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The Brunswick

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Brunswick provides accommodation and personal care for a maximum of 58 residents. At the time of the inspection there were 26 people in residence.

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

At our last inspection we found breaches of regulations because the provider was failing to manage policy and practice related to medicine management, staffing and overall management and governance.

Enough improvement had been made at this inspection regarding staffing and governance and the provider was no longer in breach of these Regulations. There was continued concerns regarding medication management and the provider remains in breach of this regulation.

Although we saw some improvement in the management of medicines, these were not consistently implemented and embedded. This meant there was a risk some medicines for people were not monitored safely and there was a risk some people might not receive their medicines. This was an ongoing concern from the last inspection.

Arrangements were in place for checking the environment to ensure it was safe. We found good ongoing checks of the environment helped ensure people were safe. This was an improvement from the last inspection.

The home was staffed appropriately and consistently. This helped to maintain a consistency of care for people. People and their relatives told us they felt safe living at The Brunswick. This was an improvement.

There were a series of quality assurance processes and audits carried out internally and externally by senior managers. The new manager for the service had ensured the well-developed management systems had been applied in the home. There was a strong emphasis on communicating with relatives and getting people's feedback to further improve the service. This was an improvement.

Some of the systems needed further embedding to ensure all aspects of care and safety were consistently monitored and improved.

The service was following good practice guidance regarding the management of COVID-19 and maintaining standards of hygiene and infection control.

People's experience of using the service was positive. Most people received the care and support they needed when required. Most of the feedback we received showed staff were helpful and kind and treated people with dignity and respect. Positive relationships had been developed between staff and people they supported.

A relative commented, "Communication was poor before the new manager but has now vastly improved. We have zoom calls and lots more updates and contact. I feel very reassured because of this. My relative seems very happy [living at the home]."

Risks associated with people's care were identified and managed to minimise harm. Supporting care records mostly identified risks clearly and there were plans in place to help keep people safe.

Since the last inspection there had been changes of management. The current manager was providing effective leadership and was supported by a senior management team. The provider's governance systems and organisational structure provided monitoring and support for the service.

Rating at last inspection and update

The last rating for this service was Requires improvement (published 8 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained to meet all of the breaches.

Why we inspected

We carried out an unannounced focussed inspection of this service on 27 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

The Brunswick

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we also 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 completed by two inspectors and a medicines management inspector.

Service and service type

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

The service did not have a manager registered with the CQC although an application had been made. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of this inspection was announced an hour before our visit. This was to check on the situation regarding Covid-19. Day two was used to complete telephone conversations with relatives and staff. We also took time to analyse further information we had asked to be forwarded.

What we did before inspection

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A

notification is information about important events which the service is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also obtained feedback from the local authority and healthcare professionals.

During the inspection

We looked around the premises, observed the interactions between people living at the service and staff, care delivery and activities provided at the service. Due to the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with five people living at the service, three relatives and ten staff, including the manager, deputy manager, care staff, ancillary staff including domestic staff.

We looked at a range of documentation including five people's care records, medication records, staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records.



Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people regarding medicine management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some, but not all improvement in regard to medicines had been made and the provider was still in breach of Regulation 12.

- There had been some improvements to medicines management since the last inspection and staff and managers were regularly checking for and investigating issues. However, these demonstrated inconsistencies with the home's medicines policy that had not been noted and did not provide assurance that medicines errors were actioned appropriately.
- At inspection, we found some errors with medicines records and some lacked guides to help staff manage peoples' medicines safely. Staff actioned these issues following the inspection.
- We found that not all information from healthcare providers had been acted on in a timely way, which meant people did not always receive their medicines as prescribed.
- The medicines ordering process and storage arrangements were not always suitable and did not follow the homes medicines policy. This had not been noted in internal audits.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to provide enough numbers of suitably qualified and trained staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was enough staff to meet people's needs.
- People told us they received support when needed and they felt care staff were competent. One person commented, "Staffing is fine. When we have concerns, we can talk to somebody."
- All staff felt supported by managers at the home and there was an improved morale amongst staff who worked closely as a team.
- There were policies and procedures in place to ensure staff had been recruited safely to work with vulnerable people.

How well are people protected by the prevention and control 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify areas of risk and how people needed to be supported.
- Risk assessments were reviewed regularly to reflect people's current care needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- People we spoke with and their relatives told us they felt the home was safe.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Learning lessons when things go wrong

- There had been a positive response and improvements made following previous regulatory action from the last inspection. Audits conducted had mainly identified areas for improvements although medication audits had not always identified issues we found on the inspection.
- Incidents and accidents were recorded and reviewed in depth with respect to reducing future risk.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question remains the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider's governance systems had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems continue to be developed and mostly identified areas for ongoing improvements. However, as evidenced by the medicines failings, there remains some further progress and embedding of care systems to evidence longer term consistency and further improvement.
- There had been a good response in meeting some of the regulatory issues highlighted at the previous inspection. Staffing was now more consistent, and staff generally felt supported in their roles.
- The manager and senior managers were responsive to the feedback we delivered during the inspection and were positive regarding continuing to improve the service.

Working in partnership with others

- The manager and staff worked with local authorities and healthcare commissioners.
- We spoke with the Local Authority Commissioners as part of the inspection who told us, "It seems since (new manager) has been in post over the last several months communication has improved with (new manager) actively updating me on issues."
- Referrals to health services were managed well and appropriately followed up on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had experienced four change of managers since our last inspection. A new manager was in post and had applied for registration with CQC.
- The feedback from people living at the service evidenced a more settled and consistent approach by the manager.
- Systems and processes were in place to monitor the quality and safety of the service being provided and these helped to continuously improve the service.
- The service had sent statutory notifications informing us of changes and events in the home as required.

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

- People received the support they needed to meet their needs.
- Staff told us they enjoyed working for the service and that staffing was relatively settled considering the pressures around COVID-19. Staff reported management and staff changes had provided more stability in the home and a more consistent approach had been maintained.
- One staff member told us, "The manager is sorting things out – [Manager] is always available. Things are improving a lot."

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

- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- People told us they were listened to and involved as much as possible.
- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2) g There were continued errors in the system of medicine management that put people potentially at risk.