Brun Lea Care Ltd

Brun Lea Care

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:
Brun Lea is a residential care home that was providing personal and nursing care to 18 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People were looked after by kind and caring staff who knew their individual needs well. There were enough staff available to meet people's needs and staff had received appropriate training and support to provide safe care.

People felt safe living at the home and staff knew how to raise safeguarding concerns. Risks to people while receiving care had been identified and care was planned and equipment was in place to keep people safe. People's ability to eat safely was assessed along with their ability to maintain a healthy weight. Where needed they were referred to healthcare professionals for advice. Medicines were safety stored and administered.

Staff had a good working relationship with other healthcare professionals such as community nurses. They completed monitoring as requested by external healthcare professionals and raised concerns appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People were involved in planning their care and offered choices about their everyday lives. Communication aids were available to support people living with dementia to make choices. Care plans accurately reflected people's needs. People were happy with the activities offered to them.

People's wishes at the end of their lives were recorded and respected. The registered manager liaised with external healthcare professionals to ensure people were supported with effective end of live care.

There were effective systems in place to monitor the quality and safety of care provided. The registered manager gathered the views of people living at the home and staff to make improvements in the quality of care. The registered manager had taken action to keep up to date which changes in best practice and employed a number of nationally recognised tools to support safe effective care.

Rating at last inspection:
At the last inspection the service was rated as Requires Improvement (report published 21 February 2017). At this inspection we found the provider and registered manager had made the necessary improvements.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about this service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Brun Lea Care

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.

Inspection team:
The team consisted of an inspector 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. The expert at this inspection had experience of looking after a person who lived in a care home.

Service and service type:
Brun Lea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brun Lea accommodates 20 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, and local authorities. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed other information that we held about the service such as notifications. These are events that

happen in the service that the registered provider is required to tell us about.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the assistant manager and two care workers. We also spoke with five people living at the home and four relatives who visited during the inspection.

We looked at a range of documents and written records including three people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines, monitoring of fluid intake and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People living at the home told us they felt safe there. One person said, "I'm safe with the girls [staff], no problems at all."
• Records showed that the registered manager had fully investigated any concerns that had been raised. They had identified any concerns and made changes to keep people safe.
• Staff had received training in how to keep people safe from harm and knew how to raise concerns both with the organisation and to external organisations.

Assessing risk, safety monitoring and management
• People living at the home and their relatives told us that care was delivered in a safe manner. One person told us, "I'm happy with the care. I get a regular bath and the carer always stays with me."
• People's needs had been reviewed and risks to them had been identified. Care was planned to keep them safe. For example, we saw there were clear instructions on how to hoist one person whose needs were outside of what staff may have experienced before.
• Where people needed regular interventions such as repositioning to stop them developing pressure ulcers, monitoring was in place to record that the care had been provided in line with the person's care plan.
• Some people needed to use equipment to keep them safe. This was recorded in their care plan and appropriate equipment such as hoists for supporting people to move safely and pressure mattresses were in place. Where any concerns around pressure areas were noted staff contacted the community nurses for support and advice.
• Environmental risks had been assessed and each person had an evacuation plan in place to support them and the emergency services.

Staffing and recruitment
• There were enough staff to meet people's needs without them having to wait for care. One person told us, "I only need to use the bell at night and it's okay, I don't have to wait long for help."
• The registered manager told us how they monitored the needs of people living at the home and if necessary increased the staffing levels to ensure people's needs were met.
• There were systems in place to check that staff employed at the home were safe to work with the people living there.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• We saw that staff followed good practice guidelines when administering medicine. They told the person what they were taking and ensured that the person had swallowed the medicine safely before leaving them.

• There were systems in place to support staff to administer as required medicines in a safe consistent manner. For example, a pain scale was in use to measure people's pain levels before offering pain relief. This was important as some people living with dementia were unable to tell staff about their pain.
• The registered manager had taken action to investigate any medicines errors. This included taking advice from other healthcare professionals and the pharmacist. These actions reduced the risk of other people experiencing the same errors.

Preventing and controlling infection
• Systems were in place to reduce the risk of infection. Staff had received training in infection control and were able to tell us how they worked to reduce the risk of infection. During the inspection we saw that staff worked within infection control guidelines and regularly washed their hands and changed their protective equipment.
• Cleaning schedules were available for housekeeping staff to follow. Audits were carried out to ensure the care home was clean. Checks were made to ensure wheelchairs and other mobility aids were clean and in a good state of repair.
• Where people needed to use equipment, the registered manager had followed good practice guidance around infection control. For example, people had their own named pressure cushions and hoist slings.

Learning lessons when things go wrong
• Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring. For example, when a person was falling multiple times they referred them to the GP and the falls prevention clinic.
• Learning from incidents was reviewed with staff in supervision meeting and daily shift handover meetings.

Good

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

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 before they moved into the home. This allowed the registered manager to ensure that staff had all the skills and knowledge needed to deliver care in line with best practice.
• People's care plans we looked at were reflective of nationally recognised care guidance and regularly reviewed with them. This included routine reviews or following any changes in people's health conditions. For example, in relation to people's support with their mobility or skin care.

Staff support: induction, training, skills and experience
• People told us that staff had the skills needed to care for them. One person told us, "The staff are good at helping me."
• Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us as part of the induction process they had worked with an experienced member of staff so that they had support if there were any concerns. New staff also had to complete the care certificate. The care certificate is a set of national standards which give staff the skills to care for people. Staff told us that they had felt supported during their induction.
• People were supported by staff who had ongoing training to ensure they kept up to date with change sin best practice and legislation. Staff were given opportunities to review their individual work and development needs in individual meetings with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they were happy with the quality of food offered to them. One person told us, "The food is excellent, we get two choices for lunch, there's always something I like." A relative told us, "[Name] enjoys the food."
• As part of the assessment for people when they moved into the home everyone had a food and fluid chart completed for two weeks. This was so that the staff would understand what the person's usual food and fluid intake looked like and help them monitor changes.
• People's ability to eat and drink safely were assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional. Where necessary food and drink were modified to ensure that people were safe. For example, food could be soft or pureed making it safer for the person to swallow.
• Staff monitored people's ability to maintain their weight. Where they had any concerns, they monitored people's food and fluid intake to see where they could support the person to eat more. If needed they were referred to a GP for advice and some people had been prescribed a fortified drink to help them stay healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
• We spoke with a visiting healthcare professional. They told us that they had a good working relationship with the staff at the home. They felt that staff were good at identifying and raising any concerns with people's health such as concerns with skin in pressure areas. In addition, staff and followed guidance and advice to provide safe care for people. For example, by completing monitoring forms when requested.
• People were supported to access healthcare advice and support as needed to maintain their health. For example, we saw that healthcare professionals had been contacted when staff were concerned a person may have an infection. In addition, people received all the preventative care offered to them. Examples of this were people being offered their flu vaccination or attending diabetic check clinics.

Adapting service, design, decoration to meet people's needs
• We had raised concerns at our last inspection that the environment did not fully support the needs of people living with dementia. At this inspection we found that the provider had made changes to improve the environment. The home had been redecorated and signage around the home was excellent with areas and rooms clearly shown. Plans were in place to replace the carpets in the corridors.
• People had been able to personalise their rooms and when they wished had been able to bring in furniture from their home.
• Risks in relation to premises and equipment were identified, assessed and well managed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
• Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.
• People had been supported to make positive choices to take risks, where they fully understood the consequences of their actions. We saw that their choices were fully documented and staff respected them.
• Some of the care provided restricted people's movement. An example of this was the use bedrails to stop people falling out of bed. When any restrictions had been put in place, staff had asked people for their consent or had completed a capacity assessment and a best interest decision. Where people had shown by their action that they were none complaint with the restriction it was removed. For example, one person had been unable to consent to the use of bed rails but had climbed over them, showing staff they were not happy with their use. For this person the bedrails were removed and the bed lowered to keep them safe if

they fell out of bed but giving them the freedom to get up whenever they wanted.

Good

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

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
• At the last inspection we found staff at times focused on the task to be completed instead of ensuring that the care supported individual needs. At this inspection we found that the focus of care had moved to the individual. There was plenty of positive interactions between staff and people living at the home. We saw staff took notice of people's needs and offered support where needed.
• Everyone we spoke with were positive about the staff interactions they received or witnessed. They told us that staff at the home were caring and that they treated people with respect. A relative told us, "The staff were very good at getting [name] settled in."
• People told us staff respected events and made them special for the person. One person told us, "We always get a cake for tea on our birthday." Another person said, "There were lots of decorations up at Christmas, it was very well done."

Supporting people to express their views and be involved in making decisions about their care
• People were offered choices about their everyday lives. People were offered the choice of going into the dining room or staying in the lounge for their lunch. They were offered a choice of meals each day.
• We saw that there were aids to communication in place to support people to make choices or to help them tell staff how they felt. For example, the menu was available in a picture format to help people living with dementia. A relative told us, "They make their [meal] choice during the morning, they [staff] also bring photos of the food in case someone doesn't know it from how it's described." In addition, there was a dementia friendly pain scale in use with pictures to help people tell staff how they felt.
• People were able to make decisions about where they spent their time, either in their bedrooms in the lounge or in a quiet comfortable area of the dining room. They could choose when they got up and when they went to bed. One person told us, "I'm not made to get up or go to bed at a set time."

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in promoting people's privacy and dignity. They told us that they did this by ensuring doors and windows were shut while people received care. In addition, they encouraged people to complete as much personal care for themselves as they were able.
• People's religious beliefs were recorded and respected by staff. Where staff needed support they were guided by the person's family on the support the person would wish to receive in relation to their religion.
• Where people did not have relatives to speak on their behalf, information was available on how to access an advocate. An advocate is an independent person who will speak for the person and considers their welfare in all the decisions made.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People and their relatives had been involved in planning their care needs and they had signed their care plans to say they were happy with the content. One relative we spoke with told us how they were confident in the care the staff provide and that staff had endless patience to support people living with complex needs.
• The registered manager used a number of nationally recognised tools such as a frailty scale and a dementia tool. They explained that these helped relatives to understand their family members needs and to better understand the care that they needed.
• People received timely, individualised care that met their needs and preferences. Everyone we spoke with gave positive feedback about the care they received. One person told us, "I'm very happy with the care here." A relative said, "[Name] is looking much better since he moved in here. He's now able to wash and dress himself and be much more independent."
• Care plans were reviewed and updated to ensure that they continued to meet people's needs. Care plans were neat and well-ordered and information was easy to find. Where people were living with long term conditions we saw that there was information in their care plan to support them. The information also advised staff about the condition and when concerns should be raised with healthcare professionals.
• Staff we spoke with knew people's needs and were able to tell us about the care people needed this matched the information recorded in the care plan. Staff were kept up to date with people's needs in the shift handover meetings.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• People we spoke with were happy with the activities provided. One person told us, "I do a lot of the activities, I really like the craft days. Sometimes we get taken to the pub on a Friday lunchtime." Another person told us, "I'm encouraged to do whatever activities I want to, I'm never forced. I do like baking."
• People's activity likes and dislikes were recorded in their care plan. For example we saw one person enjoyed having hand massages. Activities were planned and advertised each week. Where people chose to spend more time in their bedrooms one to one activities were provided to ensure they did not become isolated and lonely.

End of life care and support
• Staff worked proactively with other health and social care professionals to ensure people had a dignified death. They followed best practice guidelines for people at the end of their lives and anticipatory medicines were arranged to keep people pain-free at the end of their lives.
• People's wishes for the end of their life was discussed and recorded. For example, if they wanted to avoid

going to hospital, if they wished to be resuscitated or if they wished for religious or spiritual guidance.
Improving care quality in response to complaints or concerns
• People told us they knew how to complain and were confident that the registered manager would take action to resolve any concerns raised. However, no one we spoke with had felt the need to make a complaint. One relative told us, "'We've had no reason to complain, if we did I would be comfortable going to see [registered manager]."
• The provider had a complaints policy in place and information on how to complain was available to people within the home. Two complaints had been received since our last inspection, they had been dealt with in line with the provider's complaints policy.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People told us that they felt management led the service well. There was a registered manager for the home. People told us that the registered manager and assistant manager were visible in the home and provided support to people and their relatives when needed. At our last inspection people had found that the registered manager was not visible in the home. The provider had taken action to address this concern and the manager now had an office near the communal areas of the home. This meant that people living at the home and relatives could stop and talk to the registered manager when required.
• The culture and atmosphere at the service was warm, welcoming, friendly and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions.
• Staff were confident in the management team. One member of staff told us they felt supported by the registered manager and the deputy manager. They told us that they were always at the end of the telephone if they needed any advice or support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were effective audits in place to monitor the quality and safety of the care provided. The registered manager ensured that when any concerns were found action was taken to make improvements and learning was shared with staff.
• The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The views of people living at the home had been gathered through residents' meetings and surveys. The last survey had been completed in September 2018 and a relatives meeting was planned for April 2019. The overall feedback of people living at the home showed that people were happy with the home, food and entertainment provided.
• The registered manager also gathered the views of staff working at the home. Staff told us that they had received regular staff meetings. Staff told us they were happy with the registered manager and felt able to raise concerns or idea for improvements.

Continuous learning and improving care

• At the last inspection we found that while the care provided was meeting people's needs it had not always reflected the latest guidelines in best practice. At this inspection we found the registered manager was working within best practice guidelines. For example, they had reviewed the decoration of the service and made the environment more dementia friendly with signage to support people to move independently around the home.

• The registered manager and provider had been open and honest about incidents that had occurred in the home. They had identified where things could have been done better and used the information to improve the quality of care provided.

Working in partnership with others

• The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it.