opportunities to understand when people required additional support to keep themselves and others safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent had not always been sought in line with the relevant legislation. Where the registered manager had assessed people to have fluctuating capacity, they had not taken steps to gather people's wishes when they had capacity to discuss this. For example, regarding whether people wished to be in close friendships.
- Where the registered manager had assessed a person to lack capacity to make their own decisions, the assessment and best interest decision had not taken place in line with the MCA. For example, some people had sensor mats in their rooms or sensors on their doors to alert staff to their movements. This is restrictive practice unless this action is being taken in people's best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2014 (Regulated Activity) Regulations 2014.

- The registered manager had assessed whether they were depriving people of their liberty and where they were, had make applications to the local authority as required. Any conditions placed on the home by the local authority in respect of the DoLS had been met.

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

- People's needs and preferences had been assessed prior to them moving into the home so the registered manager could ensure these could be met. However, not all care provided was being delivered in line with relevant legislation.
- The registered manager demonstrated a good knowledge of best practice in certain areas. For example, the latest research regarding the adaption of the premises for people living with dementia. This was being

implemented within the home.

Staff support: induction, training, skills and experience

- Staff received regular supervision and their competency to perform various tasks safely had been assessed. However, we found several issues with staff competency during our inspection and therefore, staff's care practice requires improvement.
- Staff we spoke with told us they felt the training they had received was good. This was provided to them either face to face or by e-learning. New staff took part in induction training and all staff completed the Care Certificate which is a recognised qualification within health and social care.
- Records showed that some staff refresher training in various subjects was overdue. The registered manager was aware of this and told us this was booked to take place.

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

- The lunchtime experience for people required improvement. The process in place for serving people their meals meant they were not hot when some people received them. The registered manager told us staff had not followed the correct procedures when serving people their food and agreed to discuss this with staff.
- People told us they enjoyed the food. One person said, "The food is good." People who required assistance to eat and drink received this and where people did not like the main meal, alternatives were made for them.
- People's nutritional needs and preferences had been assessed. The registered manager monitored closely that people ate and drank enough to meet their individual needs.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. People and relatives had been involved in the design of the environment. People had access to communal gardens and private areas when required.
- The registered manager told us plans were in place to further enhance the environment. This included the addition of a fictitious 'bus stop' within the home that people could use and visit. Also a pub was to be built in the garden which people had named. Corridors were to be themed and memory boxes installed.

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

- People and relatives told us staff were vigilant to people's health needs and contacted the relevant health professionals when required. One person said, "They do look after us well and they send for a doctor if we have any problem." A relative told us, "They've been very good. Since coming here [Family member] has put on weight and is much better."
- A healthcare professional we spoke with told us staff reported any concerns to them about people's health in a timely manner. They said staff worked well with them to ensure people were supported with their health.

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. The service did not have a consistent caring approach.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although staff were observed to be kind and caring when they interacted with people, we found concerns at this inspection which did not support that the service was consistently caring. For example, as discussed within other areas of this report, some people's safety had been put at risk through poor staff practice and lack of monitoring. We were also concerned that one person had not been given enough privacy by staff when they had been conducting their own personal care.
- Despite our findings, people and relatives told us the staff were kind and caring and that they/their family member was treated with dignity and respect. One person said, "The staff are caring. They're very friendly. They never shout, and they always talk nicely to me." Another person told us, "The carers are very good really and most of them are my friends."
- Relatives told us they were always made to feel welcome and could visit the home at any time.
- Staff we spoke with demonstrated they knew the people they supported well. People's life histories had been gathered which staff said helped them strike up meaningful conversations with people. We observed that staff were patient and showed empathy and understanding to people where appropriate.
- People's independence was encouraged. Staff were observed to help people to walk and adapted cutlery was available to assist them to eat independently.

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

- People and relatives we spoke with told us they were able to freely express their views about how they or their family member wanted to be cared for. Their opinions were sought in a number of different ways. This included through the completion of an annual survey, regular reviews of their care which took place with staff, and meetings that were held in the home.
- Conversations with staff demonstrated they understood the importance of offering people choice and we observed this occurred throughout our inspection. For example, people were given a choice of what to eat, drink and where to reside within the home.
- Relatives told us they were kept informed of any incidents or changes to their family member's health which they said, was important to them. A relative said, "If there is any problem with [family member] they'll let us know. We have a newsletter every month and residents and relatives meetings. They're open to suggestions and look for ideas from us, like how to improve the garden."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us they felt the care provided met their/their family member's individual needs and said they had been involved in the planning of their care. One person said, "I've got everything I want here. The staff are very good. They let pets in the home which I like. They really try and make you feel at home."
- We observed staff being responsive to people's needs and preferences on the day of our inspection visit. For example, staff asked people if they wanted to get up in the morning and where people refused, this was respected.
- Care plans had been developed in relation to people's needs and preferences however, some contained inaccuracies which increased the risk of people receiving care not in line with their assessed needs. For example, some of the care records we looked at contained conflicting information in relation to people's ability to consent to their care. The registered manager agreed to immediately review and correct these.
- People's records contained some information to guide staff on how to support them with their oral health however, further detailed information is required. For example, how often staff needed to support people to clean their dentures and how these needed to be cleaned.

We recommend the service reviews relevant guidance regarding supporting people with their oral health.

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 carers.

- People's individual communication needs had been assessed. We observed people wearing glasses or hearing aids in line with their assessed needs. The registered manager told us information could be provided to people in various formats if required such as large print or Braille.

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 and relatives told us they/their family member had access to a variety of activities to provide them with stimulation and interest. One person said, "We have board games and singing with a keyboard. They have an Elvis impersonator who is fun."
- We observed people participating in activities such as drawing, having their nails painted and singing. Relatives told us their family members took part in other activities such as trips out, exercises, pet therapy

and movies. People were supported with their spiritual needs.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke with told us they knew how to complain and felt comfortable raising concerns if required. One relative said, "I've raised a number of small issues with [Provider] and she's always sorted them out."
- Records showed the registered manager had investigated any complaints made and involved people/relatives in the process as necessary.

End of life care and support

- The home had received several compliments from relatives regarding their approach to end of life care. Staff told us they worked with several health and social care professionals at this time to ensure people had a comfortable death.
- Where people had not been able to communicate their wishes at the end of their life, the registered manager said they spoke to family about this. One relative told us, "We've worked out an end of life care plan with the home and also a funeral plan, so everything is clear."

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant the service management and leadership was inconsistent.

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

- Governance processes had not always been effective at improving the quality of care provided to people or mitigating risks to their safety. For example, risk assessments regarding the buildings had not included the security of the garden and shortfalls in the required staff recruitment checks had not been identified in audits.
- Leadership on the floor was not always effective at ensuring staff followed safe or appropriate practice. For example, staff left substances unsecured in people's rooms that could have caused harm if ingested.
- Not all incidents that had occurred were subject to analysis so that patterns could be identified to drive learning.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC had not been notified of certain incidents that had occurred as is required by law. For example, several incidents of psychological or verbal abuse had not been submitted.

This was a breach regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- People and relatives told us they were happy with the quality of care they or their family member received. One relative said, "The management structure here is very good. The home is well run, and they try new things."
- People, staff and relatives told us there was an open culture and that the registered manager and provider were approachable and listened to them. All the staff we spoke with agreed with this and said they felt valued and enjoyed working at Brundall Care Home.
- The registered manager and provider were passionate about providing people with person-centred care. They were keen to continually improve this area.
- The registered manager and provider understood their responsibilities regarding the duty of candour and had involved people and relatives appropriately when required.

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

characteristics; Working in partnership with others

- People and relatives told us they felt involved in the running of the home. They along with staff were regularly asked for ideas regarding the development of the service. This occurred in resident, relative and staff meetings. Action had been taken based on requests made. For example, more activities had been made available.
- Good links with the community had been established for the benefit of people living in the home. For example, these had been made with the local church who visited the service to meet people's spiritual needs. The home was participating in a research project run by a University to measure how music impacted on people's wellbeing. This resulted in people being able to participate in regular music sessions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>CQC had not been advised of notifiable incidents in relation to actual or alleged abuse</p> <p>Regulation 18 (1) (2) (e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to care and treatment had not always been obtained in line with the relevant legislation.</p> <p>Regulation 11 (1) (2) and (3).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided safely. Risks to services user's health and safety had not always been assessed or actions taken to mitigate risks.</p> <p>Regulation 12 (1) (2) (a) and (b).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes had not operated</p>

effectively to prevent abuse to service users.

Regulation 13 (1) and (2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Governance systems and processes were not always effective at assessing, monitoring and improving the quality and safety of care provided to service users or mitigating risks. Contemporaneous records had not always been kept in relation to the care of service users.

Regulation 17 (1) (2) (a) (b) and (c).