HC-One Limited

Brandon House Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 12 November 2014 and was unannounced.

Brandon House Nursing Home provides dementia nursing care for a maximum of 35 people. The home is divided into two units, one on the ground floor and one on the second floor. Each unit has their own communal areas.

We last inspected the home in February 2014. After that inspection we asked the provider to take action to make improvements in how records were maintained in the home. The provider sent us an action plan to tell us the improvements they were going to make, which they would complete by March 2014. At this inspection we found improvements had been made in record keeping within the home. This meant the provider met their legal requirements.

Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated a sound knowledge of what could potentially constitute abuse and the actions they needed to take to keep people living at Brandon House Nursing Home safe. Staff knew how to diffuse situations that could cause agitation resulting in an escalation of people's behaviours.

There was detailed information to support staff in managing identified risks and appropriate equipment to reduce risk and promote independence.

The manager had recently reviewed and adjusted the staffing levels within the home. As a result there was an extra member of care staff on the first floor unit. Staff spoke positively of this change saying that it enabled them to spend more time with people when not responding to their care needs.

Medication was managed appropriately and records demonstrated people received their medication as prescribed.

Staff received support from the manager to undertake further qualifications in health and social care. Staff had access to a variety of training that supported them in meeting the needs of people living in the home effectively. Staff received regular supervision and appraisals to support their personal development.

The manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards. Some mental capacity assessments were not consistently completed so it was not always clear exactly whether capacity fluctuated or remained constant.

People were offered appropriate support to maintain their nutrition and hydration. Where people had lost weight they were referred to the dietician for advice and support.

Staff were caring and spoke reassuringly to people who showed signs of distress. They enabled people to make decisions about their everyday routines and relatives confirmed they were involved in making decisions about their family member's care and support.

Care plans were detailed and provided staff with information about people's preferences and likes and dislikes. This enabled staff to deliver care in a way people preferred. Care plans were reviewed regularly so changes in need could be identified and met.

Staff spoke positively about the changes in the home since the manager had taken up their post 12 months previously. The manager had introduced systems that ensured staff could raise issues and gave assurance that any issues would be dealt be. Staff told us the manager was approachable and carried out regular checks through the home.

The manager felt supported by a good management team and by the provider. They were aware of the challenges the service faced and had acted to respond to those challenges.

Summary of findings

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.

Staff were knowledgeable about behaviours that may indicate a person was being abused and understood their role in keeping people safe. Staff knew about risks to people's health and how to manage identified risks. Medicines were managed safely in the home.

Good

Is the service effective?
The service was mostly effective.

Staff received training that supported them in effectively meeting the needs of people living in the home. The manager was aware of their responsibilities under the Deprivation of Liberty Safeguards. The completion of mental capacity assessments in the home was not always consistent.

People received care and treatment from a range of external healthcare professionals.

Requires Improvement

Is the service caring?
The service was caring.

Staff spent time with people and offered calm reassurance when people became distressed. People were supported to make decisions and choices about their daily routines. Staff demonstrated good practice in privacy and dignity and spoke respectfully to people.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and provided staff with information about how to meet people's needs in a way they preferred. Records were regularly reviewed in response to changes in people's needs.

Complaints were responded to in line with the complaints policy and procedure.

Good

Is the service well-led?
The service was well-led.

The manager was proactive and there were systems and a process in place to monitor the quality of the service and to ensure issues raised were addressed. There was a culture in the home to encourage the continuous improvement in the quality of care provided.

Good

Brandon House Nursing Home

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 was 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.

The inspection took place on 12 November 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a nurse. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the form as requested.

We also looked at the notifications sent to us by the provider. These are notifications the provider must send to us which inform of deaths in the home and incidents that affect the health, safety and welfare of people who live at Brandon House Nursing Home. We also contacted the local authority contract monitoring officer.

During our inspection we spent time observing how staff interacted with people who lived in the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We spoke with three people who lived at the home and three relatives. We spoke with nine members of staff, the deputy manager and the manager.

We looked at seven people's care records, records to demonstrate the registered provider monitored the quality of service provided, records relating to staff and complaints, incident and accident records.

Good

Is the service safe?

Our findings

Those people who were able to speak with us told us they felt safe. One relative told us, "She is very safe here, I never have to worry when I leave. I know she is well looked after." Another relative told us they had no concerns about the care and support their relation received. During our visit we observed staff moving people safely and using appropriate equipment such as aprons and gloves to keep people safe from potential spread of infection.

All the staff we spoke with had completed training in safeguarding. Staff knew how to keep people safe and had a good understanding of what constitutes abuse. Staff gave good examples of what would concern them. For example, changes in behaviour, poor moving and handling practices and lack of personal care for people. One staff member told us, "A change in their everyday behaviours, their body language or even if somebody became more challenging, it may be a sign of something going on." Another member of staff told us, "If I saw a member of staff attempting to move a person unsafely, I would intervene. I would stop them, discuss how it should be done, refer them to the internal moving and handling assessor for a refresher course and report this to the manager."

Staff also told us they would have concerns if they saw any unexplained bruising on people. A staff member told us, "I would speak to the person and try and find out what had caused this. I would complete a body map, record what I had found, report this to the nurse or managers and complete an incident form."

Staff understood their responsibilities for reporting any observed or suspected abuse. The manager had appropriately referred any safeguarding concerns to the CQC and the local safeguarding authority.

People who had behaviours that challenged, had care plans in place that included an ABC chart to monitor their behaviour and identify any triggers. Staff knew how to diffuse situations that could escalate people's behaviours. For example, by making sure they spoke to people quietly and calmly, by listening to what people said and by sitting with people until they were calmer.

We looked at seven care files. We saw there were risk assessments in place to identify where people were at risk of falls, malnutrition, pressure areas or transferring, such as from bed to chairs. Staff we spoke with knew about risks associated with people's care such as moving and handling procedures, pressure area management and people's nutritional needs. Staff confirmed they were updated about any risks or new concerns during handovers at the start of each shift. Staff also told us the nurses would update them during a shift if any new risks emerged.

Where potential risks had been identified with people's care, we saw appropriate equipment was in place to reduce the risks and promote independence. Care plans provided staff with information about the correct use of individual pieces of equipment. There was a system in place to check and maintain equipment to ensure it was safe to use.

Detailed records were maintained of any incidents and accidents that had occurred in the home. This included a record of any documents such as care plans, body maps or risk assessments that had been updated as a result of the incident/accident. Falls were analysed by the area manager to identify any trends so action could be taken to reduce the risk of potential injury.

The manager told us they had recently reviewed staffing levels within the home and increased the number of care staff on the first floor from three to four. All the staff we spoke with told us the increase in staffing meant there were now enough staff to meet people's needs. Staff told us it had made a significant difference to both staff and the people who lived in the home as they now had time to sit and talk with people. One staff member said, "It's so much better than it was, you have time for people. I now have time to sit and read the newspaper to people. I couldn't do this before, there wasn't time." Another said, "It has got a lot better. Upstairs can be mentally challenging, but they have now put on an extra staff upstairs and that helps. It works well."

During our visit there were sufficient numbers of staff on duty to meet people's needs in a timely way. Staff responded to call bells promptly, did not appear rushed and responded to people in a relaxed manner.

We looked at how medicines were managed within the home. We found medicines were stored safely and in line with manufacturer's guidance. Each person had their own section in a medication folder with their photograph to

Good

Is the service safe?

reduce the risk of medicines being given to the wrong person. There was also information about how people preferred or chose to take their medication. Any allergies to medication were identified.

We looked at the Medicine Administration Records (MAR). All drugs were signed following administration, there were no gaps in the records, and drugs not administered were correctly coded to evidence why they had not been administered.

One relative told us their relation received their medications as prescribed. They said, “He sometimes refuses to have his medication, staff usually leave him for a while and then ask him again and encourage him to take it. That usually works.”

Requires Improvement

Is the service effective?

Our findings

A relative told us, "Staff are competent and understand their responsibilities." Staff we spoke with confirmed they received training that provided them with the skills to meet the needs of the people who lived at Brandon House Nursing Home. One staff member told us, "The manager is brilliant, you only have to mention something and it's sorted." Another said, "They are always sending you on training courses." One member of staff said, "Training is brilliant, mine is all up to date. I mentioned the 'red skin' training and it was arranged."

We found there was a strong emphasis on staff obtaining qualifications in health and social care and the promotion of training within the home. Most training was e-learning, at the end of which staff completed a competency test which was signed off by the manager. Staff were given support to complete training and where they had fallen behind, they were taken off the rota until any required training had been completed.

As well as basic areas of training such as safeguarding, fire drills, health and safety and infection control, staff were provided with a variety of other training courses appropriate to the needs of people living in the home. These included falls awareness, promoting healthy skin, end of life care and Parkinson's training. All staff had completed a comprehensive training course around dementia. We observed staff put this training into practice to deliver effective support. For example, at lunch time there were no menus, but staff explained to each person what was on their plate. This had a positive impact on people who had difficulties remembering their food choices or identifying food items.

Staff received formal supervision from senior staff. One staff member told us, "Before [the manager] came we didn't have them, but they are happening now." Staff also received annual appraisals which promoted their professional development so they could provide effective care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. The majority of staff had received training in the MCA and understood capacity and how this can fluctuate depending on people's dementia. However, we found inconsistency in care records around mental capacity assessments. In some records there were detailed assessments whilst in others there were either no assessments or assessments were incomplete. It was not always clear exactly what decisions the person could make for themselves or whether capacity fluctuated or remained constant.

We looked at one person's decision about emergency medical intervention that had come with them when they were discharged from hospital. This had not had a review meeting to ensure the views of those closest to the person had been taken into account in decision making.

DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager understood this legislation and was aware of a recent court ruling which had impacted on the criteria for a DoLS. They were contacting the local authority to discuss people's needs to ensure people's freedoms were effectively supported and protected.

During our visit we observed lunch time on both floors. Where assistance to eat was required, staff sat with the person and offered food in amounts and at a pace that appeared acceptable to the person. Staff interacted with people during their meal and encouraged those people who were reluctant to eat or drink. People were provided with a range of aids to support them in eating independently such as plate guards. Cold and hot drinks were offered throughout the meal. The atmosphere in the dining room was pleasant and staff were observant of what each person ate. Staff were aware of people's specific needs and likes and dislikes. When someone did not want the meal provided, an alternative was offered.

During the day people were regularly offered a variety of drinks including milky drinks, biscuits, small cakes, yoghurts and bite size pieces of fruit.

People's weight was monitored regularly and where any issues of weight loss were identified, people were promptly referred for dietician support. People with difficulties swallowing had been seen by the speech and language

Requires Improvement

Is the service effective?

therapy team. We saw their advice had been incorporated into people's care plans and appropriate diets such as fork mashable or pureed foods were offered and thickener added to fluids.

Where there were changes in people's mental or physical health, they were referred to external healthcare professionals. Records showed people received care and treatment from healthcare professionals such as GP, tissue viability nurses, district nurses, dieticians, speech and language therapists and psychiatrists.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us staff were caring and kind. Comments included: “Staff are very caring.” “Staff are all very nice, this one’s marvellous.”

Staff told us how important it was for people to feel listened to. A typical comment was, “It’s important that people feel listened to, you need to give people time to answer you and to say what they want.”

During the morning of our visit, we observed one person became very distressed. Staff spoke reassuringly to the person and sat with them, talking quietly until they had calmed down. The person’s mood changed completely and they began laughing and joking with staff. Another person became concerned at the noise the maintenance person was making when repairing a window in one of the lounges. A member of staff explained what the noise was but as this did not reassure the person, the staff member asked if they would like to go to their room. When the person responded that they would, the member of staff accompanied the person to their room offering reassurance. Staff spent time with people who were anxious or distressed.

During the day we observed a number of moving and handling transfers using a variety of aids. Staff interacted with people throughout the transfers and explained what they were doing.

People were supported to make choices and decisions about their everyday routines. We saw a person was wearing their nightdress while sitting in the lounge. We were told they had refused to put their dressing gown and slippers on. A member of staff told us this was the person’s normal routine and they would accept their slippers once they had been in the lounge for a while and would agree to get dressed before lunch as their relative visited after lunch. We saw the person wearing their slippers during the late morning and they were dressed when they had lunch.

The relatives we spoke with confirmed they were involved in making decisions about their family member’s care and support and were kept informed about their care. Comments included: “They always tell me how she is and what’s happened since I last visited.” “I’m kept up to date with everything; the care is first class.” Care plans we looked at demonstrated that family were involved in care plan and risk assessment reviews.

Staff understood their roles in promoting people’s dignity when providing care and support. Comments included: “Speak respectfully to people, tell people what you want them to do and ask for their agreement before you do this if possible.” “Asking them, telling them what you want to do, drawing the curtains, just communicating with them throughout.” During our visit we observed good practice in maintaining people’s privacy and dignity. Staff knocked on doors before entering rooms and closed curtains prior to supporting people to transfer with a hoist. Staff spoke respectfully to people and were discreet when asking people about personal care assistance.

Relatives told us they were able to visit the home whenever they wished. One relative told us they visited their relation every day. Another told us, “It’s always very nice. I visit four to five times a week.”

Good

Is the service responsive?

Our findings

When we last inspected the service in February 2014, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations because records were not always accurately maintained. At this visit, improvements had been made in record keeping within the home.

We looked at seven people's care records. People's needs had been assessed before they moved to the home to ensure the service could meet them. Care plans were detailed and provided staff with the information they needed to meet people's assessed needs safely and consistently. There were care plans for eating and drinking, continence care, nutrition and mobility. There were care plans which informed staff about how people preferred to go about their daily routines such as getting up in the morning and going to bed at night. There was also information about personal likes and dislikes. Staff told us they had time to get to know people and understand how they preferred their care to be delivered.

There was information in people's care plans about how people may communicate if they were unable to do so verbally. Staff understood and were able to respond to people's different communication methods such as facial expressions and body language. Staff told us people had 'life history books' so they knew about people's earlier lives and could talk to people about this.

Care plans and risk assessments were reviewed regularly to ensure staff had up to date information so they could respond to changes in people's needs.

Staff told us they had time to complete care plans and daily records. We saw daily records such as food and fluid charts and elimination records were appropriately completed. One staff member said, "We have time to read changes in care plans. I read the care plans in my break so I can read them thoroughly." Another said, "Probably on a normal shift, you can in the quieter times."

During our visit we spoke with the activities organiser. They explained they mainly did individual activities with people as some people became distressed in groups. They told us, "Everyone is different and enjoys different things. I try to do things with each person on an individual level. I find it works much better." We saw the activity organiser knew people's interests and hobbies and offered people things to do. One person chose to hold a soft doll and another chose to colour a picture. We observed one person being supported to use a whisk to make a pudding which they clearly enjoyed. One relative told us, "Staff know about his hobbies and interests but he is unable to participate with these due to his dementia. There is an activity organiser who is very good, she does try to get him involved." A list of upcoming events was available in the monthly newsletter. Relatives and friends were invited to attend the events.

Staff told us they had time to take people out to the shops or out for a breath of fresh air. One person told us they were going shopping with a member of staff the following day. They said, "We are going to [shop] tomorrow to buy a shirt, cake and a bottle of red wine."

We saw information about how people could make complaints about the service was displayed in the entrance hall and also contained in the service user guide given to people when they moved to the home. Relatives we spoke with told us they would raise any complaints or concerns with the manager or deputy manager.

There had been one formal complaint in the last six months. The complaint had been thoroughly investigated with statements taken from staff on duty at the time of the concern. A full and detailed response had been sent to the complainant with an action plan to address the issues identified. The provider had responded to the complaint in line with the complaints policy and procedure and the resulting actions shared with staff.

People and their relatives were also encouraged to provide feedback about the service through questionnaires and regular meetings. Questionnaires were available in the entrance hall to the home. One relative told us, "I come to reviews and I sometimes get a questionnaire to complete. I don't go to relatives meetings but they do send the minutes."

Good

Is the service well-led?

Our findings

The registered manager of Brandon House Nursing Home had been in post since September 2013. At the time of taking up their position, the home had been through a difficult period and staff retention and morale was very poor. At this visit we spoke with nursing, care and support staff in the home. They all told us the home had improved in the last twelve months. They felt there was a more open and transparent atmosphere in the home, management support had improved and staff morale was positive. Comments included: "It is a different world. More staff. More training. The place has improved dramatically." "She [the manager] is approachable, fair but firm. She is by far the best. She is definitely a good one." "It's brilliant now. The manager is absolutely great. I have had three managers in three years so I hope this one stays." "Best manager we have ever had." "The manager now is really good, we feel valued." "Staff morale is so much better – I enjoy coming to work. It's such a good place to be. We all have a laugh and joke during the day. It's lovely to see people happy and smiling." One member of staff told us they would be happy for their parents to be cared for in the home.

All staff told us the manager was approachable and conducted a 'walk around' the home every morning and every evening. The manager explained they used the 'walk around' as an audit to check the environment and to identify any issues that needed to be addressed. One staff member told us, "The manager watches what's going on and will speak to you if she sees anything that is not up to scratch."

The manager had introduced 'flash meetings' in the home which took place each day. The manager explained the purpose of the meetings. "It is an easy way for the issues to come to us. They [staff] like to have a two way conversation." Staff told us they found the meetings useful. One staff member told us, "We have flash meetings nearly every day and [the manager] will go through each department and ask if there are any concerns she should be aware of. We are all communicating with each other. It is much better having a meeting on a daily basis." The meeting on the day of our visit was attended by staff from all areas of the home, including care, nursing, domestic and maintenance staff. It was a positive meeting for communication and gave assurance that issues were being raised and addressed. The culture of the home supported staff in raising issues to continually improve the quality of service provided.

Relatives told us the manager was available if they needed to speak with her. One relative told us, "You do see her around the home every day." The manager explained, "A lot of relatives come and see me so they can discuss any issues they have. I am quite prominent on the floor."

The manager spoke positively of the management support they received within the home. A new deputy manager had been in post for five months. The manager told us, "My other support here is [the deputy manager]. She is very much out on the floor. The eyes and ears out on the floor. The staff really respect [the deputy manager] and she just wants to learn." The manager also told us they received good support from the provider. The manager was directly responsible to the area manager who provided them with regular supervision and an annual appraisal. The manager felt this supported personal development in their managerial role.

The manager told us that over the past twelve months, the biggest challenge had been staffing the home, but recruitment and retention of staff had now improved. They told us, "They [staff] have been through so much in the past so there is a continual need to support them. As our reputation within the community has increased, we haven't had a problem recruiting." The manager also spoke of the challenges of the building and the lack of communal space on the first floor. We saw this had been addressed and a surveyor had visited the premises to consider where improvements to the layout could be made.

The manager was aware of their responsibility for submitting notifications to the CQC. They had also submitted a Provider Information Return as requested prior to our visit. The information in the return had provided us with information about how the service operated and how they met the required standards of care. The information was supported by what we found on the visit.

There was a system in place to monitor the quality of service. This included monthly audits carried out by the manager or deputy manager in areas such as infection

Good

Is the service well-led?

control, medication and care and support plans. The area manager also completed regular quality assurance audits to ensure the home was meeting required standards and people who used the service were well cared for.