

# Mark Jonathan Gilbert and Luke William Gilbert

## The Brunswick

### Inspection report

2-4 Lord Street  
Southport  
Merseyside  
PR8 1QD

Tel: 01704535786  
Website: [www.dovehavencarehomes.co.uk](http://www.dovehavencarehomes.co.uk)

Date of inspection visit:  
27 August 2019  
30 August 2019

Date of publication:  
04 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The Brunswick provides accommodation and personal care for a maximum of 58 residents. At the time of the inspection there were 46 people in residence.

People's experience of using this service

There were several shortfalls and inconsistencies in the completion of the paperwork used to record the administration of medicines. This meant there was a risk some medicines for people were not monitored safely and there was a risk some people might not receive their medicines.

Arrangements were in place for checking the environment to ensure it was safe. We found, however, that the monitoring of fire safety was a concern. Issues were rectified and made safe at the inspection.

The home was not staffed appropriately and consistently. This sometimes affected the way care could be carried out. There were measures in place to make staffing more consistent but further improvements were needed.

Most people we spoke with told us that, despite staffing issues at times, they felt safe in the home. This was not always the case however. One relative commented that the home provided a good overall environment but "Staffing was not consistent, and this is a worry."

The registered manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and visiting professionals. These were effective in some areas of managing the home and were based on getting feedback from the people living there. These checks and audits had not highlighted some of the issues we found on the inspection.

People told us that the regular staff had the skills and approach needed to help ensure they were receiving the right care.

Some people told us they did not always feel supported with their needs. This related to the provision of staff at certain times. The formal assessment and planning of people's care in care records had been reviewed, and updated records displayed good detail of people's care needs and evidenced their involvement.

Overall there was a positive and relaxed atmosphere in the home. People living in the home interacted freely and staff interactions we observed were seen to be caring and supportive.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

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

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times provided a good social occasion.

Rating at last inspection:

The last rating for this service was Good (published 12 December 2018).

Why we inspected:

We received concerns in relation to the management of medicines, staffing levels and people's care needs. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led. Because we found concerns with these key questions we went on to complete a full inspection looking at all key questions.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.  
Details are in our Well led findings below.

**Requires Improvement** ●

# The Brunswick

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection was undertaken by an adult social care inspector, a specialist pharmacy advisor 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.

#### Service and service type

The Brunswick is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection which took place on 27 and 30 August 2019.

#### What we did

Our planning considered information the provider sent us since the last inspection. We considered the concerns we had received prior to the inspection so that we could focus our visit. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the service.

During the inspection, we spoke with nine people using the service and five family member to ask about

their experience of care. We also spoke with the registered manager, senior managers for the provider and six members of staff. We received feedback from two visiting professionals.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We looked at six people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Prior to the inspection we had received concerning information regarding the management of people's medicines.
- On the inspection we found several shortfalls and inconsistencies in the completion of the paperwork used to record the administration of medicines. For example, there were several gaps in the signatures to confirm administration, where medicines were stored in a resident's room this was not indicated on the Medication Record [MAR] and the 'out of stock' code was recorded on numerous occasions as a reason for non-administration when in fact the medicine was available in the upstairs stock room. A stock check of several items found that the amount in stock didn't tally with the administration records. This meant that people had not received their medicines on these occasions.
- When residents came into the home the staff did not always confirm with the GP that the medicines they brought with them were correct.
- The controlled drugs register was not an accurate record of the stock in the controlled drugs cabinet as some patches brought in by a resident had not been entered. This was rectified immediately.
- The purchase of medicines by residents was not monitored and a few were found in several residents' rooms.
- Where residents administered their own medicines, this was not monitored to ensure that they were being stored safely and administered as prescribed.

These findings are a breach of Regulation 12 of the Health and Social care Act (Regulated Activities) Regulations 2014 – Safe care and treatment.

The provider quickly responded and ensured medication records were thoroughly reviewed and new checks were put in place following our feedback.

### Staffing and Recruitment

- Enough numbers of suitably qualified and trained staff were not always deployed to meet people's needs.
- We had received several concerns and complaints about staffing in the home over the past four – six months leading to the inspection. These included previous complaints of call bells not being answered in a timely manner and people waiting prolonged periods for attention.
- Nearly all interviews conducted with staff, people living at The Brunswick and their relatives, highlighted staffing as the main concern. Interviews highlighted mornings and weekends as key times for short staff. We were told this impacted on care as people were waiting for extended periods to get up in the morning with call bells not being answered by staff. One relative commented, "Its nice surroundings here but there is a

lack of staff at times; no consistency." Another relative said, "They tell me every day they're short staffed; weekends are hell, there's no one here but they do their best." One person commented, "Sometimes staff don't come at all" [when I press my call bell].

- During one observation completed mid-morning, we observed a call bell ringing continuously for 22 minutes unanswered.
- Analysis of the staff duty rota highlighted low staffing at times. For example, on one day there were five care staff from 3pm till 8 pm to care for 46 people.
- Analysis of agency staff cover since January 2019 highlighted peaks and troughs of use - peaking at the week prior to inspection evidencing that situation remained ongoing at the time of the inspection.

These findings are a breach of Regulation 18 of the Health and Social care Act (Regulated Activities) Regulations 2014 – Staffing.

- There has been a realisation from the provider and managers that this was a key issue and there was a staff recruitment programme in place. The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Assessing risk, safety monitoring and management

- We observed that a fire door seal was ineffective, and a fire exit was blocked by a bed and a curtain in one bedroom. This had been the case for some time. The last health and safety audit dated 23 August 2019 had not identified these issues around fire safety. The audit had identified the need for a daily 'health and safety walk round' but this had not yet been commenced.
- The issues we identified were made safe at the inspection but there remained a concern that they had been left for some time without being identified.

These findings are a breach of Regulation 17 of the Health and Social care Act (Regulated Activities) Regulations 2014 – Good governance.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- There had been safeguarding issues highlighted leading up to our inspection and the registered manager and regional manager had worked with the safeguarding authorities in a positive way.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk. There were good management processes to identify any patterns or trends if incidents occurred.
- We reviewed one person who had a series of complex care needs and there had been complaints and issues around support offered. Care records showed these had been assessed ongoing and measures were in place to manage any clinical risk.



# Is the service effective?

## Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We had mixed feedback regarding the competence of staff to deliver care. Most people and family members told us that regular staff had the skills and knowledge to provide the right support. This was not universal, however, with some feedback less positive. One relative commented about lack of consistent attention regarding their relative's catheter care. Another commented that staff had not adequately assessed their relative regarding pain management when they had been admitted.
- Prior to our inspection we had received feedback from health and social care professionals that assessed needs were not always being managed appropriately.
- The registered manager advised us that staff training statistics had been 'low', but this was being addressed. The issue was compounded by a lot of new staff starting work in the home with the current recruitment drive. A training plan had been devised together with a series of staff supervisions ongoing. The registered manager had also devised clinical update sessions with senior care staff on a regular basis.

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

- Care and support was planned and monitored in line with people's individual assessed needs. There had been a recent history of this not always being effective, however, the care plans we reviewed evidenced some well-planned interventions for some complex care needs.
- Standard assessments were completed and used to develop care plans. Assessments were obtained from health and social care professionals and used to help plan effective care for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People being supported who were subject to DoLS authorisations were being monitored.
- Most people had full capacity to make decisions regarding their care. There were limited examples of people lacking capacity to make their own decisions but staff we spoke with understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were always offered choice and control over the care they received. One relative told us "Yes, I've seen the care plan and they [staff] do try and keep us up to date."

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

- People and family members told us, and observations confirmed, that staff supported people when needed at meals times. Meal time was a very sociable occasion. Most of the people we spoke with commented positively.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive regarding the approach of the regular staff when carrying out care. One person told us, "They're all very nice and caring." A relative commented, "Staff are very caring without exception."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- Staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.
- Staff advised us that most people chose to get up in the morning at specific times and this was difficult to achieve with current staffing issues.

Respecting and promoting people's privacy, dignity and independence

- Everyone said that privacy and dignity were maintained, by staff knocking before entering bedrooms and doors and curtains being closed during personal care.
- People's individuality and diversity was nurtured, and people were treated with equal respect and warmth. We saw staff involved people in all shared activity and supported them to contribute at their own pace.

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that reviews of care were undertaken which included people's input and involvement as part of this process. Some of the reviews had been reactionary in terms of issues raised. The registered manager advised us that the aim was for senior care staff to take more responsibility in terms of planning regular reviews more proactively.
- People and family members were encouraged to share their views about the care they received with regular meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff tried to respond positively.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care planning for people we reviewed contained good detail. Care plans contained the information necessary for staff to be aware of people's needs and how best to meet their needs. For example, one person had complex care needs which required specific support as well as liaison with external professionals which was recorded in good detail. The person concerned and their relative had been involved in drawing up the care plan.
- Care plans we reviewed were written by the registered manager or regional manager as part of a current review of all care documentation. We were advised that senior care staff would be allocated to individuals living in the home as key workers to continue to develop the concept of more individualised care.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. Although not currently in use there were a series of easy read information sheets and guides for people who may experience sensory deficit or had difficulty in communicating verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities coordinator for the home was involved with people and had devised a programme following input by people living there.
- We saw people sat in social groups and engaged in daily living activity such as reading the newspaper. We spoke with one person who regularly went out of the home for a walk to local shops.

End of life care and support

- At the time of the inspection there were no people receiving support for end of life care. We spoke with senior care staff who told us about a person who had received end of life support and we saw the care plan devised at the time. This included reference to good support for physical care needs and liaison with district nurses. Other considerations such as any specific end of life wishes, and key family communications were not highlighted but from our discussion it was evident this had been considered. Another care plan we reviewed did have this information included.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings, surveys and resident / family meetings.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- One complaint we reviewed evidenced a good investigation into the concerns highlighted and good liaison and feedback to the complainant.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. Service management and leadership was inconsistent in some areas which did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during inspection. This was particularly concerning regarding the fire safety issue we raised as well as the numerous medication management concerns. Recent audits had not identified the issues of concern.
- Mostly the quality assurance arrangements set out by the registered provider were used to identify concerns and areas for improvement; these had been developed methodically over the past two years. The registered manager continuously worked with the senior management team for the provider to make and sustain improvements to the service. For example, the assessed shortfalls in staffing were being addressed by a recruitment plan. Soon after the inspection we were sent updates to documentation and assessments of the issues identified in our initial feedback.
- The registered manager advised us there had been a change in culture and approach over the past six months to a focus on developing staff competencies and roles so that senior carers could be more involved in the running and management of care with greater ownership of the process. We saw this was a work in progress with the key task of having a settled staff team.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information so care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- When specific incidents occurred, these were documented through the home's accident and incident processes.
- The registered manager and staff understood their roles and responsibilities. People and family members were overall confident in the leadership of the service. One person told us, "She [registered manager] is very approachable, her doors always open and she doesn't hide in her office."
- The registered persons sent CQC notifications and displayed their quality ratings on their website as required.

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

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision and felt valued. They understood the present difficulties with staffing the home and felt there had been some progress. They told us they felt valued and trusted by the registered manager and provider.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicine management did not ensure people received medicines at the right time.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service had checks in place but these were not sufficiently robust to have identified the issues around fire safety we found during inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Enough numbers of suitably qualified and trained staff were not always deployed to meet people's needs