

Brendoncare Foundation(The) Brendoncare Meadway

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

About the service

Brendoncare Meadway is a residential care home registered to provide care and support to up to 13 people. The service provides care for older people over two floors with access to all areas by stairs, lift and stair lift. At the time of our inspection there were 11 people receiving care and support at the home.

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

People told us they were safe living at Brendoncare Meadway. People had risk assessments in place for their care and support needs and staff knew people well. Staff had received training and understood their duty of care and legal requirement to report safeguarding concerns.

Medicines were not always managed safely. We have made a recommendation about medication practices within the home, the provider took action to address this shortfall during the inspection. People were supported to continue to manage their medications independently.

Care plans and risk assessments were person centred. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and privacy, one person told us, "I continue to be amazed that the dedicated staff can be, day by day, so friendly, kind, and patient. I am particularly grateful residents are not obliged to join in activities, even including at mealtimes." The home and garden were accessible.

Infection prevention control procedures were robust. Feedback from people, relatives and staff identified people were protected due to a consistent response from staff when following guidance during the pandemic. Environmental safety checks were in place and fire safety was managed by the provider.

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.

People, relatives and staff spoke positively of the culture within the home. The registered manager explained that staff levels had been increased following feedback from people using the service. One person told us, "We are so lucky. Staff work together as a team so well and oh of course I am safe, absolutely. We're here, we're alive and we like it." Another person stated, "We are a family here ."

The home worked well with other organisations; including the local GP surgery, district nurses and local colleges. The home understood the importance and benefit of links with the community by offering volunteering opportunities and maintaining ties with the person's local church .

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 28 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Recommendation

The home had a medication policy in place, but this had not always been followed. We have made a recommendation about the safe storage of medicines within the home. The provider was responsive to address the shortfalls found within this inspection and took immediate action.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brendoncare Meadway

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Brendoncare Meadway 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. Brendoncare Meadway 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.

What we did before the inspection

We reviewed information we held about the home and contacted the local authority. 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 4 people and received feedback from 6 relatives about their experience of the care provided. We had feedback from 6 members of staff including the registered manager. We contacted 4 health and social care professionals.

We reviewed a range of records. This included 2 people's care and support records and 2 people's medicine administration records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, audits, accident and incident records, safeguarding records and reports.

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

- Medicines were not always managed safely. There were gaps in fridge and room temperature recordings, so safe storage could not be guaranteed. The provider took action to address this shortfall during the inspection.

We recommend the provider follows their procedure to ensure best practice is adhered to and appropriate records are maintained.

- Medicines were stored in people's bedrooms and as part of Brendoncare Meadway's pre-admission procedure, each person was assessed to determine if they were able to take their medicines independently.
- For people who had consented to have support to manage their medicines, these were administered by trained staff, deemed competent by the management team. Staff followed safe procedures when giving people their medicines.
- People had medicines guidance in place for as and when required medication.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe at Brendoncare Meadway. A relative told us, "We can come and go, and know (our relative) is safe. They know us as a family and have never turned us away for a visit."
- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse. One staff member stated, "I know I can tell the management and my concern is actioned straight away."
- The registered manager shared details of recent safeguarding allegations, outlining how they had been investigated, including actions taken to support people to stay safe.
- Learning was shared through team meetings, staff supervisions and secure messages to all staff. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. Each person's care plan had individual risk assessments which guided staff to provide safe support.
- Daily handover meetings were held where changes in people's health were discussed. Decisions were then made, to ensure staff could take appropriate action to ensure people were cared for safely.

- Risks specific to people's health and wellbeing were assessed and the relevant referrals made to appropriate health and social care professionals, such as; risks from malnutrition and skin integrity.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans which were available to all staff.

Staffing and recruitment

- People were supported by staff that were recruited safely. The provider's safe recruitment process required staff to complete an application process, which included an assessment of their history, character and qualifications to ensure they are suitable to work with people.
- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs. The registered manager told us the number of staff on duty was increased following feedback from people living at the home. They told us staffing levels would be increased again when all the bedrooms were occupied.

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.
- 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.
- At the time of inspection, there were no restrictions on visitors to the home. This is in line with current government guidance.
- Without exception, people, their relatives and health and social care professionals praised the action taken by the staff team and provider to keep people safe during the pandemic. One person stated, "We were well protected from covid-19. It proved to be successful and right."

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 good. The rating for this key question has remained 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 were involved in assessments of their care needs. Assessments were carried out for each person before they moved into the home. Further changes to care plans were made with the person ensuring their involvement in the process.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed on the electronic care planning system.
- Specialist healthcare professionals had been involved in assessments and planning of care. This included district nurses and McMillian nurses. One health and social care professional informed us, "I have always found staff are very good at identifying when to alert medical staff about concerns."

Staff support: induction, training, skills and experience

- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- The provider invited people living at the home to participate in the recruitment and selection process. One person told us, "I was on the panel and give the new staff member a little tour of the home. I get my vote at the end to decide who gets a job here."
- There was an induction programme in place which included additional supervision meetings to discuss the staff member's progress and identify any further training needs.
- One person told us, "I write the one step beyond reports (staff recognition scheme) when the staff are exceptional and innovative, recently I did one for the chef's new menu." Another stated, "We seem to be able to retain staff here and therefore they get to know us, and it is consistent." A health and social care professional told us, "I find the staff knowledgeable and proactive."
- The management team were aware of best practice guidance and were following the principles of, "The Hampshire Care Association" a local programme the home was a participant of. The programme aimed to ensure care provision in Hampshire is of the highest standard and quality by providing resources and networking support to local care homes.

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

- Feedback from people, their relatives and staff consistently identified the mealtime experience at Brendoncare Meadway as a highlight of the home. Comments from people included, "The chef puts around the questionnaire about what we like best, I can never limit my top three to just three!", "They are always willing to offer alternatives because not everybody likes everything.", "Of vital importance, the food is homely and is really excellent." And, "The kitchen is the hub of the home, it is the heart of everything. The food is marvellous."
- People were supported to maintain a balanced diet. Care plans identified the level of support people

needed from staff to prevent malnutrition and dehydration.

- Care staff knew people's dietary needs and preferences. One staff member informed us, "If a resident really likes something, we tell the chef and the chef puts it on the menu, like liver, and when the resident sees it they are always so happy they have made that change."

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

- Staff understood when to escalate any concerns with people's health to a healthcare professional. A health and social care professional commented, "We get clear and effective communication, (the home) contacts appropriately when needed."
- Staff made referrals to health professionals such as the GP, speech and language therapist and dietitian. For example, when a person's positioning posture had changed, this impacted their eating and they had lost weight.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. An example included support from district nurses to monitor wounds.

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

- The home was clean and well lit. The layout of the home supported people's needs, including access to the garden. A relative commented, "The accommodation itself is good with plenty of space both in the room and outside in the garden, where my relative spent a great deal of the summer.", Another relative stated, "My relative's room is always impeccably clean."
- People and their relatives were able to personalise their rooms with photographs and furniture.

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.

- People's consent to care and treatment was obtained and recorded.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Staff received training in the principles of the MCA. One staff member told us, "Residents have capacity to make a choice and this is their home. If a resident asks for a glass of wine at lunch, the occasional vodka they have it, we have somebody that smokes and they can enjoy a cigarette whenever they choose."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind to them. A person commented, "I like they treat us like human beings. I am very kindly treated."
- People and relatives views were considered by the service and were sought to make decisions about care.
- Staff knew people well, their life history, interests and hobbies and were focused on respecting people's personal preferences. The home had linked with the local church, one relative commented, "Our relative is grateful they are able to take communion when the local vicar visits."
- Equality and diversity training was a mandatory part of the staff induction.
- The registered manager informed us it was important to consider people's views and interests using an example about how activities were chosen, "The people living here would be insulted if you gave them colouring or crafts, we arranged a creative talk session which covers other religions, a virtual tour of the world and how people all around the world celebrate events. The people living here love learning new things."
- Relatives spoke positively about how staff supported people. One relative told us, "My relative is very happy there, is very well looked after, and every time I visit tells me how well cared for they are.", Another stated, "Their help, understanding and support were invaluable at that time and enabled my relative to make the transition to residential care as easily as was possible."

Respecting and promoting people's privacy, dignity and independence

- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. We observed staff offering choices and encouraging people to make decisions about their day to day lives. During the mealtime we observed staff offering people a choice of drink and condiments.
- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this, which included asking permission to enter the person's bedroom and respecting when people have requested not to be disturbed during the night.
- People told us they could choose how to spend their day. One person stated, "A small home has advantages, more people are happy with their laptops and you don't have to socialise but there is a group of us who still meet to have dinner."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans detailed their support needs and how they wanted these to be met. The focus of the home was providing person-centred care. For example, one relative told us, "They are so accommodating to (relative's name) likes and dislikes."
- Staff had access to people's care records on the electronic care planning system. This meant staff had the most up to date information. Staff spoke knowledgeably about people's needs and care preferences.
- People were given the opportunity to discuss their end of life care needs and wishes. At the time of inspection, the home was not caring for anyone approaching end of life.
- The provider offered people living in the home a "Care for Life" pledge. The registered manager explained this commitment to people, meant they could arrange additional support and access funding for resources needed. This meant people could be supported to remain in the home to receive end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was considered as part of the assessment prior to the person moving into the home.
- Care plans included a section detailing people's preferred method of communication. This provided staff with detailed instruction to provide personalised care and included information such as if the person required any extra support, whether they wore hearing aids and glasses or whether they needed written information in large font.

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 home held regular resident meetings and a monthly newsletter was circulated, this included the activity schedule following input from people about what activities they enjoyed.
- One staff member told us, "In the newsletter we include people's birthdays, we put on an afternoon tea and have cake." Another staff member spoke of the importance of finding time to talk to people, "Meadway is a home that is very much a family orientated home, the residents are always happy to interact with staff, chatting about anything as well as any personal needs that they might need, staff are always happy to stop and help."

- The home observed national holidays and themed days. One person stated, "(staff) picks out things appropriate for the day...scotch broth on Burns night and Jackeroo pie for Australia day! Can you believe it?"
- People confirmed they were able to maintain relationships without staff support by using their own personal devices or leaving the home to visit family and friends.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure. People and their relatives knew how to make complaints should they need to. One person stated, "Incredibly, I can find nothing to complain about."
- People used resident meetings as a forum to discuss areas of improvements and following comments about the laundry, the provider reviewed shifts of domestic staff and introduced a new method of identifying clothes.
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and CQC.

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.

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

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "It is probably true that there is no place like home, but I believe that Meadway (as I have found it) is as near to it as anyone will get." Another person commented, "I'm not much of a chatter, I wanted to tell you though because it's not fair to the staff if I don't, they are marvellous."
- Staff told us they felt supported by the registered manager and deputy manager. One staff member said, "We are a team, but we are almost like a family. We help each other, including the managers, there is no 'that's your job and this is mine' If you can't do something there is always help."
- People, their relatives, professionals and staff gave us positive feedback about the care provided at Brendoncare Meadway. The comments included: "Meadway does an excellent job at looking after all the residents.", "I can't fault it here, the registered manager was fantastic with the admission, it was all very efficient.", "Management they are always easy to talk to, they are always available to speak to whether it's on the phone or the open door policy in the office", And, "The care is excellent".

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

- The management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood the legal requirements to notify the Care Quality Commission, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

Continuous learning and improving care

- The management team were responsive and discussed planned activities to address concerns identified around medication storage. A team meeting took place during the inspection and minutes of this have been received.
- Quality assurance systems were operating effectively. Auditing and monitoring systems gave the registered manager and the provider oversight of the home. The provider's quality assurance officer had recently attended site and the registered manager was completing an action plan following this visit.
- A range of audits and spot checks were undertaken to enable the registered manager and provider to

ensure all areas of the service operated safely. These included; care plans, health and safety, and infection prevention and control. This meant the service was continually improving, actions and lessons learnt were shared with staff in supervisions, during handovers and team meetings.

- Staff understood their roles and responsibilities.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted in the running of the home. The home regularly asked for feedback from people at residents' meetings, and also actively sought the views of people who did not wish to attend group meetings.
- Any verbal feedback from people and visitors of the home was shared with staff during a daily handover meeting. The provider had identified that low level "grumbles" should be captured and lessons learnt should be used to drive improvements.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed. One health and social care professional stated, "When attending the home to visit patients, the staff are efficient, helpful, and show a good rapport with residents. They inspire confidence."