Bupa Care Homes (AKW) Limited

Brunswick Court Care Home

Inspection report

62 Stratford Road
Watford
Hertfordshire
WD17 4JB

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01 November 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection on 1 November 2016.

Brunswick Court Care Centre is registered to provide accommodation and nursing care for up to 91 people.

The service had recently employed a manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had effective recruitment processes in place, but people did not always feel that there was sufficient staff to effectively support them. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by staff who were not always caring and respectful towards them. They also felt that some staff did not know them well. Staff felt that they knew the people they supported well. Relatives we spoke with described the staff as caring.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices but these were not always carried out in practice. Staff were unable to support people with their choices on how they wanted their care to be delivered.

This is a breach of Regulation 9: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The service supported people with health care visits such as GP appointments, optician appointments, chiropodists and hospital visits.

The provider had a formal process for handling complaints and concerns. The provider also had quality monitoring processes in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not enough staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported by staff that were kind, caring and friendly.

Staff did not always understand people's individual needs and they did not always respect their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff were not always able to respond to people's changing needs.

The quality of care within the home did not meet the expectations of some people using the service and their relatives.

The provider had an effective system to handle complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had recently employed a new manager. Quality monitoring audits were completed regularly, but these had not been used effectively to drive continual improvements.

Staff felt valued and appropriately supported.

People who used the service and their relatives were enabled to routinely share their experiences of the service, but their comments were not always acted on.

Brunswick Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 November 2016 and was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who had been in a care home environment. We also had a specialist advisor present who specialised in tissue viability and pressure care.

We reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed concerns that had been raised to us since our previous inspection.

Before the inspection we spoke with healthcare professionals who had regular contact with the home. During the inspection we spoke with the home manager, six registered nurses, 14 care staff, eight visitors, and the home's kitchen staff. We also spoke with the activities co-ordinator and thirty-three people who use the service. We looked at nineteen care records, recruitment files and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, how they assessed and monitored the quality of the service, and reviewed Deprivation of Liberty Safeguards (DoLS) applications and safeguarding alerts for the home.

Requires Improvement

Is the service safe?

Our findings

We inspected the service due to concerns that had been raised to us about the care people were receiving. We attended the home in the early hours of the morning to check the care that was provided during the night and the early morning. We found people to be safe and well. There was sufficient staff supporting them and people who had required support during the night had received the support they needed and this had been documented.

We saw that people woke up in their own time and staff supported them. We asked people if there was sufficient staff to support them during the day times when they wanted to move around the home and be supported out of their rooms. One person said, "I don't think there's enough staff – if you want the toilet you have to wait. I've had to wait half an hour before. That is a real problem here."

Another person said, "The staff are nice but they're under pressure, they can't seem to do any more than the basics most of the time and they're always just doing what they need to do and moving onto the next person." A relative we spoke with also commented on the staffing levels and they said, "They are short of staff and my [relative] has to wait for their morning wash." Staff we spoke with however felt that there was sufficient staff available to support people safely. One member of staff said, "There's enough staff on shift." While another said, "There are enough staff but agency staff make everything time consuming. We have to spend time talking them through everything and showing them what to do." We observed the environment and practice within the home. While staff appeared to be trying their best, there was a very task-led focus which meant that people using the service had to adhere to the home's routines rather than their own.

We observed how care was provided throughout the day. We especially looked at the care of people who had limited mobility and were at a high risk of pressure area damage. We found that pressure relieving mattresses were available and provided to people according to risk and the person's weight, which was monitored monthly and adjustments made where necessary. Everyone with limited mobility who remained in their beds for most of the day had alternating pressure relieving mattresses. We did find however that only those people with existing pressure area damage had turning charts in their rooms. When we queried this with the staff on duty, they said that they would frequently take people to the toilet or get them up in the chair so were therefore repositioning them. However, there was no evidence that this was being done and we observed that many people who were cared for in bed either by choice or through illness appeared to have been lying on their back all day. We did recommend to staff that everyone cared for in bed should have a turning chart to record when they had been repositioned. This was to protect and monitor them in order to prevent pressure area damage to their skin.

People told us that they were safe. One person said, "I like it here and I do feel safe, I have no concerns." Another person said, "[Staff] are nice people, some carers are better than others but I do feel safe." Other people we spoke with also felt the same including another person who told us, "I never get shouted at and feel safe." Relatives were also positive about how safe they felt their relative was living in Brunswick court. One relative said, "Yes my [relative] is safe here, [relative] seems happy and I do my own observations." Another relative said, "I know [relative] is safe here, I have no worries at all."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff we spoke with told us that they would have no hesitation in whistleblowing. Staff were also aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. One member of staff said, "If I was worried that somebody was at risk I would tell my unit manager first and then the home manager if it couldn't be resolved."

Staff recorded and reported on any significant incidents or accidents that occurred. Emergency evacuation plans were in place and we saw that in the event of an emergency staff were aware of how to safely evacuate people. We saw ski pads positioned in stairways that could be used to aid evacuation. Risk assessments were in place for areas such as moving and handling, medicines and falls. These included control measures that could be put into place to keep people safe, and the level of support that was required to assist people with these. The details of equipment or assistive technology and how it was to be used were contained within these assessments. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible.

We found that since our last inspection in January 2016 the home had experienced a high turnover of staff. They had also employed a registered manager who had subsequently left and on the day of our inspection a new manager had taken up the permanent position. The relatives we spoke with were complimentary about the staff that provided care and said that although there was a high turnover of staff, the staff knew people well. We spoke with a member of agency staff who told us that they had worked in the home consistently which meant that they knew the people they were supporting. Staff were able to support people who exhibited behaviour that could be challenging to others.

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began work. These included obtaining reports from the Disclosure and Barring Service (DBS) and references to confirm staff were suitable to support people safely. Where staff needed to have been registered with a regulatory body, for example nurses, this had been completed and kept under annual review. This enabled the manager to confirm that staff were suitable for the role to which they had been appointed.

Medicines records instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN) and how a person should be supported. We observed medicine rounds and looked at the medicine administration records (MAR) charts for four people. There were robust medicine audits that identified any issues in a timely fashion to ensure medicine errors did not happen, and if they did could be rectified. Staff were aware of people's routines and did not rush them to take their medicines and if people refused to take their medicines, this was recorded. One person told us, "[Nurse] gives me my medication on time. They did ask if I wanted to do it myself but there's so much of it it's just easier if they manage it all for me. The nurses seem to know what they're giving me and they'll tell me if there's any changes."

Good

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff confirmed they received training to help them undertake their roles. One member of staff said, "I've had all my mandatory training and then we do other courses like filling in fluid charts, understanding pressure area care and working with challenging behaviour." Another member of staff said, "The training here is good, I'm being supported through my revalidation [as a nurse] too and they have a mentor system to help us to reflect on practice and record our work. [Provider] are good for giving you all the training you need."

The manager showed us the training compliance statistics and then the list of training that each member of staff had completed. We saw that new staff had an induction when they first joined the service which included a week long course with training the provider considered essential. This included fire safety, health and safety, first aid and moving and handling. Staff also completed additional training in areas such as dementia, pressure area care, diabetes and recording. There was a training room upstairs used for training the staff in practical subjects and training was mostly provided in house. Clinical training was also provided for nursing staff.

Staff had also received regular support in the form of supervision. A member of staff told us, "I have supervisions every month. We'd talk about my development, what I'm doing well and then any work issues like shifts or rotas." Other staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans to evidence their consent to the care they were provided with.

We saw documentation in the care plans that indicated staff understood about capacity and the need to assess and keep records for those people who lacked capacity in certain areas to ensure decisions were made in their best interest. We saw that family members and health professionals had been appropriately involved and that a record had been kept. Some people's care files included information that confirmed that any restrictions to their freedoms had been correctly considered, although decisions from the local authority were not always available because they had yet to be authorised.

Staff supported people where possible to maintain a healthy weight. Daily records documented people's daily health needs and interventions from qualified nurses where this was needed to keep people healthy. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. Staff recorded fluid and food intake where it was deemed necessary to monitor how much a person had eaten or drank.

We observed lunchtime meals on all floors within the home. We saw that people did appear to have a choice of food and drink and were offered enough. People who needed support with eating and drinking received this from staff. We did however observe that the dining experience was dull, although staff tried their best to engage with people. One person said, "The food is alright but it's served like it was a canteen". While another said, "The food is lovely and we get lots of snacks and drinks, I am happy with everything". We noticed people being brought teas and coffees through the day and drinks were in people's reach if they were in bed all the time. Relatives also commented on the lunch arrangements and gave us mixed views. One relative said, "The evening meal is cold when [relative] gets it." While another relative said, "[Relative] has nice meals and I've had lovely meals, they come on time."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff told us that they would call a GP if a person needed to be visited. Care files confirmed that health professionals were involved in people's care as needed. For example, an optician, a dentist and a chiropodist had visited people living in the home.

Requires Improvement

Is the service caring?

Our findings

Staff did not always promote people's choices. For example, we observed that when we were talking to a member of staff, there was a person watching television in the same room. The member of staff turned the television down to listen to us without asking the person for their permission. We also observed during lunchtime that there was an incident where a minor altercation ensued between two people. Staff decided to intervene and move one person to another table. Again this was done without an explanation and seemed unnecessary given that the disagreement had subsided.

We found that the language used by staff was sometimes inappropriate and brusque, and this seemed to happen on several occasions. Staff would say, "You need to drink this," or "You need to do this" instead of taking a more patient approach. We also observed that people who had finished their meals had to wait until everybody had finished to be moved back to another area of the home, unless they could do so independently.

We observed that the atmosphere on each floor of the home was very different. We found that the top floor was well co-ordinated and staff assisted each other well. There was good interaction with people using the service and staff appeared to know people well. We found however that the other floors appeared less cohesive and less jolly. Staff were very much task led and did not interact with people unless it was to provide support. We did observe on the ground floor in the afternoon that some staff sat with people in the main lounge and chatted. One member of staff seemed surprised and said, "Is it normal to have this time?" Another member of staff said, "No." We did notice that on the day of our inspection some staff had come into the home to visit and had stayed on to assist although they told us that they were not on duty. Although this showed us staff were caring, it further brought into question whether there was enough staff planned to support people on a day to day basis.

People using the service and their relatives gave us mixed views on the staff and how caring they were towards people. Some people felt that staff who were unfamiliar to them were not as caring as others. One person said, "I am treated like a human being, the staff are mostly nice if it's the ones I know." Some people felt that staff were sometimes rushed and would therefore not support them in a gentle manner. Some said the staff hurried and pulled them about in order to finish quickly. One person said, "They pull me like a rag doll, I don't like it." Another person told us that when they called for staff they did not come and they were not repositioned regularly whilst in their bed. Relatives also told us that sometimes staff expected them to support their relative because they were busy. For example during meal times, relatives were expected to go to the dining room to collect their relative's meal and assist them to eat.

However, we also found that many people and relatives had positive things to say about the care. One person said, "I think the staff try their best here, I am happy with the way things are going, I think they care and I have no major concerns with the care." Another person said, "I like the staff here and they are caring, I have no complaints." Other people also gave us many positive comments about the staff. They said, "I'm looked after absolutely wonderful, it couldn't be better." Another person said, "We are pretty well looked after and the staff are good." People told us that the staff were lovely and told us which staff they preferred.

One person told us, "The staff are lovely and I can't fault them at all, they do anything for you…[carer] is very good." Relatives we spoke with were complimentary about the staff although they did express concerns about the high turnover. One relative said, "I think they are caring and some staff are better than others I suppose, but I have seen a large turnover of staff here, and was told that Bupa train the staff and then they leave to go to London as its not far and get better pay. I think some staff are caring but there could be improvements." Another relative said, "I think it's wonderful here, can't fault the place, they care for my [relative] and show respect. I can't say a bad word about the carers, I couldn't manage [relative] at home and we are lucky with this place as they look after [relative] well."

We saw that some staff were kind and caring towards people they were supporting. One member of staff said, "I believe that doing good things brings good things in return. I do this job because I care and want to bring happiness into people's lives." Another member of staff said, "I would like to spend more time with people but it's busy and sometimes you're just not able to really sit and chat, it's not that kind of place."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, bathroom doors were closed when personal care was being provided. A member of staff explained how they promoted people's dignity. They said, "I will always knock before going into somebody's room. We cover them during care and we tell them what we're doing."

People and their relatives confirmed that they were involved in making decisions about their care. Care records we looked at showed that people were involved and supported in their own care, and decisions. We found that records detailed why people had not been involved in decisions about their care and there was evidence in the care plans that people and/or their families had been involved in expressing their end of life wishes. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Requires Improvement

Is the service responsive?

Our findings

People told us that their needs were not always being met by the service. One person gave us a detailed account of how the service was unable to meet their needs. They said, "No I don't feel my needs are being met here, I wanted to be up and out of bed today to see the singer they had on for entertainment and although they gave me breakfast and got me washed, the carers put me back to bed and never got me up till 11.30 which means I missed the singer. What gets me down is I never know whom I am getting to help me in the morning, agency or staff, some staff don't even speak to you when they are helping you. Nursing staff are very good but as for the carers, some are better than others. The food is okay but it's never hot by the time it gets up here on this floor and staff don't always microwave it hot enough for me."

The person also said, "They put me to bed too early saying that the night staff don't like people being up late, sometimes it's at 7.30pm. If I was living at home I would be going to bed around 11pm. The trouble with going to bed at 7.30pm is I doze asleep then wake up around 10.30pm then I can't get back to sleep, it upsets my whole routine. I feel I spend more time in bed than I do out of it and I don't like to complain but it seems the carers do what suits themselves and not what I want."

Relatives we spoke with also told us that staff were not always able to support their relative how they wanted to be supported. One relative said, "[Relative] is in bed longer in the mornings than I would like, [relative] is losing weight and I have asked for build-up drinks to be given. I do worry that [relative] is not getting enough fluids at times as [relative] can't do anything for themselves. I arrived one morning and there were several people in the lounge, there wasn't a carer to be seen anywhere and the residents had told me that they hadn't had a drink since breakfast. I went down to the nurses station and told them and no one did anything about it so I complained officially and the manager and nurse did phone me to apologise ,but it did concern me as my [relative] can't tell me things. I see a lot of unfamiliar faces at times but I suppose all care homes use agency, they lost [relative's items], there is clearly not enough staff to cope with everybody."

Another relative stated, "I visited [Relative] one day at the weekend and it was nearly lunch time, [relative] was crying in bed and saying that staff had left them in bed all morning. I asked staff why and the carer stated that there were no activities that day and thought it best they stay in bed. I insisted that they get my [relative] up immediately and they did, but it's not good enough really, the impression I got was that it was to make things easier for the carers."

This is a breach of Regulation 9: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We saw that appropriate care plans were in place so that people received the care they required, which appropriately met their individual needs. Care plans contained information in relation to communication and how people could be supported to communicate their needs effectively and be involved in their care and support. For example one person who was non-verbal had an assessment to ascertain whether they could use written or pictorial forms of communication to express their views. Care

plans had been written in detail and kept current. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered in order to provide consistency. For example they would know the way a person liked to be moved and the equipment, including the size and make of the equipment needed to move them safely. We also saw that staff recorded the nursing care they provided, for example there was a clear record of when a wound was redressed or a catheter changed. People had also signed an agreement to the use of bed rails and had also expressed the gender of the staff they preferred to provide care to them and the name by which they liked to be called.

Care staff told us and we observed throughout the day that they completed the daily notes as soon as possible after providing care and they reviewed people's care when they were 'resident of the day'.

People were encouraged to and supported to pursue hobbies and interests. We spoke to one of the three activity coordinators who showed us the weekly and monthly activity programmes that were displayed around the home. Planned weekly activities included indoor bowling, Halloween party, visiting singer, music and movement, sing-alongs, darts, quizzes, bingo, coffee mornings, and one-to-one sessions for people who stayed in their rooms. Monthly activities were outings to venues such as garden centres, museums, and parks. In the activities room, we observed a coordinator organising a music and movement session. 18 people were involved and appeared to be enjoying themselves. Although we saw that many people attended the planned activities, some people told us that they had not been given the opportunity to attend.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the complaints received by the provider in the past year had been investigated and acted on in accordance with the provider's complaints policy. One relative said, "If we have complained or said something, then they have done something about it and apologised. Care was very good when [relative] was ill. I would suggest more resident and relatives meetings to sort things out."

Requires Improvement

Is the service well-led?

Our findings

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. However in practice this was not always the case. We saw that in communal areas there were posters which displayed 'what we did' in response to comments from people. For example we saw that one person had commented that, 'food could be warmer'. In response the provider had issued an action statement which said, "We have introduced new food temperature recording sheets and plates which will help keep food warm for longer." However we found that when we spoke with people about the care and support they received, they did not feel that they were being listened to and that staff were more task led than person centred. We found that although care plans showed that they had been completed with communication with people and their relatives, in practice the care people received was not reflective of their needs and choices.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. However these audits did not go as far as to identify if the care being provided in practice reflected what had been agreed in the care plans. This meant that the actual care being provided to people was not person centred and did not always reflect their choices.

The service had recently had a change in the management team. The new manager was in the process of registering with the Care Quality Commission. Staff spoke highly of the new manager. One member of staff said, "I can speak to [new manager] she's only just taken over again but I see her around and I'd be happy to bring anything up with her."

The service demonstrated an open and transparent culture throughout. Staff told us that it was a 'good' service to work for. One member of staff said, "We always try and look for the positives, things have been difficult at times but we work together well as a team and now we have the support we need to go forward." Another member of staff said, "I do think the manager values our opinions. We are a passionate team and I think you have to have passion for this job. We work together well though and we're hopeful the new manager will make the difference."

Staff said that they were aware of whistleblowing and were supported my senior staff to be transparent in their roles. Some staff told us that they had whistle blown and felt supported by the provider. One member of staff said. "I have no reservations about whistleblowing, it's important to speak up."

Staff told us that although they had been through a change in management they felt that the new manager had the experience and ability to provide them with leadership and the support they needed to provide good care to people who used the service. We saw that the home also had floor managers and clinical managers who were available to support staff if the registered manager was unavailable.

Staff knew their roles and responsibilities well and felt involved in the development of the service and were

given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening.

The management team understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not appropriate and did not meet their needs or reflect their individual preferences.