

Brendoncare Foundation(The) Brendoncare Woodhayes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Brendoncare Woodhayes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Brendoncare Woodhayes provides nursing care and accommodation for up to 25 older people who may also be living with dementia. At the time of this inspection, 18 people were living at the home, mostly over the age of 90. The Brendoncare Foundation provides support from their head office to ten homes nationally.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had recently been on long term sick leave so an acting manager was in place and the provider had kept us up to date with management arrangements. The registered manager was due to return the next day and had kept in touch with staff and people living at Brendoncare Woodhayes.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required.

People had access to a wide range of group and individual activities and events they could choose to participate in, which were tailored to meet their specific social needs and interests. This enabled people to live an active and fulfilling life.

People who preferred or needed to stay in their bedroom were protected from social isolation. People regularly participated in outings and activities in the local community. The service also had strong links with local community groups and institutions.

When people were nearing the end of their life, they received compassionate and supportive care. People's end of life wishes were sensitively discussed and recorded.

Staff were aware of people's communication methods and provided them with any support they required to communicate in order to ensure their wishes were identified and they were enabled to make informed

decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the managers.

People were kept safe at the home, cared for by staff that were appropriately recruited and knew how to highlight any potential safeguarding concerns. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well.

People's medicines were managed safely and the provider ensured that incidents and accidents were fully investigated. The home was well kept and hygienic. There was ongoing investment in the older style building.

Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them.

People enjoyed the meals available to them and were appropriately supported with eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was dementia friendly and met the needs of the people living there. Staff demonstrated they knew people well and people and their relatives were positive about the care provided.

People were treated with privacy and dignity and supported to be as independent as possible whilst any differences or cultural needs were respected.

The service had a robust management structure in place, and quality assurance systems were effective in driving improvements across the home. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brendoncare Woodhayes

Detailed findings

Background to this inspection

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

This inspection took place on 14 January 2018 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case experience of caring for older people.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The acting manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with twelve people who lived at the care home and six visiting relatives. We also talked with various people who worked at the care home including the acting manager, activity co-ordinator, two registered nurses, six care workers, the administrator and the Chief Operating Officer who came to support the acting manager.

As some people were living with dementia, we also observed the way staff interacted with people living in the home and performed their duties. We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included training records, quality assurance audits, medicine administration sheets, complaints records, and accident and incident reports.

Is the service safe?

Our findings

People felt safe and relatives felt that their family members were kept safe at the home. Comments included, "My dad has a potential choking risk, but the staff are very aware of this. Mum can become anxious at times because dad can become confused and a little vocal. The registered manager said staff are aware of this and will intervene when needed. I have no concerns, Dad fell last week end and staff rang me, they always ring us if he's fallen, he didn't hurt himself, he's much safer here now." Relatives also said, "Mum is well looked after and kept safe." People said, "We are safer here".

Staff were clear on how to manage any potential safeguarding concerns about abuse and how to report them. We checked the provider's safeguarding records and found that any alleged incidents had been appropriately investigated and alerted to the safeguarding team in a prompt manner.

Risk assessments were comprehensive, and fully detailed the potential risk to people and others; as well as the appropriate action to take in order to mitigate these risks. The provider information return stated, "Our electronic system 'datix' allows us to analyse and establish any trends or themes and take appropriate action to prevent reoccurrence. Incidents are discussed across the homes with staff to support learning." People were supported to take positive risks and make choices about how they lived their lives. For example, people were encouraged to be as independent as possible. Individual risk assessments were reviewed monthly and sent to head office. Risk assessments covered areas such as bedrails, falls and eating and drinking. People's re-positioning charts, and food/fluid charts were also completed and up-to-date.

Regular checks were undertaken to ensure that the premises were maintained and well-kept. It was an older style building so there was constant investment and updating. Water temperatures were checked to ensure they were within safe ranges, people's rooms and equipment were checked for maintenance issues and fire safety checks were conducted. The premises were clean and hygienic throughout which was confirmed by people and relatives. The kitchen had been awarded a top level 5 rating by the Food Standards Agency. Appropriate equipment was utilised to help control infection. Staff wore personal protective equipment (PPE) appropriately.

Staffing levels were sufficient to meet the needs of people living at the home. Staff worked across the home on a rota basis so there was consistency and familiarity with people's needs. Staffing rotas were based on occupancy and people's level of need. Rotas were kept under constant review and amended as necessary. Staff skill mix was considered when planning the rotas to ensure a suitable mix of more experienced and newer staff on each shift. This also took into account people's differences and preferences, for example if people preferred a female care worker for personal care support. Agency staff were rarely used, and these were regular staff who knew people well.

Appropriate recruitment checks took place prior to staff commencing employment which ensured potential staff were suitable to work with vulnerable people. Records showed that staff had been subject to Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check employers undertake to make safe recruitment decisions. The registration of nurses was regularly checked to ensure that these were up to date.

Two references were kept on people's files along with their employment history and photographic identification. The home was planning to implement a new judgement index in the interview process. This was a values based assessment tool to further help identify suitable candidates with the best possible characteristics to support people at Brendoncare Woodhayes.

The administration of people's medicines was managed safely to ensure that people received their medicines at the right time. Medicines were safely and securely stored. People's medicines administration records (MAR) included a front sheet with a recent photograph of the person, any allergies and detailed whether people required support to make decisions in relation to medicines. Records showed that appropriate 'as required' protocols were in place where people needed them, and it was clear what conditions the medicine could be administered for. We looked at the MAR for three people and saw that there were no gaps or omissions and that stock balance checks were up to date. The home used a new electronic medicine administration system which alerted staff when medicines were due.

Is the service effective?

Our findings

The service remained effective. People and relatives said they found the care and support to be effective in enabling them to achieve a good quality of life. The PIR stated, "We include the consideration of equipment to ensure people are as independent as possible. We liaise with hospital teams to ensure the right equipment is in place before people come or promptly when the need is identified." One person told us how well the staff cared for them saying, "I have a slightly sore bottom but it's ok, I have a new mattress coming." Staff said, "We always like to be prepared. We keep an air mattress ready just in case and talk about people's needs all the time so we all are up to date."

We saw pro-active care and support where staff knew people well and so were able to recognise any changes when people were not feeling themselves, referring promptly to external health professionals. One relative said, "The speech and language team (SALT) produced a communication book for my mum to help with communication between her and the staff. The staff really know her well now, and have an amazing relationship with her. Mum is always smiling, especially for particular staff." They added, "[Care worker name] is really on the ball and makes sure mum has good contact with the GP. She has settled in really well here."

People's needs were assessed in line with evidence based guidance. People's skin integrity was assessed against their Waterlow score which monitored any changes such as the risk of skin pressure damage. Staff ensured they supported and monitored people to ensure they were not experiencing pain. Behaviour charts were in place to support people that could exhibit behaviours that were considered challenging.

Staff were fully trained to carry out their roles and received sufficient support to evaluate their practice. Staff were positive about the training and induction they received, and told us that they received regular updates to ensure their practice was current. The home celebrated staff success through an award scheme called 'extra mile' and annually celebrated staff achievements with provider 'aiming high' awards show casing exceptional practice, role modelling behaviour and innovations in practice. Staff said, "It's just lovely to work here. I've been here 20 years!" and "We are all well looked after". The PIR stated, "We have introduced online training as well as face to face to offer a more blended training approach for staff with flexibility to ask for additional topics or to meet a person's need. We have senior carer training and they attend our central office."

We reviewed training records and saw that staff were up to date in topics such as food safety, customer service, dementia awareness, equality and diversity, falls, moving and handling, person-centred care and safeguarding. Training was monitored and supported by a provider level learning and development manager and each staff member had a clear training plan. Some staff had qualified as 'train the trainer' in various topics to enable in-house practical training such as moving and handling. Clinical competence was regularly monitored.

Staff received regular supervision where their competency was assessed and they were supported to set achievable goals in developing within their roles. Staff were supported by the management team and once a

month policies and procedures were chosen to highlight and refresh staff knowledge. The PIR stated, "We will be strengthening our champions roles and developing more senior care staff to enhance care delivery. An annual staff survey is planned and to include more in-depth discussions about people living at the home during the induction for new staff to ensure they understand people's needs from the beginning." This all showed training and competency focussed on ensuring people's needs were met by staff who understood them.

We took lunch with ten people having lunch in the dining room. Staff who provided support for people to eat, did so with dignity in mind. Staff sat at the person's level, gave people options of what food they ate and what was being offered, and waited for people to finish a mouthful before starting another one. People and relatives were happy with the food on offer saying, "I've brought a packed lunch to eat with mum but I could always have lunch too" and "On the whole the food is excellent, there are no quibbles if you want to leave something or ask for something else and yes lunch was very tasty". One relative said, "Yes, the food is really nutritious, I have peace of mind and I don't worry, this is her home."

The atmosphere in the dining areas was very lively, with laughter and chatting and plenty of staff visible and attentive, handing out individualised plates from a hot trolley in the dining room. The cook and staff all knew the specific dietary needs of people at the home, as well as having reference to accessible instructions as to how people's food needed to be prepared and served. Food that had been pureed was presented in an appealing way. The communal area had a drinks station to enable people and their relatives to help themselves to drinks throughout the day.

People were supported to access a range of healthcare professionals and staff maintained professional working relationships. The care plans contained very detailed information and it was easy to follow a health concern through to completion showing who was involved, what actions had been taken and how the person was feeling. The PIR stated, "Any aspects of resident's care and welfare are reviewed and shared with the provider, collated by the operations team and summarised to the care and clinical governance committee so there is organisational oversight of the effectiveness of care."

People's care plans were regularly reviewed and shared with people and their families and professionals were able to receive up to date and clear information. The home worked closely with other organisations to ensure they were following best practice and take training opportunities that are offered, for example the local hospice. The home had been part of a local NHS hydration project, for example which resulted in the home introducing the hydration champion role to ensure people were adequately hydrated. People's records included full details of their involvement with other healthcare professionals such as GP, podiatry, independent mental capacity advocates and physiotherapists so staff could continue following any advice.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The acting manager was very knowledgeable about people's needs and gave examples of how they had supported people with communication, which was assessed on admission and reviewed. For example, one person had a large print note on their chair to remind them to call for support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider's records and saw that where people were subject to DoLS, applications had been made in a timely manner and any conditions set were followed. People had appropriate capacity assessments and best interests records in place to support them to make decisions in areas such as covert

medicines or use of bedrails.

Is the service caring?

Our findings

The service remained caring. The PIR stated, "All staff are encouraged to be dignity champions at Woodhayes and we display the criteria staff sign up to deliver. We treat all our residents with respect and compassion and ensure their voice is heard." We saw this was the case throughout our inspection and was confirmed by people and relatives. They said, "Dad has some days where he is more lucid than other days and that worries mum (who also lived at the home), but Woodhayes are wonderful", "It's not just about the physical care, it's about all the little touches, like poppies on Remembrance Day and the Christmas gift bag and the New years Eve party," and "We are big family and are often popping in to visit. Staff make life similar to the life they used to have. My parents are private people and this is respected by staff."

The acting manager and all staff were very knowledgeable, not only about people's needs but their backgrounds and families and personalities and they clearly all enjoyed being together. The acting manager told us, "I know everyone inside and out". There was a kind and compassionate approach. People said, "I have a bath two mornings a week and it's nice to be in the warm water, I am very well looked after that way", "I haven't come across anyone who isn't polite. I have some lovely carers and they seem to want to come to me" and "Staff are all very friendly and helpful, in fact I would say they're friends not just employees".

Kindness was one of Brendoncare values. The provider had 90+ friendship and wellbeing clubs nationally to combat social isolation. The website said, "At the heart of all we do is kindness. We pride ourselves on valuing each individual with an understanding of what makes each person unique." Care plans used respectful language and detailed information about people. Where people did not want to share, this was also respected. The home had a caring, inclusive culture.. For example, the registered manager had written newsletters for people during their absence saying, "I wanted to say you are all very much in my thoughts. I miss you all and I hope you are all well and happy", then sharing their news with people living at the home.

People and their relatives felt well cared for by the staff and management. Staff noticed and anticipated people's needs, providing blankets, sitting with people to explain a game or chatting and catching up with visiting relatives who enjoyed open visiting. Relatives were encouraged to join in with activities and visit regularly. People and their relatives were fully encouraged to be involved in the planning and review of their care and how it was delivered. Records of people's care plans showed that they and their relatives were invited to be involved in the review of people's care needs. Relatives were being supported to complete 'This is Me' stories, so that staff were aware of people's backgrounds.

The recent relatives' survey included positive comments and any concerns had been actioned and shared on the notice board with, "You said, we did". One person requested an extra heater and this was quickly sorted. We saw a lovely, gentle rapport with staff and one person using a hoist. Staff ensured the person's anxiety was reduced by explaining and chatting about things the person liked. Care plans also recorded how people may be feeling each day and staff all wanted people to have a good day at Woodhayes.

There were regular resident's meetings which discussed topics such as activities, home management, keyworkers and residents requests. One person had asked for a visit to the theatre which was arranged and

another person had met with the cook to talk about having more salads. Another person liked classical music but not too many radio adverts so staff were trying out different classical stations. Care workers also prioritised people's post delivery to ensure they got their post as early as possible.

Woodhayes was awarded a Brendoncare Aiming High Award for Team of the Year through nominations. This was in recognition of the way the staff team contributed to holistic, heart felt care that makes people feel part of a family and community. They had also received numerous letters of support detailing how they went above and beyond to care for people. Comments on the national care homes review website stated, "This smaller nursing home stood out from others. The care is personal and individual. The staff get to know the residents closely. There is flexibility so that residents can be cared for as they would wish, without being regimented. Both parents received excellent care and us, the relatives, have found the staff attentive and always ready to review a situation. Residents are encouraged to furnish their rooms with personal items that make them feel at home. The building has a lot of character. The home is well managed and run. Highly recommended" and "Woodhayes was far and away the best home we saw. We were made welcome by all the staff and were really impressed by the manager. When it was my father's 98th birthday, Woodhayes put on a most wonderful tea for my parents and my husband and me, including a birthday cake for us, and all the residents to share."

The registered manager had responded to each comment saying for example, "It was a real privilege to be able to look after both of your parents within the home and I am delighted that you are happy with the care which our team provides. We wish you and the family all the best. Thank you." Staff loved working at Brendoncare Woodhayes and most had worked there for many years. They knew how to support people with any religious or cultural needs that they presented with. Holy Communion was available to people at the home regularly.

People were treated with dignity and their privacy maintained. The staff team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

People and relatives felt that staff had good understanding of how to respond to their social and leisure needs and deliver personalised care to maintain people's wellbeing. Comments from people and relatives included, "They do what I want. I don't like to ring the bell but they always come and help me" and "I'm 90 odd you know so I don't always want to do much but they know that."

Staff were proactive in ensuring that they were able to respond to people's changing needs in a timely manner. The management and clinical staff undertook regular clinical review meetings where they discussed people's individual care in relation to nutrition or swallowing, weight loss, tissue viability, falls, diabetic support and any other areas of concern. New or re-admissions were discussed to ensure that the care provided was up to date and met their needs. This resulted in responsive, personalised care that was in place and ready for the person when they moved in, or returned to the home after a period in hospital. For example, people had appropriate equipment such as hospital beds if required. Another person was being supported with aiming to go home after a respite period. Their care plan was up to date, thorough and detailed care to ensure that staff at the home could respond to the person's individual, complex needs. Currently staff used paper records but there were plans to implement an electronic care planning system which would enable them to access information at all times and update care plans as they worked. People's care plans included personal care, mobility and risk of falls, end of life care, wound care, eating and drinking, sleeping and night care, communication, continence and catheter care, cognition and mental capacity, behaviour, and psychological and social well-being. All areas were reviewed monthly. Staff were clear about what was required to meet people's changing needs. For example, they recognised when people were not 'feeling themselves' and sought specialist advice in a timely way. People's skin conditions were being monitored and there were appropriate referrals to a specialist health care professionals. There were few pressure sores at the home and staff recorded people's skin conditions in their care plans such as skin blanching or red areas.

People were supported to live an active and fulfilling life at the home and in the wider community. The home offered an extensive programme of flexible, person-centred activities. The activities coordinator had regular meetings with people to see what they would like to do in an individualised way. During the inspection some people had been out for coffee or to the local shops. Staff tailored activities to what people felt like doing as well as working from an activity programme. For example activities included, armchair yoga, quizzes and games, music therapy and topical celebrations such as the Royal Wedding and people and staff birthdays. The PIR stated, "Birthdays are so special so a cake is made and we all celebrate, also staff birthdays are a cause for celebration." There was good wifi so people could be supported to use the internet and stay in touch with who was important to them. Some people had bus passes and lunch was put back for those who had gone out.

Where people were in receipt of end of life care, staff ensured that people were still enabled to live their lives in line with their preferences. People were well supported to express their end of life care wishes and we saw that these were comprehensively completed within people's care plans. Where appropriate, people had end-of-life anticipatory medicines in place, in case they needed them and these were also clearly reflected within people's medicines records. People had 'do not attempt cardio pulmonary resuscitation' (DNAR) orders on file as well as Advance Care Plans; these had all been completed with the involvement of

appropriate healthcare professionals and relatives, and were regularly reviewed. People's records also included details of palliative care nurses and hospice care for when the need should arise. The home was proactive in ensuring that they could respond promptly should someone require support with end of life care. The manager said they really valued support from the local hospice. Written feedback from a relative stated, "My parents spent six months together and then my father died. The nurse who phoned me in the night to tell me this sad news found just the right words conveying sympathy and fact." Another relative said they had greatly appreciated the letter of condolence from the registered manager.

People and their relatives were clear on how to complain should they need to. We reviewed the provider's complaints records. A complaints log was kept which clearly recorded the source and nature of each complaint as well as the action taken. All complaints had been responded to promptly and suggested resolutions were appropriate. People and relatives we spoke to had no complaints at all.

Is the service well-led?

Our findings

People, their relatives and staff felt that the home was well-led and managed to a good standard. People, staff and relatives all felt they could talk to management at any time. People and relatives said, "Woodhayes is under good leadership. Yes it's excellent, we get regular news letters, and news about all the activities that are coming and going, and if we need to ring, they're always available and very kind" and "Yes, it's well organised, I certainly think so. The assistant manager is very approachable, if I had any concerns I would go to her" and "I would recommend the home to anyone, I was impressed with the registered manager and felt this was the right place for mum."

People and staff were welcomed in the office with an open door policy. Some staff had worked at the home for many years, including the managers. Equality and inclusion was well promoted amongst the workforce to ensure that staff were involved in developments across the home. We saw this was happening and staff differences were supported. Regular meetings ensured good communication between staff as well as detailed handover systems. Staff loved working at the home and felt very supported and valued. Care Award nominations were celebrated in the newsletter.

Quality monitoring systems were effective in identifying and driving areas for improvement across the home. There were regular audits of patterns and trends across incidents, accidents and complaints to ensure that any learning points were promptly identified. The provider completed regular comprehensive audits, visiting regularly. Audits included, care plans, medication, falls, records and wound management; including any current treatment from other professionals and equipment required to support people, such as pressure relieving mattresses to ensure these were appropriate and well maintained. Other audit topics covered a wide scope including infection control, equipment, activities, health and safety and catering.

People were encouraged to express their views on the care they received through feedback questionnaires and comments were acted upon and shared with staff, on notice boards and in the newsletter.

We reviewed the recent staff team meeting minutes and saw that these were focused on the development of communications and also discussed findings from audits to ensure that staff were abreast of proposed improvements across the home. Staff skill sets were developed and encouraged such as more senior care worker roles.

Brendoncare had a clear set of core values that shaped the culture of the home, which was open, friendly and listened to people, their families and staff. The manager was visible and available to people, their families and staff and ensured consistent supervision and appraisal in order to gather staff views and give feedback. Feedback was seen as an opportunity to think together about what had happened, why, and what could be done better in the future. The PIR showed that there was good provider support, regular managers meetings and learning across the 10 Brendoncare homes including from CQC inspection report findings.

There were many links with the local community such as schools, students, projects and churches. A recent open day saw a lot of community neighbours joining in with celebrations. The home was also developing

links with the local community association. Some people had also been supported to attend an event at the local primary school to help build relationships between older members of the community and the young. Other people continued to attend Age UK and lunch clubs.