Brendoncare Foundation(The)

Brendoncare Ronald Gibson House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

We conducted an inspection of Brendoncare Ronald Gibson House on 25 and 26 January 2016 where we found a breach of regulations in relation to consent. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this area.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met legal requirements in relation to the breach found. We also received some information of concern prior to our inspection related to the care being provided to one person and the effect this was having on other people using the service. We therefore conducted this inspection to also look into those concerns. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brendoncare Ronald Gibson House on our website at www.cqc.org.uk.

Brendoncare Ronald Gibson House is a care home with nursing for up to 56 people. There are three units at the home, all overseen by a deputy manager who is a registered nurse. Windsor unit is based on the ground floor and is an intermediate care unit, providing short term rehabilitation services for people to support them to return home, if appropriate, after injury or illness. Wessex unit, also on the ground floor provides care for people living with dementia. Warwick unit provides care for frail or older people, some of whom were receiving palliative care.

There was a registered manager at the service. 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.

At our previous inspection we found that staff were not always meeting the requirements of the Mental Capacity Act 2005 to ensure that people's rights were protected.

During this inspection we found people's rights were observed under the MCA 2005. Where restrictions were imposed to keep people safe this was done in their best interests using the least restrictive option to ensure their safety and DoLS applications had either been authorised or were pending with the local authority.

Prior to our inspection we were notified of the concerns relating to one person in relation the management of their behaviour and their effect on those around them. These concerns related to the people living on one unit. We therefore looked at these people's care records to assess the safety of care being provided. We found risk assessments and support plans contained clear information for staff. All records were reviewed every month or earlier where the person's care needs had changed. People were supported with their health needs and were supported to access a range of healthcare professionals. Care staff were aware of people's needs and had a good knowledge of identified risks and how to manage these safely to keep people safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risks to people's health were identified and appropriate action was taken to manage these and keep people safe. Care staff were aware of identified risks and knew how to manage these safely.

Is the service effective?

Requires Improvement

We found improvements had been made to the effectiveness of the service. People's rights were observed under the Mental Capacity Act (2005). Where restrictions were imposed on people to keep them safe, this was assessed in accordance with the act and applications for Deprivation of Liberty Safeguards had been made to the local authority.

We could not improve the rating for effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Brendoncare Ronald Gibson House

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.

The inspection took place on 15 September 2016 and was conducted by a single inspector. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. This included statutory notifications of significant incidents reported to the CQC.

We looked at a sample of four people's care records and records related to the management of the service. We spoke with the deputy manager of the service, a manager from another branch of the same organisation, the regional manager, one senior care worker and four care workers. We also spoke with three people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Their comments included "It's safe here" and "This is my home. It is a safe place."

We were informed of some safeguarding concerns prior to conducting this inspection. These all took place on one unit of the building and primarily concerned the management of behaviour that challenged and the effect this was having on other people using the service. We looked at four people's support plans and risk assessments, some of whom had complex needs. Initial information about the risks to people was included in an initial needs assessment. This information was used to prepare care plans and risk assessments in areas including manual handling, skin integrity, falls and continence. The information in these documents included practical guidance for care workers in how to manage risks to people. Risk assessments were reviewed on a monthly basis or sooner if the person's needs changed.

We found that people's needs had changed significantly during the time they had stayed at the home. Senior staff were in regular contact with multi-disciplinary teams including the GP, who visited the service twice a week, dietitians, speech and language therapists and the Behaviour and Communication Support Services where required. We saw that advice was incorporated into care planning and care staff were providing appropriate care to people.

We spoke with four care workers, two of whom provided one to one focussed care to two people using the service and one senior care worker. All care staff were aware of the changes to people's care needs and people's current conditions and needs. One to one care workers were aware of why they were providing focussed care and the specific risks to people. They gave us examples of how they helped prevent these risks to keep people safe from harm. This included a knowledge of people's behavioural needs and how best to support them. They explained the specific management techniques they used and how they had come to understand the signs associated with people's changes in mood and how best to anticipate and manage this early on.

Requires Improvement

Is the service effective?

Our findings

People's rights were protected in relation to consent as the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. At our previous inspection we found examples of people's rights not being observed under the MCA.

For example we saw care records of two people who were deemed to have fluctuating capacity and had bed rails in place. We saw evidence that both people had mental capacity assessments conducted appropriately in respect of the decision to implement bed rails. However, there was no valid DoLS authorisation in place for either person. We were given one copy of an application for a DoLS authorisation for one of these people, but no application had been made for the other person.

We also found that a relative was making decisions on behalf of one person in relation to their health and welfare despite not having the legal authority to do this. We were told they had a Lasting Power of Attorney in place to make decisions on the person's behalf. However, when shown the documentation to authorise this we found this person was only authorised to make financial decisions for this person and not health and welfare decisions.

At our recent inspection we found people's rights were being observed under the MCA. All four people whose care records we viewed had limited capacity to make decisions. We found decisions were being made in accordance with legislation as all four people either had applications pending with the local authority or had authorisations in place to impose restrictions to keep them safe. We found decisions to be proportionate and the least restrictive option for their safety.

We spoke with the deputy manager who provided evidence that all people who lacked the capacity to make certain decisions within the home had been assessed to determine whether restrictions were necessary to keep them safe. All people who had been assessed as requiring DoLS authorisations had applications made to the local authority on their behalf.

We could not improve the rating for effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.