

Mr. Liakatali Hasham

Brownscombe House Nursing and Residential Home

Inspection report

Hindhead Road
Haslemere
Surrey
GU27 3PL

Tel: 01428643528
Website: www.chdliving.co.uk

Date of inspection visit:
30 May 2019

Date of publication:
15 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Brownscombe House Nursing and Residential Home is a 35 bed residential home that was providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The home meets a range of needs such as dementia care and other complex needs.

People's experience of using this service:

People were positive about living at the service. Comments include, ""[The service is] very comfortable" and the staff are, Very kind." People had a variety of support needs and the staff team had provided person-centred care.

Risks to people's safety had been assessed and measures implemented to keep them safe. Staff were aware of their responsibilities to safeguard people and showed good knowledge in identifying different safeguarding concerns and how to manage concerns quickly.

Staff had received training and support with regards to people's individual health needs. Even when staff were busy they maintained a relaxed attitude and this meant there was a warm, comfortable atmosphere in the home, people always had the support they required and staff always made the time to speak to people living in the home.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.

Rating at last inspection: The rating at the last inspection was Good. The report of the last inspection was published on 22 December 2016.

Why we inspected: This was a planned comprehensive inspection to confirm the service remained Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brownscombe House on our 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Brownscombe House Nursing and Residential 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 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and a specialist nurse whose area of expertise was dementia care.

Service and service type:

Brownscombe House is a 'nursing and residential 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:

This inspection was unannounced.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about

safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We used the information the provider sent us in the provider information return (PIR). 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.

As part of our inspection we observed staff interactions with ten people who lived at the home and observed the care and support provided to people. We also spoke with the registered manager, three member of staff and two nursing staff. We reviewed a range of documents about people's care and how the home was managed. We looked at nine care plans, staff files and appraisals, medication administration records, risk assessments, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were happy and comfortable, one person said, "We are all so comfortable because we know the staff here will always keep us safe, no matter what happens."
- There were systems and processes in place to safeguard people from abuse. This included clear safeguarding reporting pathways and educational material in the office of the home. The provider's safeguarding and whistleblowing policies provided detailed information and guidance for staff.
- Staff had received training in safeguarding adults and showed good knowledge about identifying the different types of abuse and how to report it. One staff said to us, "Any kind of safeguarding concerns need to be dealt with as a complete priority. Training has helped me identify all the different types of abuse, such as emotional and financial abuse, that might not always be easy to identify."

Assessing risk, safety monitoring and management

- Thorough risk assessments were seen in each care plan that we reviewed. An example of this were detailed risk assessments around choking and the risk of falls.
- All people had personalised risk assessments, which identified their individual risks and advised staff on how to manage these risks. Staff showed knowledge of the risk assessments and how to follow them.
- Regular safety checks were completed to ensure the equipment and premises were safe.
- A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people living in the home in a case of an emergency. A risk assessment had taken place related to building work that was taking place on site.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. The process was thorough and kept in comprehensive individual staff files. Records included Disclosure and Barring (DBS) checks that were completed before staff started employment. These are checks that are completed to confirm if anybody has criminal convictions and whether it is safe for them to work with vulnerable people.
- People told us that there were enough staff. One person said, "I never have to wait for anything, someone is always there to help me when I need it, even when they are busy, they always have time to help."
- The registered manager had clear oversight of staffing levels to ensure people's needs were met safely and timely and that these were always maintained.
- We observed that people's needs were met in a timely way by staff. Staff said, "we really do have the time to listen to people's needs and make sure they are met, the main reason we are able to do this is the amount of staff on all shifts."

Using medicines safely

- People told us that they received their medicines when needed. One said, "Before I moved in here I was forever forgetting to take my medicine and kept getting sick or having to go to the hospital. The staff here are great at making sure I never forget taking any of my medicines."
- Medicines were managed consistently and safely in line with national guidance. People's records included how they like to take their medicine.
- Staff were trained in the safe management of medicines and had their competencies assessed.
- We reviewed people's medicine administration records (MAR) charts and saw that records were clearly documented and signed for appropriately.
- Detailed audits were regularly completed to check for mistake, and if mistakes were made, they were rectified as soon as possible.

Preventing and controlling infection

- People were protected against the risk of infections spreading. Staff were seen to wear personal protective equipment (PPE) including gloves and aprons when they were supporting with personal care or assisting with food preparation.
- There was clear guidance for staff and people living in the home to continue to ensure hands were washed whenever possible, this was joined by handwash and hand sanitiser regularly seen.
- There were infection control audits in place to ensure the standard was maintained and infection control measures were effective. The environment was clean and tidy.
- Staff underwent infection control training.

Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed to check for trends and patterns and identifying learning.
- Any lessons learned were shared with the staff team and actions set for improvements to be made and maintained in the future. An example of this was the positive lessons learned from the hydration stations and the increase in health of people living in the home.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- There were detailed person-centred assessments completed prior to people moving in to the home. These assessments were then regularly reviewed with evidence of people's input as well as relatives' comments and views. This ensured effective care could be delivered to each person living in the home.
- People's choices were always considered and examples of these were seen throughout the inspection.
- Staff had good knowledge of people and their individual preferences. An example of this were seen by staff's knowledge of how people liked to have their meals and drinks prepared and served.

Staff support: induction, training, skills and experience

- People told us that they were satisfied with how staff delivered care. One person said "I think the staff have been very well trained. They discuss things with me before they do something."
- All staff spoken with detailed how positive their experience was of induction at the home. They also confirmed that they had regular training and skills testing by the Manager, to ensure they were competent. One member of staff said, "I enjoy the level of training as it makes you feel more confident in your role and responsibilities."
- As well as regular mandatory training, role specific training was encouraged for all staff to ensure a range of care could be provided to the people living in the home. An example of this was dementia training.
- Supervisions were held with staff regularly. This helped identify any improvements that were required and these were then addressed with staff.

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

- Staff were aware when people had dietary concerns and monitored and supported people to have those needs met. For example, people who had lost weight had food and fluid charts that were reviewed by the registered manager.
- There was a varied menu that changed seasonally. On the day of the inspection there was a hot or cold lunch on offer. Meals were also available for people with softened diets and diabetes. People that needed their meals modified such as pureed were provided for. One person told us, "I've always had to stick to this diet my whole life, and it has always been boring. Here they have really made an effort to make it as varied as possible which has made me enjoy food."
- The home had introduced a "hydrate in care homes" scheme, which included people having red or amber cup stickers on their bedroom doors to make staff aware that they are at risk of dehydration. There were also hydration stations and the "champions" were an added encouragement for people living in the home to drink more water.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager had good relationships with other agencies including healthcare professionals. For example, the home had a visiting GP who was present on the day of the inspection. The GP was very positive about the care and it was explained that as well as regular visits they undertook as soon staff contacted them as advice is required, contact is made by the house and extra visits are arranged.
- Staff were committed to working with other agencies to deliver joined-up care and support to people. An example of this was individual SALT (Speech And Language Therapist) referrals and action plans implemented following appointments, an example of one of the plans was the kitchen staff had worked to SALT guidance to ensure correct guidelines were followed.
- People's referrals were made quickly and notes were made as to chasing appointments and appointments results.

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

- There were different areas within the home for people to use for their preferred activities, and private space to spend time alone or with their families and friends.
- The home was designed to assist people with dementia needs. There were bookshelves with lots of items to encourage people to interact with and during the winter, the home had created an indoor sensory garden.
- All bathrooms that were seen were adapted to people's needs with appropriate equipment such as hoists and shower and bespoke chairs.
- People's bedrooms were personalised and had memory prompts to enrich people's lives. For example there were wall posters and books about fishing in one person's room who used to enjoy fishing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity, decision specific mental capacity assessments had been completed, as well as best interest meetings and consent forms. These were in relation to care and treatment and had been completed in consultation with the people, key professionals and relatives taking in to consideration legislation and people's wishes. Some of the examples we looked at were people living in the home that had been diagnosed with the later stages of dementia.
- People were supported to have choice and control over their lives as much as possible.
- The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority and documented follow-up requests made.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Caring interactions between people and staff were observed and it was noticed that staff really knew how to make people comfortable, through stopping to talk to people and holding their hand when they were talking to them.
- People told us that staff were caring towards them. One person said, "The staff are kind. They come up and see me before I go to bed. They check to see if I am happy. They talk to me."
- All staff had completed and were up to date with all equality and diversity training and refresher training. This ensured that staff knew what was expected of them and how they should treat people properly.
- An LGBT session had been added to the activities sessions calendar to open up a conversation about people's views and ideas about different communities.

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

- People's care records contained a detailed "My life history" section, that had completed with people to identify important information to them, their likes and dislikes as well as relationships and hobbies past and present.
- Care plans had consent forms regarding who could view people's personal information and sharing information with other professionals.
- There were detailed feedback forms that had been completed, analysed and actions set to respond to people's ideas and opinions. These had addressed ideas raised about the menu.
- There were regular house meetings where people could have another place to voice their opinions or ideas. At these meetings menu choices were also discussed and actions set to be met by the next meeting to ensure people's choices and ideas were being implemented.

Respecting and promoting people's privacy, dignity and independence

- One person said, "If I want privacy they give it to me. When my husband passed away, they gave me space to grieve."
- People and relatives fed back that staff treated them in a respectful way. One relative said, "Staff always treat my Mum with dignity and compassion, Mum felt so uncomfortable having to move to a nursing home and have help to get washed and dressed but all the staff have completely put her at ease."
- All staff received "Dignity" training. All of this was up to date and refresher training available to ensure all staff knew the importance of treating people with dignity. Good examples were seen through exchanges throughout the day. People were constantly asked if they wanted to do things such as sit at the dining table for lunch or join in with activities. If people said they did not want to do something their choice was respected.

- People were seen to have lovely interactions with staff that showed that the person was comfortable and being encouraged to complete small tasks to maintain their independence. An example of this was many people were seen to be encouraged to help themselves to drinks at the hydration station.
- Family and friends were made welcome when they visited the home and were offered refreshments. They were also offered to join in with activities or to sit in a quiet space with their loved depending on what their wishes were.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said, "I love living here, I feel supported to do things I thought I would never be able to do again, like gardening, it's my passion and they made that possible, even in the winter with the inside garden."
- The care plans gave clear guidance as to how each person wanted to receive their care. There were regular reviews to ensure all changes to people's preferences would be documented in their individual plans.
- There were detailed personalised entries in all care plans to show that consideration had been taken to ensure people's needs, likes, dislikes, preferences and interests were met. An example of this was each care plan seen had daily routines that were personalised to the people, such as individual care required for a person who was diabetic.
- There was a variation of activities to ensure preferences, hobbies and interests were considered. An example of this was a trip a few days before inspection that had taken place where a group of people had been taken to the coast to enjoy the weather, historical landmarks and have an enjoyable day out. Also during inspection, flower arranging and musical activities were happening as on site activities.

Improving care quality in response to complaints or concerns

- When staff were spoken with they showed knowledge in how to deal with complaints and concerns in line with the provider's policy and procedure. People that were spoken with also confirmed they knew how to complain and were confident to do so.
- There was a detailed complaints procedure on how complaints and concerns were reported and responded to. There were actions next to each concern on how they were going to resolve the concern or complaint with a result that ensured people were satisfied with the response. An example was a complaint made about the menu and how they resolved it with a solution of increasing meals this person enjoyed.
- Concerns were also raised in the house meeting minutes and were addressed through this channel as well. Actions were set to resolve any issues and results were documented in the following meeting minutes, as well as being duplicated in to the complaints log so there was one place where all records were kept.

End of life care and support

- One person was seen receiving end of life care. There were thoughtful short, descriptive care files in their room, so all staff knew exactly how they wanted to be cared for. There was a brief history and all likes, dislikes and details of how they wanted to receive care at the end of their life.
- Staff stated that caring for people on end of life care was important. One staff said, "It is so important that people on end of life care have exactly what they want because some of them are unable to tell us so to have the plan in place is so helpful to make sure that they are getting the care that they want and need."
- One relative fed back, "I couldn't thank the staff enough, what they do for Dad makes him feel so comfortable, the most comfortable I have seen him since he got ill."

- The registered manager had a good understanding of end of life care and what was required to support someone during this stage in their life. Staff received appropriate training to their role in end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were aware of the duty of candour and explained that the registered manager always ensured that staff were aware of how important person-centred care is. One staff member said, "The manager has always made sure we are aware that we cannot treat people the same, they all have different likes and dislikes and it is important to make sure that all care is person-centred."
- Documents were locked away and computers password protected to ensure no unauthorised access to personal information occurred.
- People were at the centre of everything staff did and were involved in decisions relating to all aspects of their care.
- The management team had a visible presence. We observed kind and caring interactions between the management team and people and staff. One person said, "Everyone is so kind and nice and the staff all work like a well oiled machine as they obviously all get on really well."
- All of the staff spoke highly of the registered manager. One said, "The manager is lovely, she is the reason I work here." Another told us, "She is a very good leader and she is an excellent manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were robust quality audits to ensure a standard was maintained at the home. These were detailed and provided points of improvement to be worked on. An example was how the home was managing with the extensive building works on site to prevent any effect of the care they were providing.
- Staff were motivated and valued through regular supervisions and being nominated for "Staff member of the month" which was voted for by the people in the home and the staffing team.
- When discussing the registered manager staff said, "she has a really nice manner about her, she's always out on the floor so she knows everything that is going on in the home. She also has a really nice way of observing us and taking us aside if she feels we need to work on an area of our job. It never feels like she is overbearing or scrutinising us, she says it in such a nice way."
- Throughout the inspection there were lots of exchanges between staff seen that showed good communication and that every member of staff was clear about their roles and responsibilities.
- The registered manager understood their role and shared information with CQC including notifications and regulatory requirements, as well as quality performance and risks. The registered manager demonstrated knowledge of their legal obligations and role within the home. The registered manager also stated that she felt supported by the provider.

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

- There were regular house meetings and relative feedback forms that were analysed and changes made as a result.
- Effective systems were in place to ensure all staff were involved with developing the service. An example of this was the regular staff meetings where all staff stated they felt comfortable to put forward their ideas.
- People, relatives and staff all said that communication within the home was great. From regular email and text updates to both relatives and staff, to updates in home meetings and staff meetings, a member of staff confirmed they felt that they were "really listened to". One member of staff had said that the team were having difficulty communicating over all floors of the home and suggested a "walkie-talkie/radio". On inspection this had been introduced and all staff felt that the home was working even more efficiently with this introduction of extra technology.
- All people and staff spoken with stated that they would have no problem speaking to the management team. One person said, "They are so approachable, and you know as soon as you say something to them they will do something straight away to fix a problem or improve something."

Continuous learning and improving care; Working in partnership with others

- There were good examples of learning from accidents and incidents. Quality assurance audits also showed that there were action plans in place to constantly be learning from issues identified and as a result implementing new policies to improve care.
- On discussion of the new hydration initiative in the home we were informed that this had reduced the number of falls and urinary tract infections. Also, before the initiative, the home had eight people at high risk of dehydration, this had since reduced to four people at risk.
- The registered manager and staffing team worked well with partners and there was evidence of various referrals for individuals to ensure they were receiving their care in a timely and person-centred way.
- One member of staff said, "We work well with other professionals and organisations to ensure good wellbeing." Evidence of this seen in records, for example tissue viability, GP podiatry.
- There was evidence of the home working with other agencies for activities and this enriched the people who lived in the home's lives.