

Runwood Homes Limited

Braywood Gardens

Inspection report

Millbrook Drive
Carlton
Nottingham
Nottinghamshire
NG4 3SR

Tel: 01159381300

Website: www.runwoodhomes.co.uk

Date of inspection visit:

14 March 2023

21 March 2023

Date of publication:

26 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Braywood Gardens is a residential care home providing personal care to 83 people living with dementia or physical disabilities at the time of the inspection. The service can support up to 99 people.

Braywood Gardens is a purpose-built care home which accommodates people across seven units over two floors, although at the time of the inspection not all units were occupied.

People's experience of using this service and what we found

People were kept safe by suitably trained staff who knew how to protect people from risks associated with their health and environment. People were protected from abuse by the systems in place. People were supported with their medicines in an effective, safe, and caring way.

People's individual needs were assessed, and staff were provided with guidance on how to support people with these. Staff supported people with their eating and drinking requirements in an effective way to ensure they maintained a balanced diet. People were given support to access healthcare and staff worked in a proactive way to maintain people's health.

People were supported to have maximum 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.

The service had a new registered manager, who had made positive changes to the service to improve the quality of care delivered. We received positive feedback from people, relatives and staff on improvements that had been made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 May 2021).

Why we inspected

We received concerns in relation to staffing and the quality of care being provided. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braywood Gardens on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Braywood Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors 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

Braywood Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Braywood Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 March 2023 and ended on 5 April 2023. We visited the location on 14 and 21 March 2023, we spoke to staff and reviewed information off site between 21 March and 5 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people about their experience of living at Braywood Gardens, and 5 family members. We spoke with 20 members of staff including the regional operations manager, registered manager, deputy manager, housekeeping and kitchen staff as well as care team leaders and care staff. We sought feedback from 6 visiting professionals of their experience working with the service. We reviewed 9 people's care documents and 4 staff files. We also reviewed a variety of documents and policies in relation to the running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to take medicines that were prescribed as and when required, such as pain relief. However, we found guidance (PRN protocols) for staff around these specific medicines were not all in place and some were missing information. We raised this with the registered manager who immediately addressed this.
- People were supported to take their medicines in a safely and in a way which they preferred.
- We observed staff during a medicine round and saw they knew people well and explained their medicines. Staff were patient and caring.
- Medicines were administered, managed, stored and disposed of safely.

Staffing and recruitment

- People told us they had no concerns with getting support during the day, however they did feel they sometimes had to wait at night. One person said, "I wait for a while when I use this thing (call bell) but that's to be expected."
- We asked the registered manager about issues at night, and they stated there had been staffing issues and high agency use. However, these had now been addressed as they now had fully recruited all permanent staff.
- There were enough suitably skilled staff, who had been recruited safely, to meet people needs.
- The provider used a staffing dependency tool based on people's individual needs to establish staffing levels. Our observations demonstrated adequate staffing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the processes in place.
- Staff were aware of how to recognise signs of potential abuse and knew how to report this through the correct channels.
- A member of staff told us, "If I was concerned about a resident or staff I would go to (named management) talk about my concerns. They both have an open-door policy, and we can use this any time. If I didn't think I was being listened to, I know that I can raise a safeguarding through the MASH (multi agency safeguarding hub) team as there is an online form. I have watched investigations being done and know that they both act on any concern straight away."
- We saw evidence the registered manager took safeguarding concerns seriously, and in addition to reporting to the relevant bodies, they undertook their own investigations into concerns and learnt from these.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed, managed and mitigated effectively.
- The provider conducted monthly falls analysis and monitored weight regularly to identify who may require extra support. Care plans and risk assessments were then updated to reflect this.
- For people who sometimes experienced periods of emotional distress, clear guidance was in place for staff on how to identify triggers and what strategies to use to support them.
- Staff understood their responsibility to manage risk. A member of staff told us, "We have various multi-disciplinary input especially if the residents are losing weight. If the residents are at risk of falls, we put sensor mats in place, refer to the falls team and GP. [If people are at risk of] choking we refer to GP for the SALT team and we assess for home management for soft food until they get assessed."
- Environmental risks were monitored, such as water temperature checks and fire safety measures.
- The provider had processes in place to continually monitor specific risks to people and their living environment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. On the first day of inspection, we did find some areas of the home to have not been properly cleaned, however we fed this back to the registered manager who arranged for this to be rectified promptly. We had no concerns on the second day.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements took place was in line with current government guidance.

Learning lessons when things go wrong

- Management took learning lessons seriously when incidents did occur and shared these with staff. For example, following a safeguarding concern around people's respect forms the home was now working with a local healthcare professional to improve their recording.
- Incidents, accidents and safeguarding's were investigated thoroughly, and any actions or learning were identified. Lessons learnt were shared at staff meetings and put on the staff noticeboard. Lessons were also shared at monthly manager meetings held by the provider to share learning between homes.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission and reassessed, regularly and when required, throughout their stay at Braywood Gardens.
- People's individual differences and choices were considered and documented in their plans. These included a variety of needs including any religious and sexual preferences to ensure people had these needs met in line with the law.
- The registered manager ensured staff were aware of current guidance. Information was shared at meetings and latest information was on the staff room board. For example, guidance around latest infection control guidelines.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained to meet their needs.
- Staff were supported by management and colleagues. They were provided with an induction when they started in their role.
- Staff we spoke with said, "I feel very supported in my role, as I am new to the role, I still have a lot to learn and can always rely on the other [staff]," and "I had 2 induction shifts... the staff were amazing at showing me the ropes."
- Staff had regular and ongoing training in areas specific to their roles. A staff member said, "The training provides us with knowledge of the correct procedures of how the home works so we can apply it to the residents considering each of their specific needs."

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

- People were supported with their nutrition and hydration needs.
- People's preferences and needs were documented in their care plans and staff were aware of how to support them with these.
- The registered manager ensured they monitored people at risk of malnutrition or dehydration regularly and where required took appropriate action, such as referring to a healthcare professional.
- Staff were reminded and prompted at daily meetings of who were most at risk, so they were able to focus on supporting them.
- People told us they were happy with the food and were able to choose what they would like. For example, one person said, "The food is ok and if I don't like the choices, the cook will make me an alternative."

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

- The home was purpose built and therefore was accessible throughout to meet people's needs and enable people to be as independent as possible. There were plenty of different communal areas for people to choose to spend their days in, such as a café and a variety of lounges.
- People were able to choose how they would like their rooms to be furnished and decorated if they desired.

- People had access to outside space where there were garden areas that were safe for people to access independently, with staff or visitors if they wished. Some people had their own private garden areas.
- The home's layout and environment met people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with all their healthcare needs by proactive and responsive staff.
- Healthcare professionals were positive about the timeliness of communication and referrals made to them.
- A healthcare professional told us, "Prompt referrals are always received from the home...communication is always open, we as a team know the home and interact with them well. On some occasions advice is not always followed to the letter."
- People's oral healthcare needs were met; staff were trained in oral hygiene. People had oral health care plans in place which guided staff on how to meet their specific oral care needs.
- People were supported to access required healthcare services and, overall, staff and management worked well with other agencies.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity had been assessed, where appropriate, and recorded in their care records. People were supported to make decisions where required and best interest decisions were recorded and involved relevant people such as GP or family.
- A member of staff told us, "We assume that someone has capacity until proven otherwise. If an unwise decision is made that does not mean they lack capacity. We support people with detailed and easy to understand information, so they are able to try and make their own decisions."
- Where people had DoLS in place, management ensured any conditions had been met.
- Staff and management understood their responsibilities under the MCA and worked within its principles.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their role, including their specific duties and responsibilities. They were supported by a deputy manager and care team leaders on a day-to-day basis to maintain the quality of service provided.
- Audits were in place and completed regularly, with actions identified and delegated to specific staff members.
- There was a clear structure in place and the home was supported by a regional operations director who regularly visited the home to provide support and monitor quality performance.
- The registered manager understood their regulatory responsibilities, which included submitting statutory notifications to the CQC when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was continually working on maintaining an open, positive, and inclusive culture.
- The registered manager was visible throughout the home and had an open-door policy. A member of staff said, "I can rely on [the registered manager and deputy manager], they have an open-door policy, they are very approachable and help any of us if needed."
- Staff told us since the new registered manager had been in post, they had seen positive changes. Staff explained, "[The registered manager] has upped the standards of the care." An example of this included more activities, such as pet therapy. Another member of staff told us, "Braywood is a happy home, and we are constantly doing something new."

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

- People, staff and the public were pro-actively engaged and encouraged to be involved in the service.
- There were regular meetings for staff, residents and relatives. These gave attendees an opportunity to feedback to management and find out about how to become more involved in the service. For example, relatives had been invited to join the events committee.
- There was an events calendar planned for the year to encourage people and the public to get involved in the service. Events included a book club, pet therapy, mother and toddler groups and a king's coronation party. These were shared in the 'Braywood Times', a monthly update for friends and family and residents.
- A member of staff told us, "We are as a team getting everyone involved and have a book club, it's amazing

we have wine, and, on that night, we aren't staff and relatives we are friends. Our relatives love the new Braywood times that [management] created, they talk about it a lot."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their legal responsibility under the duty of candour.
- When incidents did occur, they ensured they acted transparently and informed the relevant people of what had happened and what actions they had taken.
- A family member told us, "I can't fault the care and they keep me informed if anything happens."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the provider to ensure they were continually learning to improve the care provided. They also worked with other partners to further improve the quality of care.
- The home had joined an urgent care response pilot. This pilot meant they were able to contact a clinician over the phone to carry out a clinical assessment, therefore providing a quicker and improved service for people. The healthcare professional who had been working with them said, "Braywood have been really proactive in using the service, they had engaged the most with the pilot."
- There was a home development plan in place, which was a live document that identified issues, noted what actions need to be taken with a delegated person responsible and recorded the completion date.
- The registered manager encouraged feedback and took action based on it. Following our first day of inspection, the registered manager developed an action plan and addressed all the concerns we had feedback to ensure they improved the care delivered.