Brendoncare Foundation(The)

Brendoncare Froxfield

Inspection report

Littlecote Road
Froxfield
Marlborough
Wiltshire
SN8 3JY

Tel: 01488684916
Website: www.brendoncare.org.uk

Date of inspection visit:
15 November 2016
16 November 2016

Date of publication:
21 December 2016

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Brendoncare Froxfield provides accommodation which includes nursing and personal care for up to 44 older people some of whom are living with dementia. At the time of our visit 35 people were living at the home. The bedrooms are arranged over two floors and each corridor was colour coded.

The bedrooms for people who were living with dementia were situated on the white corridor and were separate from the main building. People living on this corridor had access to the main communal areas within the home. The registered manager explained they were currently looking to move away from having areas of the home named by colour as they felt it was impersonal. They were consulting with people using the service to gather their suggestions for naming the different areas of the home. There were communal lounges with dining areas on the ground floor with a central kitchen and laundry.

This inspection took place on 15 and 16 November 2016 and was unannounced. At a previous inspection which took place in November 2015 we found the provider was not meeting all of the requirements of regulations relating to the recording of people's care needs, the safe management of medicines and the recording of mental capacity assessments and best interest decisions. We made a recommendation in relation to the effectiveness of the systems in place to monitor and evaluate the quality of the service. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken all the steps to make the necessary improvements.

A registered manager was employed by the service and was present throughout our inspection. 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.

People and their relatives spoke positively about the care and support they received. People felt safe living at the home. People had the freedom to make daily choices regarding their day to day living. People spoke positively regarding the food choices and thought there was plenty to choose from.

We observed staff developed extremely positive caring and compassionate relationships with people. People were treated with dignity and respect and were encouraged to maintain their independence and make choices. Staff knew each person as an individual and were patient and caring in their approach when offering support. They were kind and made time for people, which included lots of laughter and where appropriate hugs.

People received personalised care and staff knew each person well, such as what made a good day for them. People were relaxed and comfortable with staff and did not hesitate to seek assistance or support when required. There was a relaxed, calm and happy atmosphere at the home with lots of smiles, fun and affectionate gestures. Care was focused on people's wishes and preferences and people were supported to

remain active.

Care plans confirmed people had access to health care professionals. Visits from health care professionals were recorded and any outcomes of these visits. Feedback from visiting healthcare professionals was extremely positive and complimentary regarding the care and support people received to meet their health needs.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner.

There was a strong emphasis on supporting people to eat and drink well. Staff encouraged those people who were reluctant to eat with their nutritional intake. People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored.

People were protected from the risk of harm and abuse. Staff had received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns. Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people. There were effective pre-employment checks for the safe recruitment of staff, including criminal records checks and obtaining character references.

There were sufficient staff on duty to ensure people's needs were met and they were supported to maintain hobbies and interests. We observed throughout the inspection that staff were unhurried and spent time engaging with people. People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff members received a comprehensive induction. Training records confirmed staff received training in a range of core subjects required by the provider.

People received a high standard of care because staff were guided by an experienced and committed management team. The staff team spoke positively about the support they received and were highly motivated and enthusiastic. They spoke about wanting to ensure people received a high standard of personalised care and spoke positively about the team work and support they got from each other to achieve this. The provider had a range of quality monitoring systems and made improvements in response to people's feedback, the audits and in response to accidents and incidents.

People were supported to express their views. Sharing their views was on-going within the service with the purpose of raising standards and involving people in the development of the service. There was a complaints procedure in place and people had confidence in the management team that they would deal with any complaints made effectively.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual care and support needs. Safeguarding training had been completed and staff were aware of how to raise any concerns about people's wellbeing to ensure people were safe.

Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people.

There were safe administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely.

Is the service effective?

Outstanding

The service was effective.

There was a strong emphasis on supporting people to eat and drink well. Positive staff relationships were used to encourage those people who were reluctant to eat with their nutritional intake.

Links with healthcare professionals was excellent. All healthcare professionals spoke extremely highly regarding the care and support people received to meet their health needs.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Outstanding

The service was caring.

People were cared for by staff who valued each person as an individual. Staff developed extremely positive, kind and compassionate relationships with the people they supported.

The service was committed to ensuring people received

compassionate end of life care. They were treated with dignity and were supported to remain pain-free. Staff supported families and those that mattered to the person to spend quality time with them.

People's dignity, privacy and independence were promoted and people were treated with respect. There were dignity champions in place who promoted dignity issues within the team.

Is the service responsive?

Good

The service was responsive.

People received person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which described how each person would like to receive their care and support.

People were occupied and encouraged to socialise through a programme of engagement and activities. People were supported to pursue their hobbies and interests and could try new things.

People's views were actively sought, listened to and acted on. People and their relatives felt comfortable with raising suggestions and concerns because the staff and management team were approachable. Complaints were dealt with in a timely manner.

Is the service well-led?

Good

The service was well-led.

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive.

Staff spoke positively about working as a team and felt valued for their contribution to the service. The registered manager was proactive in supporting staff with their personal development.

There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change.

Brendoncare Froxfield

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.

We carried out this inspection over two days on the 15 and 16 November 2016. The first day of the inspection was unannounced. Two inspectors and an expert by experience carried out this inspection on the first day. The lead inspector returned to finish the inspection on the second day. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with 12 people who use the service and one visiting relative about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included ten care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, the two assistant managers, two registered nurses, six care staff, the

activity co-coordinator and staff from the catering department. We received feedback from six healthcare and social care professionals who worked alongside the service to ensure people received the appropriate care and treatment.

Good

Is the service safe?

Our findings

At the last inspection in November 2015 we found the service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate the risks when giving medicines covertly. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the inspection and said they would take action to manage risks effectively by January 2016. At this inspection we found the provider had taken action to address this and risks people faced were identified and managed well, medicines were managed safely.

People felt safe living at the home. Their comments included "I have a call bell in my room. I sometimes press the emergency bell by accident and they (staff) all come running very fast", "I feel safe knowing that I only have to press a bell and someone appears at my door" and "If I was worried I would talk to the manager". One person told us "I like that there are always plenty of people to talk to. There are staff, volunteers and people who come in to help out and lots of visitors. I don't like being on my own because I get anxious".

We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager was able to tell us how they would report safeguarding concerns to the appropriate local authority and would work with them to ensure action was taken to keep people safe.

People were protected from the risk of potential harm and abuse. Staff we spoke with could explain about keeping people safe whilst maintaining their independence. For example, one member of staff told us how one person who was at risk of falling was supported to maintain their mobility. They said "We always make sure she has her zimmer frame close by so she can get up independently. When she is off walking we just check she is ok". Staff knew the different types of abuse and said they were confident the registered manager or someone else from the senior management team would act on their concerns. Comments included "I would address poor practice with staff myself if I saw it and then report it to the managers" and "I would tell staff if I saw they were doing something wrong and then report it on. I know they (managers) would take action". Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with.

There were a range of individual assessments which identified potential risks for people. Care plans contained risk assessments for areas such as falls, skin integrity, malnutrition and the safe moving and handling of people. Where risks had been identified, care plans contained guidance for staff on how to manage and minimise the risks. For example, moving and handling risk assessments were linked to plans on how to move the person safely; details of which hoist and sling to use were included.

Staff we spoke with told us there were sufficient numbers of staff to ensure people received good quality care. Call bells were answered promptly and people had access to these. We saw people received care when they needed it and routines were carried out in a timely manner. Staff we spoke with felt there was enough

staff on duty to meet people's needs and could seek additional support if required.

We saw safe recruitment and selection processes were in place. Staff personnel records showed appropriate checks were undertaken before they commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

New staff were subject to a formal interview prior to being employed by the service. People using the service were able to be involved in the interview process and selected their own questions to ask candidates.

People's medicines were administered safely. We observed part of a medicines round. The recording for administration of medicines was made using an Electronic Medicines Administration Record (EMAR). The nurse administering medicines checked to see people had taken their medicines before signing for these in the EMAR. People were supported to take their medicines and the nurse explained to them what medicines they were taking. Individual medicine profiles included a photograph of the person to aid identification, their date of birth, GP details and whether they had any known allergies.

Clear protocols were in place which provided guidance for the administration of 'as required' medicines prescribed (also known as PRN medicines). These protocols included information on what the medicine was for, how much could be given, any known side effects and guidance on when to contact their GP for review of this medicine; for example if there was a continuous need or frequent requests for it to be given. In addition, when PRN medicines had been given, the EMAR provided a prompt at the next medicines round to document the outcome of the person's symptoms following taking this medicine. This meant the benefits of taking PRN medicine were evaluated for its effectiveness following each dose and this assisted in monitoring and managing the person's health and wellbeing.

People were offered PRN medicines such as pain relief. We observed during a medicines round the nurse asking one person whether they had any pain in their shoulder and whether they required the PRN topical ointment as prescribed to help with this. The person told them they would like medicine for this and the nurse administered the prescribed topical ointment as required.

People's medicines were managed safely and systems were in place for the ordering and disposal of medicines. The storage temperature of medicines stored in clinic rooms and fridges were monitored and recorded daily. Staff knew what to do in the event that storage temperatures were not within the acceptable range and told us they would remove medicines to an area where the temperature was stable. The pharmacy would then be contacted if there was a concern as medicines may have been affected by an abnormal temperature.

We did not see people self-administer their medicines. Staff told us people were given the choice to self-administer their medicines and explained how they would support people to do this. There was a record in the medicines file for each person which detailed individual choices such as whether they would like to self-medicate and how they would like to take their medicines. Staff were aware of what to look out for when new medicines were given.

Although there were no people receiving medicines covertly at the time of our inspection, we asked two nurses about their knowledge regarding what they should consider before administering medicines in this way. Both were able to tell us that the person's GP should be consulted and a mental capacity assessment

made to determine their capacity to understand and the consequences of their decisions if they refused medicines. A best interest decision would be documented in line with this, in the event the person did not have the capacity to make this decision themselves. However, both were unable to tell us they would also contact a pharmacist for advice in the event medicines needed to be crushed, added to food or altered in any way in order to give them covertly. We spoke with the registered manager about this who explained giving covert medicines would always be assessed by the assistant managers who would be in contact with the pharmacy. They agreed that they would discuss this with nurses to raise their awareness.

People told us they were supported to take their medicines as prescribed. Their comments included "I have to take lots of different tablets these days. They're kept in a locked cupboard just inside my room. It's always the nurse who comes and gives them to me. When I've taken them she writes on one of those tablet things" and "If I'm not feeling very well, the nurse will come and see me and if she says that I can, she'll sort me some more pain relief".

Outstanding ☆

Is the service effective?

Our findings

At the last inspection in November 2015 we found the service was not meeting the requirements of the Mental Capacity Act 2005. Mental capacity assessments were not completed around a person's ability to make decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to manage risks effectively by March 2016. At this inspection we found the provider had taken action to address this and capacity assessments for people had been completed.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals, such as a chiropodist, physiotherapist or tissue viability nurse. Records in care plans confirmed people were supported with their on-going health. Visits from health care professionals were recorded and any outcomes of these visits.

Before this inspection we contacted a number of health professionals who dealt directly with the service. Comments we received were extremely positive and demonstrated the service valued working in partnership with other agencies for the benefit of people using the service. They spoke highly about the two nurse assistant managers. Comments included "I find all staff extremely competent and approachable. They are very good at following through any instructions I give. I have the most dealings with two nurses (the assistant managers) and would describe them as highly competent", "Their communication with us is good and they use both email and telephone to inform us about our patients depending on level of urgency. I would also like to mention Y, nurse manager who is a dedicated and very hard-working lady and a pleasure to work with" and "I visit Brendoncare regularly and I am always impressed by the high standard of care provided there. I visit many homes and wish they were all this good".

One healthcare professional gave an example of what they deemed to be exemplary care by the service. They told us "One resident arrived at the home with an unhealed leg ulcer of five years. The staff healed this within three months of the person being in the home". Another healthcare professional said "I am particularly impressed with how staff manage some of the most behaviourally challenging patients. Residents are always treated with a great deal of dignity and respect at all time. Also the care of dying patients and their families is exemplary".

Brendoncare Froxfield were part of an admission avoidance to hospital scheme (SHARP scheme). This meant local doctors can use one of their vacant beds for up to two weeks for a person who would otherwise be admitted to hospital. One healthcare professional they worked alongside told us "I have worked with staff at Brendoncare for 4 years. I have always found them to be very approachable, helpful and accommodating. In particular X, one of the nurse managers, is exceptional. Brendoncare is one of the local nursing homes who are part of the admission avoidance scheme (SHARP scheme) which is run whereby we can use one of their beds for up to two weeks for a patient who would otherwise end up in an acute hospital bed. A common example is a patient with a UTI who has become less mobile or confused and with some antibiotics, OT and Physio input can return home again. I have built up such a good relationship with X at Brendoncare that if she has a bed she will always accept my patient without any fuss and she has said many

times that she 'trusts me' and believes patients I send to her will be appropriate without her needing to assess them herself at their home. This makes my working life so much easier, less stressful and the patient care is excellent meaning that within an hour or few of my visit they can be in Brendoncare".

When asked if their health needs were met people told us "If I'm feeling a bit under the weather, there is usually, a member of staff who will sit and chat to me, or they will make me a hot drink and that will usually make me feel better." make me feel a bit better" and "When I first moved in I was given the choice of keeping my own GP but I would have to call her in every time I was ill. The other alternative was to have the GP that covers the home and they are here every week. I still go into Hungerford when a need a dental check-up and the optician comes and sees us here every two months".

People's individual nutritional needs were met and the service went out of their way to ensure people's food preferences were catered for. The catering staff had recently undertaken a survey of people's food preferences. They had incorporated this into a five weekly menu plan which contained each person's top three favourite meals.

There was a strong emphasis on supporting people to ensure they received sufficient food and fluids. People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored. Nurses totalled the amount of food and fluids at the end of each day to ensure people had enough to drink and sought advice from healthcare professionals when there were concerns; for example if people had consumed below their daily target fluid intake. In one person's care plan, it stated their appetite had recently reduced. The care plan detailed the types of food this person enjoyed with clear details of how they liked this for example, thin cut bread with butter and no crusts and scrambled eggs with salt and pepper. There was also a daily fluid intake target with instructions to report to the nurse if this hadn't been met. We saw from daily records this had been done. During lunch, people were asked whether they would like second portions and drinks were regularly topped up. People who required assistance were supported at a pace appropriate to them. There was a sociable atmosphere in the dining rooms with people and staff chatting together.

People had been assessed in terms of their risk of malnutrition, with their weight being monitored regularly each month. For those people who were at high risk of malnutrition they would be weighed more frequently to ensure any weight loss was monitored closely, ensuring appropriate action was taken. For example, some people had fortified foods such as additional cream to assist their weight gain.

Positive staff relationships were used to encourage those people who were reluctant to eat and drink. We observed staff offering snacks throughout the day and encouraging people to eat. This was done in a respectful manner and if people refused the offer of food this was respected. Staff shared jokes with people and talked about things of interest to make sure they did not feel pressured in to eating. For example, we saw staff supporting one person who had not eaten any lunch. When asked if they would like to try it the person said "No" which the staff member respected. They offered the person an alternative and when this was declined they put some snacks in front of the person so they could eat them when they wanted. They offered the person a dessert and when this was refused staff offered another alternative. One person told us "I never have time to get hungry, because between meals there are always biscuits with our hot drink and lovely homemade cake in the afternoon".

People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering staff; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes which staff would let them know each day. Catering staff explained that people had a choice of meals and if people did not like what was on the menu or had changed their mind about

their choices then they were able to request alternatives.

People spoke positively about the food choices on offer. Their comments included "The food is lovely, it's all home cooked. The Cook makes lovely apple pies, just like I used to make them", "I do look forward to my Sunday roast, and it's my favourite. There are usually different meats every week and all the trimmings. It is always really well cooked and nice and hot" and "There is always plenty to choose from and everything is home cooked. It's mainly proper English food, but we also have special menus for things like Bonfire Night and every day there's a lovely homemade soup". One person told us "We asked for jugs on the table when we have custard or cream so we can decide how much we fancy. It's nice that we can now help ourselves".

The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food safety guidance. The kitchen had been awarded a five star Food and Hygiene rating by the food standards agency. The food standards agency is responsible for protecting public health in relation to food in England, Wales and Northern Ireland.

Staff were supported by a registered manager and two assistant managers. The assistant managers worked alongside staff to provide support and to ensure they followed best practice. All staff received regular supervisions and annual appraisals. These meetings were used to discuss progress in the roles and responsibility of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. All staff said they felt supported by the management team and could seek guidance and support at any time.

People received effective care and support from staff who had the skills and training needed to meet their needs. New staff received a comprehensive induction at the start of their employment to ensure they had the basic knowledge and skills necessary. This included a period of shadowing more experienced members of staff before working independently with people. The assistant managers told us new staff completed a qualification known as the Care Certificate at the start of their employment. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to.

People were supported by staff who received sufficient training that gave them the necessary confidence to provide care in line with their needs. One staff member told us they had been supported to take additional training in tissue viability and managing people's wounds. They said when they completed the course they would take the lead role in this area and be available to support staff and share best practice in wound care.

Nursing staff told us they had support to maintain their professional registration and received regular supervisions which included assessments on their competency to manage and administer medicines. They said they were supported to take refresher training including catheterisation, venepuncture (taking blood samples) and also received training from the local hospice in end of life care, including syringe driver training. One nurse who was new to the role and had limited experience of working with people diagnosed with dementia said they had taken further training in this area and read many articles to keep up to date with the most recent practice and care.

One staff member told us they regularly attended best practice groups; joining nurses from other services within the Brendon care homes group. They told us at a recent meeting they had discussed how to deal with behaviours that may challenge; physical aggression and defence techniques.

Training records showed staff received a wide range of training and qualifications on core topics required by the provider, and also topics relevant to the needs of the people using the service. For example staff had

received training on topics such as dementia awareness, equality and diversity, safeguarding, safe moving and handling and infection control. A training matrix had been completed by the training officer to help them check the training each staff member had received and to assist them to plan future training requirements. The matrix also helped them monitor when training in the required topics was due to be refreshed.

Staff we spoke with said they felt they had received sufficient training to provide people with effective care. They said they were able to access training that supported them with their career development and was additional to the core training required of their role. Comments included "They are really supportive in helping you progress. They are supporting me to complete my NVQ level five" and "My induction was really good. I've learnt so much. The staff are all so helpful and will answer all my questions".

Through comprehensive training, which included dementia awareness and equality and diversity and regular supervision from the line manager staff were aware of the importance of creating an natural living environment which enabled people living with dementia to have fulfilling lives. For example, we observed people living with dementia moving confidently around the home, choosing where they spent their time and with whom. One person's records stated they liked to sit in the reception area or in the nurse's station. On both days of our inspection we observed this person independently choosing where they wanted to spend their time. They sought assistance from staff when required, with staff checking on them from time to time. As this person was visible to staff at all times they were able to maintain their independence with minimal staff support.

When asked if people felt staff knew how to provide the care they needed comments included "The staff are all very good, I've never felt unsure about any of them" and "They sometimes chat to me about what they are learning on their course. It all sounds fascinating. If I were younger, I'd have loved to have learned all this".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place.

Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed choices about their daily lives. Staff told us they supported people to be independent and have choices by always asking them what they would like. One staff member gave us an example of this where they told us when they supported a person with advanced dementia, even though they were unable to always choose the most appropriate item of clothing to wear, they would give them a choice of what colour they would like to wear. We saw an example of this at a mealtime when people were offered the choice of wearing a clothes protector. If a person asked for a clothes protector, or said yes to the

offer of one, staff would then give them the choice of what colour they would prefer.

Outstanding ☆

Is the service caring?

Our findings

On entering the home there was a welcoming and friendly atmosphere. People using the service and relatives spoke positively about the care and support they received. They told us "All the staff are lovely. The activities lady has been out looking for the brand of sherry that I like to have at lunchtime. She's tried three different supermarkets already, but she's determined to track it down", "I'm a bit deaf these days, but if I'm sitting down, anyone of them coming to speak to me will bend down so that they are level with me and I can hear them better" and "The staff are like my extended family, they like to chat about what they are doing and they make me feel young again"

Healthcare professionals we contacted prior to our inspection and all told us they had only ever witnessed staff providing people with caring, respectful, responsive and personalised care.
A health professional told us "I personally think the care provided by X and Y (assistant managers) is the best I have ever seen in a nursing home. They are very competent in their knowledge, pleasant in their manner, realistic about what can be achieved and fantastic communicators. They are organised when I arrive and have all the information ready for when I go to visit. This is rarely the case in other nursing homes I have been to". Another health care professional said "The staff are highly committed and caring. They individualise the care making sure they tailor it to the resident's likes and needs. For example, what music they like and distraction techniques include their preferred activities".

We observed staff having a genuine interest in the wellbeing of residents, engaging them in conversation to check how they were feeling and if there was anything they needed. For example, one person who was sat for lunch in the dining area looked upset as a member of staff walked by. The staff member approached them and gently asked whether they were ok. The person shook their head and said "No". The staff member put her arm around them as they started to cry. After consoling them further and when seeing they had settled, the staff member left saying "If you need to talk again I'm here". The person smiled and proceeded to eat their lunch.

Staff were polite and spoke and behaved kindly towards people. We saw a lady being supported to walk into the garden by a staff member. The person was a little unsteady on their feet. The staff member reassured and encouraged them saying "Its ok, I'm still here. You're doing really well". During a medicines round, a nurse reassured a person who was concerned they were taking a long time taking their medicines. The nurse told them there was plenty of time and there was no hurry, spoke to them softly and advised them to take their tablets in their own time.

We observed people were comfortable in the staff's presence. Conversations were friendly with jokes being shared and lots of laughter. We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. Care workers took their time with people and did not rush or hurry them. Staff were aware of the importance in respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. Staff told us when supporting people with any personal care they would always ensure this was done with the person's door closed and

the curtains drawn. Comments from people included "They would never dream of helping me undress unless the door and curtains are shut" and "They always make sure the shower room door is locked before I start having my shower".

People living with dementia were situated on the white corridor which had a separate lounge and dining area. They were able to access the main communal areas if they wished. We observed people being supported during lunchtime in a kind and caring manner. Those people who required assistance with eating their meal were supported at a pace appropriate to them. Staff chatted with people, shared jokes and sang along with people. Staff were attentive and encouraging of those people who were reluctant to eat. Staff checked to see how the person was feeling and offered alternative meals or snacks. Staff asked if people needed support and sought permission before offering assistance.

Care plans described people's likes and dislikes and their preferences. For example, the care plan of one person detailed their personal preferences such as when they liked to get up in the morning, what they liked for breakfast and that they liked lunch in their room. It went on to detail what sort of cup they liked to have hot drinks from and what sort of snacks they enjoyed. Their care plan also detailed what their hobbies and interests were; that they enjoyed poetry and reading, crosswords and puzzles. A form called a daily activities log had been completed which detailed which of these activities they had done each day. In the daily records of another person it described how staff had sat to talk and the person had told them they were feeling unhappy because they were not able to do as much as they used to as they were now being nursed in bed. The staff member had written that they had sat and read an excerpt from this person's favourite book then watched the TV together and talked about the news. Because the staff member knew what this person liked, they were able to help them to continue what they liked to do by supporting them to adapt according to their current circumstances.

People were supported with spiritual beliefs. Care plans detailed whether they wished to continue religion activities. For example, in one person's care plan it stated it was important to them to attend holy communion which they were supported to do. In another person's care plan, it stated they were not actively practicing their religion and therefore chose not to participate in religious activities.

Staff took care to promote people's well-being, independence and happiness. Comments from staff included "The dementia unit is getting better. We have brought in new things to support people with maintaining their skills. We noticed one lady liked to fold laundry so we have an ironing board and iron set up with some laundry on a clothes horse so they can independently go and do some ironing if they want. Another person likes doing the washing up. These are the sorts of things they would have done at home" and "We have made a book about the 1930s which is brilliant. We can sit with people and show them the pictures and have a conversation about things like what they did at school and what was their favourite lesson. It helps us get to know people and their likes and dislikes so we can support them if needed with making choices".

People using the service told us they were supported to play an active part in their daily living and choices. Their comments included "I can get up and go to bed whenever I like. I'm usually the last one to bed at night and in the morning I get up whenever I wake up" And "No one has ever told me that I can't. I just usually ring my bell when I've woken up and I'm ready to be given a hand out of bed. I usually go to bed about 8 o'clock, but if the weather is nice or there is something on in the lounge, I will stay up a bit later". One person told us "The staff tell me that they're here to help me, not tell me what to do. I like that. I may be well over 80, but my brain still works".

The service was committed to providing end of life care that met people's needs. The assistant managers told us the service was passionate about ensuring residents had a dignified, comfortable and pain-free end of life pathway. A health professional who worked alongside the home to support people with their end of life care spoke very positively about the end of life care people had received whilst at Brendoncare Froxfield. They stated it was a pleasure to be able to give some feedback on the home. They said "They are very welcoming and a pleasure to work with. They readily refer people as required. We will go and visit and plan care with service and person. They follow the plan and review accordingly. They work well together and are very much part of the process. They attend training and are willing to seek advice and support as necessary. They are a very caring home and the nurses are extremely dedicated, leading by example. They listen and team work is good. They engage with other health professionals as required". An example they gave was when the service were very concerned when a person who was dying took some time and they wanted to ensure the person received appropriate care. They sought support from other healthcare professionals. Another example of end of life care was when they supported someone with getting the right medicines, consulting with the person and ensuring their preferences and wishes were respected. They kept checking the person was still happy with their choice. Finally they commented saying "They are very caring and treat people as individuals. Very good at knowing the residents so care is individual. They involve people in the planning of their care. Very open about seeking support. Attend training as necessary. Staff are very compassionate and caring. Nurses lead by example". Several relatives whose loved ones have passed away still continue to visit the home frequently saying "It is their home too".

Another healthcare professional gave an example of how they felt staff went out of their way to fulfil a person's end of life wishes. This particular person had some specific request about what they wanted to happen after they died. This required discussion with the person's next of kin and co-ordinating with other professionals to ensure this happened. They said "Everything was prepared and planned when they went into terminal decline so that when they died their last wishes could be fulfilled. Everything went smoothly as planned".

Good

Is the service responsive?

Our findings

At the last inspection in November 2015 we found care plans did not always contain guidance that identified how care and support should be provided. Mental capacity assessments were not completed around a person's ability to make decisions. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to manage risks effectively by April 2016. At this inspection we found the provider had taken action to address this. Care plans had been reviewed and updated to contain detailed guidance on the care and support people wished to receive.

People received personalised care that was responsive to their individual needs. Staff received training which included person centred care and equality and diversity. New staff undertook the care certificate which included training and understanding all aspects of delivering person centred care and support. People's care plans were individual, detailed and provided guidance and information in line with risk assessments and people's healthcare needs. For example, one person had been assessed as being at high risk of pressure sores and had developed a wound. This was assessed and monitored on a regular basis and advice from the tissue viability nurse had been sought for guidance on the best methods to treat the wound. Care records showed clear guidance on what dressing to apply, how often it should be dressed, whether any pain relief was required and progress on healing. Photos were also taken of wounds and body maps completed indicating the size, area and type of wound. These documents were regularly reviewed and updated which meant the healing process was closely monitored and any changes to the care required promptly identified. In response to this person having a pressure ulcer, measures were put in place to help prevent further deterioration to the wound or new wounds occurring. This included the person being nursed in bed on a pressure relieving mattress as well as being regularly repositioned, with this also being documented on a repositioning chart.

People who were at risk of experiencing pain, had pain assessments in place. These assessments enabled people to express their level of pain by saying how severe it was on a scale from one to ten, indicating from pictorial images what level of pain they had, a body chart which showed the area and description of the pain and guidance on what action to take in response to this. For example, we saw a pain assessment for a person who experienced regular pain in their shoulder. A body map had been completed to indicate where this pain occurred and what to do depending on the severity, for example, if on the scale of one to ten this was two, paracetamol should be given. There was also guidance available on what non-verbal signs to look for such as facial expression, body language, restlessness or agitation that may indicate a person was in pain.

There was a varied activities programme and we saw a number of activities during the inspection. There was beauty therapy, dancing and Christmas card making. We saw one person painting a picture of the garden. Visitors and staff chatted and paid compliments to their art as they passed by. In the unit which supported people living with dementia, a homely area had been created, with a clothes airer, replica iron and ironing board. This created a natural living area for people where they had familiar objects that they were able to use but in an unrestricted way that also kept them stimulated and safe from harm.

The service had been involved in a project to support people with accessing opportunities to promote their independence and keep them active. The project had involved people using the service making a video. The activity co-ordinator explained that this project had been a positive experience for people. They gave an example of one person who was at risk of social isolation due to not wanting to leave their room and how they had become involved in the shooting of the film taking on the role of 'director'. After the filming session the person had then been receptive to being supported with personal care as prior to the filming session they had declined this. This had been seen as a positive in supporting the person with 'boosting their self-esteem'. The project had supported one person with building their trust and confidence. The activities coordinator had recorded 'A key step to Z gaining in confidence was when they decided to sit with others in the lounge and watch a film'.

To reduce the risk of social isolation staff told us they regularly involved people in activities they enjoyed, encouraging them to join in. For those people who wished to remain in their rooms staff were aware of the risk of social isolation and told us they were able to spend time with them in their room chatting or doing an activity such as reading to them. One staff member told us about a person who liked to read a daily newspaper but had since become too unwell to do this. They told us instead, they would read the newspaper to them so they could still enjoy and keep up to date with current affairs.

The home also had a league of friends. This is a group of volunteers who support the home with fundraising and organising trips out. They worked with the activity co-ordinator to support people to be able to go on outings each month. They would also do fundraising on behalf of the service to support them being able to access opportunities outside of the services budget.

When asked if they felt there was enough opportunities to help them be occupied comments from people included. "We have lots of opportunities to go out here and if there is something you want to do on your own, you only have to ask. In the summer we have trips on a canal boat and there is usually a visit out to a local garden centre at least once a week for us to go and have tea and cake and do a bit of shopping. One of the volunteers will usually drive the minibus when we go out" and "We have so much choice, even at weekends. We have pamper sessions when you can have your nails polished, we've done activities around what would be our perfect day. We have singers come in, balance & falls classes, a film morning, a lady comes in to teach us pottery. We made clay poppies last week for Remembrance Sunday and I love the craft group. I'm never bored."

One person told us "I enjoy all the activities, but I also like going out. We visit local garden centres for the after-noon and do canal trips in the summer. I like going to church, but the service is very early so the Priest brings communion to the home here and a volunteer will sometimes take me to a later service if I'd like. We also have the Methodist Fellowship come once a month." Another person said "I do miss my garden from home, and I love helping with the gardening that is being done so if the weather is nice I spend a lot of time out in the garden here, doing some pruning and weeding or helping one of the people who come in to keep the garden looking tidy. It makes me feel useful to be able to help a little bit".

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. Newsletter were sent out throughout the year to keep family members up to date with what was happening within the service and any forthcoming events such as fetes or open days. There was a complaints policy in place which outlined how the service would handle complaints. There had not been any complaints received since our last inspection. People told us "Not so much a complaint, but we asked for custard, cream and gravy to come to the table so we could help ourselves, which they do now" and "I attend the Resident's Forum which was set up at the start of the year. We help arrange all the activities that

are coming up and we can talk about any concerns we have".

Good

Is the service well-led?

Our findings

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. There was a registered manager in post who was supported with the day to day running of the service by two assistant managers. The registered manager and assistant managers were qualified, competent and very experienced to manage the service effectively. They worked in partnership with other professionals to ensure people received a high standard of care and support. We saw good evidence of working in partnership with other services such as physiotherapy, community nurses, speech and language therapists and GPs to support people and improve their quality of life.

The registered manager used a variety of methods to learn about good practice and new ideas. They were part of a wider management team within the Brendoncare organisation and met regularly with other managers to discuss best practice and specific areas of work. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included "The nurse managers are exceptional. Their communication is good and they use both the email and telephone to inform us about patients depending on the level of urgency", "Concerns raised have always been addressed and followed through by senior management. Poor performance has been managed effectively" and "The managers and staff at the home are approachable and efficient. I have a very good working relationship with them.

The registered manager and assistant managers and staff spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. We spoke with six staff members. They told us they all worked together well as a team and supported each other. They spoke highly of the support they received from the management team and said they were always approachable. They said they enjoyed working at the service as they said it was a very warm, friendly and supportive environment. Comments from staff included "I really enjoy working here. I get to learn new things and staff are willing to answer my questions", "I love working here. I've learnt so much since I started. There is lots of good staff" and "If I need help, I will get help. They (the registered manager) are very supportive".

People and their relatives were invited to share their views of the service. 'Relatives and residents' meetings were held regularly where topics such as activities, menu planning and the décor were discussed. The service had recently set up a resident's forum and the registered manager explained how they were hoping to develop this by holding regular meetings and agreeing objects and the purpose of the forum. One person using the service told us "I got involved in the 'Resident's Forum' because soon after I first arrived, one of the staff came up to me and lifted the seat on my wheeled walker and asked me what I'd got in it. I was really cross and told her that it was my property and if she wanted to look, she should ask. She hasn't tried it again. So I now help them when new staff arrive and I tell them about my experience of living here". They explained this help new staff members understand what is was like to be someone using the service.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager, assistant managers and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed monthly by one of the assistant managers to identify if there were any trends or patterns. They recorded what was in place currently to minimise the risk and also learned from mistakes by ensuring robust procedures were put in place to prevent re-occurrence. For example, one staff member told us there had recently been a medicines error where a person had received the wrong dose of their tablets. The dose to be administered depended on the latest blood test which had been recorded but the staff had failed to check records before administering the medicine. Since then as well as the immediate action taken which had included contact with this person's GP, the protocol was updated for two members of staff to check the blood test results sheet and corresponding documentation detailing the correct dose to be given.

Staff members' training was monitored by the training coordinator to ensure their knowledge and skills were kept up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

In the provider information return (PIR) submitted in September 2016 the registered manager had detailed a number of improvements they had identified to improve the service. For example, the registered manager had recorded they were going to introduce a senior carer role into the service. They stated 'this would add a level of senior practice enabling more hands on induction, monitoring, supervision and coaching of new carers'. We saw at this inspection this role had been implemented. Senior carers we spoke with were clear on their role and felt it was working well. They had also recorded that they had recently introduced 'A perfect day' for people using the service. This was being coordinated by the activities coordinator who was meeting each person and/or their relatives to try and find out what their perfect day would be and how the service could support this to happen. For one person their perfect day had taken place and had included a Punch and Judy show. The service's aim was to provide everyone with their perfect day.

The registered managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.