Bupa Care Homes (CFC Homes) Limited

Brandon Park Residential and Nursing Home

Inspection Report

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Overall summary

Brandon Park Residential and Nursing Home is a care home providing short and long-term care, offering nursing, palliative, convalescence and respite care, as well as care for those diagnosed with Parkinson's and dementia.

The service can accommodate up to 55 people. There were 25 people in residence when we visited. This was because at our previous inspections of the service on 13 June, 22 August and 25 November 2013 we identified concerns in relation to the standards of care and welfare of people who used the service. We also found that the provider did not have systems in place that assessed and monitored the quality of the service and which protected people from the risk of unsafe care and treatment. We took action against the provider and asked them to tell us what action they would take to put things right. As part of their action plan the provider agreed to voluntary suspend new admissions to the service.

At this inspection we identified further shortfalls which breached two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The first breach related to the provider not having clear systems in place that assessed and monitored staffing levels and managed short notice absences. This resulted in the provider not ensuring there were sufficient staff on duty at all times.

The second breach related to people not experiencing care and support that met their needs and protected their rights. This was evidenced at the midday meal which was observed to not be a sociable experience. This was due to staff moving between dining rooms resulting in some people not receiving the support they needed to eat their meal. Additionally the records we looked at showed that not all staff had received training that ensured they were fully able to communicate with people living with dementia and understood their individualised needs.

The service has not had a registered manager in post since November 2013. The interim manager told us that they were applying to CQC to be the registered manager until a new permanent manager was recruited. Generally we found the service had improved under the leadership of the interim manager since our last inspections.

People told us that they felt safe living in the service and that staff respected their privacy and dignity at all times. They were happy with their care and said that staff were kind, caring and considerate.

The service had arrangements in place to keep people safe. Staff were knowledgeable about the procedures to take when safeguarding concerns were raised with them. People's care records showed that staff were following effective risk management plans to protect people from the risks of harm. Appropriate arrangements were in place that ensured people who used the service received their medicines, as prescribed. Records showed that incidents and accidents that occurred in the service were fully investigated and action was taken to ensure they were less likely to happen again. Routine health and safety checks were being carried out to ensure that the environment and equipment were safe and well maintained.

People's needs were assessed and their care and treatment was planned and delivered in line with their individual needs.

We saw that where a person lacked capacity to make decisions about their end of life care, a best interests meeting had been held in accordance with the requirements of the Mental Capacity Act (MCA) 2005. We saw that people, and those that mattered to them, had been involved in the planning for their end of life care, so that their final wishes would be respected at the time of their death.

The service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Whilst no applications have needed to be submitted by the home, proper policies and procedures were in place, the manager understood when an application should be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us that they felt safe living at Brandon Park because their rights and dignity were respected at all times by caring staff.

People were protected from the risks of abuse because staff had received training on recognising the different types of abuse. Where safeguarding concerns had been raised, appropriate action had been taken to ensure the safety and welfare of the people involved.

People's medicines were being managed properly so that they received their medicines as prescribed and safely.

Systems were in place to manage incidents and accidents, and learn from them so that they were less likely to happen again.

Where a person lacked capacity to make decisions we saw that a Mental Capacity Act (MCA) 2005 best interest decision had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the manager and appropriately implemented.

Are services effective?

People's needs, preferences and choices about their care and support had been obtained. People confirmed that they had been able to express their views about their health needs and how they wanted their care provided.

Our previous inspections of this service on 22 August and 25 November 2013 found that people's pressure ulcer care was not being effectively managed. At this inspection on 02 April 2014 we found that the provider had taken action that ensured pressure ulcers were being effectively managed at the service.

People's health was being monitored and action was taken promptly to consult other health professionals when needed.

Training records confirmed that staff were encouraged to develop their skills and knowledge. However staff told us that they needed further training in dementia care, so that they were able to support people living with dementia.

Are services caring?

People told us that staff were kind, caring and compassionate.

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Staff had a good knowledge of the needs of the people they were caring for, but we saw that staff did not always support people to be as independent as they could be. At lunchtime we saw staff were focused on providing meals and failed to notice a person having problems trying to eat their meal independently.

Are services responsive to people's needs?

People had been invited to look around Brandon Park and had been provided with information to see if the service would meet their needs. A relative told us that the care, both medical and personal, that their spouse had received since residing in the service had been, "Excellent."

People told us that they were confident about discussing their health needs with staff and that the staff responded quickly where health issues were identified.

People were able to make choices about what they had to eat and drink and had access to food and drink when they wanted it, day or night.

Activities were provided, however not all people who used the service found these activities stimulating and preferred to stay in their room, which meant that people's access to activities that were important to them and relevant to their interests, was limited.

We looked at the complaint book and saw that people and their relatives had their comments and complaints listened to and acted on. We saw that complaints were fully investigated and responded to appropriately.

Are services well-led?

The service has not had a registered manager in post since November 2013. An interim manager is in post, until a permanent manager is recruited. We found that the service had improved under the leadership of the interim manager since our last inspections.

The management team had a range of systems in place that monitored and reviewed the quality of the service and that aimed to drive improvement. However there was no system in place to show how staffing levels had been assessed to ensure that the numbers of staff were sufficient to meet the needs of the people who used the service.

Staffing levels were an issue at times, and this was particularly a problem at weekends. When there were short notice absences, such

Summary of findings

as sickness, the manager did not have a robust system in place to fill these gaps. We found that there was an inconsistency between what the manager and staff said about staffing resources and the morale of staff.

Systems were in place to obtain feedback from people who used the service and their relatives. We saw that four people who used the service, one relative, and a friend of a person who used the service had commented positively about the quality of the service, between November and December 2013.

Summary of findings

What people who use the service and those that matter to them say

People told us that they were happy with the service that they received. One person told us that when they needed assistance with their personal care, the staff were, "Kind and considerate and respectful" and that their dignity was always maintained.

People told us that they were able to make their own decisions and were given plenty of choice and control over how they spent their time. One person told us that they were not, "Very sociable" and preferred to spend most of their time in their room. Another person told us they liked to, "Get about, and if I want to go out, the staff will arrange for someone to come with me." One person commented, "If you don't feel like getting up, the staff leave you in bed but come and check on you regularly." One person told us, "If I feel I need to see the doctor, the staff will obviously ask me why but will never refuse to call the doctor out for me. That makes me feel I have some control left."

People spoken with and their relatives were full of praise for the staff. One person described Brandon Park as, "A wonderful place to come to and that the staff will do anything to help you." Another person commented, "Nothing is too much trouble." One person spoke with real warmth and affection about the carers, commenting that they, "Always take time to visit me in my room." Another person told us "We are very happy here and the staff are lovely." People told us that the food was good. One person described the food as, "Just like mother would have made."

All five of the relatives spoken with said they were welcome any time at the service and could come and go as they pleased. One relative commented that, "As a visitor you are always asked if you would like a drink as well". Another relative told us that they visited the service twice a day, and said they loved coming, as the staff were always, "So friendly." One of the relatives said that they always got a telephone call if their relative was unwell. They commented, "The staff react immediately to any change in circumstances."

People who used the service told us that they felt safe. One person told us that they felt, "Safe as houses." Another person told us, "I love it here, I feel secure." A relative said, "I wouldn't have my relative here if they were not treated with dignity and respect and my relative says that they are, "Very happy." One relative said that, "When I walk out of the door, I have absolutely no worries that my spouse is being taken good care of." Another relative said that they thought there should be more staff, but commented, "Despite the staff shortage, the treatment was very good, the staff don't rush my spouse, they are all very friendly and kind."

Two people who used the service told us when there was a shortage of staff it could take a while for staff to respond to call bells. One person commented, "Just sometimes you know there aren't enough staff, then you might have to wait a bit, but the staff never take it out on you, they are always cheerful." Both people told us that they had two call bells in their room, one to use if they required urgent attention. Both people were confident that urgent call bells were responded to promptly, one person commented, "If I ring the urgent call bell, staff come very quickly."

Brandon Park Residential and Nursing Home

Detailed findings

Background to this inspection

We visited this service on 02 April 2014. Our inspection was unannounced. The inspection team consisted of a lead inspector, a specialist advisor with expertise in the management of pressure ulcers and an expert by experience who had experience of dementia services. We were also accompanied by a pharmacist inspector.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process, under Wave 1.

Before our inspection we looked at all the information we held about this service, including previous reports, safeguarding incidents and information sent to us by the provider.

Our inspection in 13 June 2013 found that improvements were required in several areas including the management of pressure ulcers, management of medicines, staffing, inaccurate recording and a lack of systems in place to monitor the service. We made 'compliance actions' which required the provider to create an action plan setting out how they were going to address the issues. We received this action plan and returned to re-inspect the service on 22 August 2013. Whilst we found some evidence of improvement we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were more serious. These related to the standards of care and welfare of people who used the service and failings in the assessing and monitoring the quality of the service which did not protect people from the risk of unsafe care and treatment.

We took action against the provider and returned to inspect this service on 25 November 2013 where we found that improvements had been made to the management of the service; however we remained concerned about the services management of pressure ulcers. Following this inspection the provider sent us action plans telling us what they were doing to put things right.

At this inspection we checked to see if the provider had made the required improvements. We did this by looking at records in relation to six people's care, medication, staffing and the management of the service. We spoke with 11 people who used the service, and five relatives who were visiting on the day of our inspection. We also spent time observing the support provided to people during the midday meal using the Short Observational Framework Inspection (SOFI) tool which is a specific way of observing care to help us understand the experiences of people who used the service.

Are services safe?

Our findings

We spoke with people and asked them if they felt safe living at Brandon Park. People told us that they felt safe because their dignity was respected by caring staff. One person told us that they felt, "Safe as houses." Another person told us, "I love it here, I feel secure". One of the people's relatives said that, "When I walk out of the door, I have absolutely no worries that my spouse is being taken good care of".

We looked at six people's care plans and saw evidence that their capacity to make decisions about their care, support and where required treatment was being assessed. Where they were deemed to lack capacity best interest decisions had been made. For example, planning for end of life care best interests meetings had been held. Training records showed that staff were trained in MCA 2005 and deprivation of liberty safeguards and staff spoken with knew how and when these should be applied.

The service had safeguarding policies and procedures in place to keep people safe. These informed staff of their responsibilities to ensure that people were protected from abuse, or from the risk of abuse occurring. Staff told us that they had received updated safeguarding training and training records confirmed this. Staff had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. We saw evidence in one person's records that confirmed where they had raised an allegation of abuse with a member of staff; the staff had reported these concerns appropriately to the manager. The manager had reported the concerns to the local authority safeguarding team, in accordance with the services policy and procedure. This meant that people who used the service were safe because staff knew what procedures to take when safeguarding concerns were raised with them.

Where people had been assessed as having behaviour that was challenging to others, we saw that appropriate referrals had been made to the GP, psychiatrist and the Community Psychiatric Nurse. We saw that behaviour management care plans had been developed by a multi-disciplinary team of professionals, staff, the persons relative and where possible, the individual to formulate a plan of action for staff to follow. The minutes of a staff meeting dated 19 March 2014 showed that the most recent behaviour management plan for one person had been discussed with staff, so that they were aware of the actions to take. This ensured the person's behaviour was dealt with effectively and in a manner that respected their dignity and protected their rights.

We looked at six people's care plans and found that risks to their health and welfare were being assessed and managed appropriately. These showed that people were involved in making decisions about risks they may take. For example, we saw that assessments were in place that evaluated the risks to people developing pressure ulcers, malnutrition, mobility, falls and self-medicating. We saw evidence in the daily records and evaluation of people's care plans that showed staff were following the guidance recorded within the risk management plans.

Assessments of the environment had been completed to minimise the risks to people's safety and welfare. These included monthly health and safety checks of the service, ensuring that windows were secure, fire systems and equipment were in good working order and the hot water was at the correct temperature to prevent legionella and people scalding themselves. Checks were being made on equipment such as bed rails, wheelchairs and mobility equipment to ensure that these were suitable and safe to use. Brandon Park is an old stately home set in parkland and although the building was not purpose built with the safety of older, frailer people in mind, potential risks, such as steep stairs, changes of level in floors had been marked or labelled accordingly. These actions had minimised the risks of people experiencing trips and falls. People's rooms were spacious with plenty of room to move around in, including those who used mobility aids. This meant that people were safe because the premises and equipment were regularly checked to ensure they were well maintained.

We looked at the process for managing medicines in the service to ensure that people received them safely. Medicines were correctly stored and disposed of and records about medicines were accurate. Staff had received updated medication training and consistently managed medicines in a safe way. People's medication records showed that their behaviour was not controlled by excessive use of medicines. We saw written guidance about the use of medicines prescribed on an 'as required basis' to manage people's psychological anxiety and agitation. More

Are services safe?

detail was needed to enable staff to make decisions about 'as required' medicines in a clear and consistent way, for example at what point these medicines should be administered and for what reason.

People told us that they were involved in the regular review of their medicines. We saw that written information about medicines was available for people, if they wanted this. Where people wished to manage their own medicines, the service had assessed the risk and implemented strategies that supported them to administer them. Risk assessments were not being reviewed as frequently as needed to ensure that these people were handling their own medicines safely.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. For example, we saw that where a person who used the service had been verbally and physically aggressive towards another, staff had intervened. We saw that the manager had taken appropriate action raising a safeguard alert to the local authority safeguarding team. We saw that the safeguarding team had authorised the manager to carry out a full investigation and plans had been implemented to safeguard both people in the future.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager said that while no applications have needed to be submitted by the home, proper policies and procedures were in place. The manager understood when an application should be made, and how to submit one.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected this service on 22 August and 25 November 2013, we found that people's pressure ulcer care was not being effectively managed. At this inspection we looked at six people's care plans and found where people were vulnerable to developing pressure ulcers their needs had been properly assessed. At the time of our inspection we found that four people who used the service had existing pressure ulcers, skin tears or skin lesions. Appropriate supporting documentation had been completed, including body maps showing the location and grade of the ulcer, up to date photographs, wound care plans, and the dressings to be applied. Pressure relieving equipment, such as air flow mattress and cushions were in use and re positioning charts were being completed to help prevent deterioration in people's skin integrity.

A 'Pressure Ulcer review' was being completed by nursing staff and submitted to the manager each week. This meant that the manager could monitor the number of people with pressure ulcers and assess how these were healing. Staff training records showed that pressure ulcer training for all care and nursing staff had been completed. This ensured that staff had the knowledge to prevent pressure ulcers from developing and the skills to manage pressure ulcers where these had occurred. We spoke with five nurses and five care staff during our inspection. They had a good understanding of the management of pressure ulcers and knew the needs of the people who used the service well. Staff told us that the care provided to people at the service had improved since our last inspections and felt that this was probably due to the fact that there was fewer people currently in residence and were therefore able to better meet their needs. We were satisfied that the provider had taken action as set out in their action plan that ensured pressure ulcers and skin lesions were being effectively managed at the service. However, where a person had sustained a skin tear and another person was noted to have redness on their lower back, there was no rationale provided for the injury. Without a rationale it was difficult for staff to take appropriate action to prevent further injury from occurring.

Care plans contained detailed assessments of people's needs which had been undertaken prior to their admission to the service. We saw that people's needs, preferences and choices about their care and support had been obtained at this initial assessment, which meant that people were able to express their views about how they wanted their care provided. The care plans and supporting risk assessments were derived from this initial assessment. At the front of people's care plans we saw a statement summary which provided a current overview of the persons nursing needs and medical history. The subsequent care plans contained more in depth detail informing staff of the support people required, for example moving and handling plans clearly explained the number of staff required and the equipment needed for staff to help people to move. Recording in the daily records provided a good description of how each person had spent their day, any related health issues, their nutritional intake and their general wellbeing.

We saw evidence in people's records that care plans were reviewed at least monthly, or sooner if people's needs changed in between time. A relative told us that they had been consulted, "Every step of the way" about their relative's care plan, and that whenever anything changed with regards to their relative's care, they had been informed and their care plan updated accordingly.

We saw records that showed where people had visited other professionals including doctors, dieticians and chiropodists. Health charts were being completed and where a person's health had deteriorated or required specialist input, we saw that referrals had been made to the appropriate health professionals. For example, we saw that where people had lost weight, referrals had been made to the dietetic services and where required the speech and language therapist. As a result we saw that these people's health and weight had improved. This meant that care and treatment was planned and delivered effectively and in a way that was intended to ensure people's safety and welfare.

Staff told us that they had completed all core training, and that they had received extra training over the past six months, citing the most recent as being skin care and pressure area management. The staff training completions chart showed that the service regards training as an on going process that encourages staff development and ensures that they have the knowledge and skills to carry out their roles effectively. We saw that all staff had completed the organisations own induction programme and mandatory training. Most recent training had included fire safety safeguarding, adult support and protection, moving and handling and pressure ulcer management.

Are services effective?

(for example, treatment is effective)

Staff told us that personal development was encouraged and said if a member of staff identified a gap in their knowledge base and it was considered a need for the service, the manager would try to find suitable training. One member of staff told us that they had an interest in dementia care and had completed a 16 week training course covering 'Approach, communication and challenging behaviour for people with dementia'. However, we found that specific training for people with a diagnosis of dementia had not been rolled out to all staff working in the service. Staff that had received training in caring for people with dementia told us that they felt that they needed further training, given that there were people now at the home who were in the advanced stages of dementia, some of whom exhibited distressed behaviour.

Are services caring?

Our findings

The service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

This breach related to people not experiencing the support that met their needs and protected their rights. This was evidenced at the midday meal which was observed to not be a sociable experience. There was little interaction between the people in the dining room. People sat watching other people or playing with cutlery. Staff moved between dining rooms focusing on serving all the meals. Staff failed to notice that one person was eating their meal with a knife and their fingers, as they were unable to locate their fork. This person struggled to eat their meal, and eventually handed it to a member of staff, who took it away unfinished. In contrast we saw that another person had been provided with adapted cutlery and a guard fitted to their plate which enabled them to eat their meal independently.

Additionally, we observed one person who was unhappy about the position of their table. A member of staff went to a lot of trouble trying to reposition the table for them in order to make them comfortable, including changing the table which helped them to settle. Another member of staff changed the table back again, making this person become distressed. The member of staff asked if it was hurting them, to which they replied, "Yes, it's hurting in my heart." However, no further changes were made to the table arrangements. When their meal was served, a member of staff sat with them and started to assist them to eat their meal. The member of staff left them for a brief while and they picked up their fork and were able to feed themselves. When the carer returned this person had already eaten quite a lot of their meal and said they were "Full up" and did not want any more. The carer failed to listen and continued to give them mouthfuls of food. Whilst this person ate the food and was not being forced to eat, the staff had not listened to what they were saying. When the staff moved away, the person commented, "I'm not stupid, I know when I'm full, I wish they would listen when I tell them something." This was fedback to the manager who informed us that this person's ability to eat independently fluctuated, and that they needed encouragement to eat, but agreed that staff needed to properly assess this at each meal time to ensure their wishes and dignity were respected.

In total we spoke with 11 people who used the service about the care that they received. People told us that they were very happy with their care, and that the staff were kind, caring and considerate. One person told us, "My family are happy with my care and that is important too, so they don't have to worry." Another person told us, "I am very happy at Brandon Park and my family are also very happy with the home." They stated, "If I can't be at home this is the next best place to be." They praised the staff unreservedly and one person stated that, "My care is the best I could hope for." We also saw on file a number of compliments that had been received from relatives, thanking staff for the care provided. These included, "Well done to all the staff" and "Thanks for looking after my relative, outstanding care" and "Thanks for wonderful care to my relative". This showed that staff responded to people in a caring way.

We observed the interaction between people who used the service and staff during the midday meal, in two dining areas. Overall, we saw that staff were attentive to people's needs. They were kind and compassionate towards people, showing interest and concern. We spoke with two people waiting for their meals to be served who were very complimentary about the food. Individual pots of tea and fruit juice were provided to people whilst waiting for their meals to be served. People in the main dining area needed little support as they were able to eat their meals independently; however we observed staff offering help and support when serving people's meals and providing encouragement, where people were slow to eat their meal. This showed concern for people's wellbeing. Comments included "Here you are XX, it looks nice doesn't it" and "You are doing fabulously."

We saw that since our inspection in August 2013 improvements had been made to ensure that people's wishes for their end of life care needs would be met. People and their relatives had been involved in developing care plans that ensured at the end of their life they would receive the support they needed to have a comfortable, dignified and pain free death.

We saw evidence that documentation for Do Not Attempt Resuscitation (DNAR) had been completed and held in

Are services caring?

people's care records. Where a person lacked capacity to make decisions, for example about their end of life care, we saw that a Mental Capacity Act (MCA) 2005 best interest decision had been made by the right people, including the person's relative, healthcare professionals, staff at the service and the GP. Training records showed that staff were trained in MCA 2005 and deprivation of liberty safeguards. Staff spoken with were aware of how to support people who could not make decisions for themselves.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Discussions with people who used the service confirmed that they and their relatives had been involved in making decisions about their care. One relative told us that their spouse had been in hospital prior to coming to the service, and the transition had been made very smoothly. They told us that a member of staff from Brandon Park had visited their relative in the hospital and completed an assessment of their needs and that they had been given all the information they needed. They told us that the care, both medical and personal, that their relative had received since residing in the service had been "Excellent."

Another relative told us that they had been invited to look around the service and given all the information they needed to help them make a decision if Brandon Park was the right place for their relative. They informed us that a nurse had sat with their relative on admission to the service, and had gone through the admission paperwork with them and developed a care plan that ensured their individual views; experiences and preferences were taken into account.

People told us that they were confident about discussing their health needs with staff and that the staff responded quickly where health issues were identified. For example a person's daily records for the evening showed that staff were concerned about their legs which were red and sore. We saw that the following day the GP had been contacted and visited the person. One relative told us that their relative had been unwell and that, "Staff noticed the change in their behaviour straight away and had immediately called a doctor." They told us that they were secure in the knowledge that staff would always get a doctor on the same day. This meant that people got individual support, care and treatment when they needed it.

People who used the service were consulted on things that were important to them. The minutes of a recent 'Residents meeting' showed that people had been consulted on the quality of the food provided. Menu's and alternative choices were discussed and people had put forward ideas of meals that they would like to try. These suggestions were agreed and were being trialled before being added permanently to the menu. This meant that people's views about the menu were actively sought and responded to.

The catering staff showed us a photograph album they were developing with pictures of meals from the menu. They told us that staff used this to help people, particularly those with dementia, to make choices about what they had to eat. People told us that they had two choices on the menu each day and that these were chosen a day in advance. One person told us, "If you get to the table and you have changed your mind, it is no problem." Another person told us, "The staff and chef know what people like and don't like and if I ask for something different because I am not feeling well, I always get what I ask for". People told us that they had access to food and drink at any time of the day or night. One person commented, "I have been known to have a sandwich at 10pm because I hadn't felt like eating earlier." This meant that staff responded to people's individual needs in accordance with their wishes.

Care plans contained, 'Who am I' questionnaires. These had been developed to ascertain information about people's past, their interests, aspirations, diverse needs and relationships that were important to them. We saw that these had been used to implement 'Lifestyle plans' to ensure people had access to activities of choice and which were of interest to them.

Staff told us that one of the two designated activities co-ordinators was on sick leave and that they were responsible for organising activities, in the interim. Records showed that activities were taking place, but we did not observe any taking place on the day of our visit. We received mixed feedback about the activities; some people enjoyed taking part in music and movement, games, bingo and arts and crafts. However not all people found these activities stimulating and preferred not to take part or stay in their rooms. This meant people's access to activities which were important to them and relevant to their interests were limited. However, we saw that staff had taken into account the risks of people being isolated where they had chosen to spend their time in their room and records showed that they regularly 'popped in' to chat and spent time doing manicures and hand massage.

The service had a robust complaints procedure which directed people how to make a complaint and who they should raise their concerns with if they were not satisfied with the outcome of their complaint. People told us that they had not had cause to complain, but would raise their concerns with staff or the manager if there was anything wrong. We reviewed the complaints and compliments

Are services responsive to people's needs?

(for example, to feedback?)

folder. We saw that where complaints had been raised about the service, these had been fully investigated by the provider and a full response provided to the complainant. This meant that comments and complaints people made were responded to appropriately.

Are services well-led?

Our findings

The service has not had a registered manager in post since November 2013. We met with an interim manager who informed us that they had made an application to the Care Quality Commission, to become the registered manager of the service, until a new permanent manager had been recruited. Our records confirmed this. They informed us that the posts of manager and deputy manager had been advertised.

The service was found to be in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

This breach related to a consensus among the 11 staff spoken with that the normal staffing levels were sufficient, however sickness, particularly at weekends was an issue. Staff said that it was impossible to get anyone to cover and described incidents where they were down to three carers, and on one occasion it had been two. This had left the people who used the service vulnerable. We found that when there were short notice absences, such as sickness, the manager did not have a robust system in place to fill these gaps to ensure that there were sufficient numbers of staff available at all times. We found that there was a difference of opinion with regards to the use of agency. Staff told us that agency staff were not used, however the manager told us that they did try to get agency to cover staff absences, but due to the rural location of the service and short notice this was not always possible.

We looked at the staff rotas for six weeks, which showed that the number of nurses on duty was consistent, however the number of care staff varied between three and five care staff. On Saturday 01 March 2014 we saw that there were two care staff and two nurses on duty as described by staff.

A previous inspection of this service in August 2013 found that there were not enough qualified, skilled and experienced staff to meet people's needs. The manager told us that since this inspection the number of people residing at the service had reduced from 34 to 25, but staffing levels had remained the same. The manager told us that normal staffing levels were set at two nurses and five care staff on the early shift and two nurses and four care staff on the late shift. However, they did not have a system to show how these staffing levels had been assessed to ensure that these numbers were sufficient to meet the needs of the people who used the service.

The majority of the people who used the service and their relatives did not have concerns about the staffing levels. Of the 11 people who used the service and five relatives spoken with, two people and two relatives felt that staffing levels could be improved. Two of the people who used the service told us when there was a shortage of staff it could take a while for staff to respond to call bells. One person commented, "Just sometimes you know there aren't enough staff, then you might have to wait a bit, but the staff never take it out on you, they are always cheerful." Both people told us that they had two call bells in their room, one to use if they required urgent attention. Both people were confident that urgent call bells were responded to promptly, one person commented, "If I ring the urgent call bell, staff come very quickly." A relative said, "I have no bones to pick at all, but possibly more staff, particularly at weekends." Another relative said that they thought there should be more staff, but commented, "Despite the staff shortage, the treatment was very good, the staff don't rush my relative, they are all very friendly and kind."

Staff told us that changes in management in the last year and inconsistent staffing levels were taking their toll on staff morale. Some staff described feeling, "Disillusioned and demotivated." Staff told us that there were times when they did not feel listened to or supported by the manager.

We saw that where staff had had the opportunity to discuss issues about staff sickness and staffing levels at meetings, however the minutes showed that these meetings had not been well attended. We found that there was an inconsistency between what the manager and staff said about staffing resources and the morale of staff and that further work was needed by the management team to ensure that there was an open and transparent culture in the home.

The manager showed us a range of systems in place to monitor and review the quality of the service provided. These included monthly audits of people's care plans, risk assessments, health and safety, nutrition, infection control, medication, environment and equipment checks. We met with a quality manager employed by the organisation present at the service during our inspection carrying out

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their own audit. They showed us a copy of their last visit which identified areas where the manager needed to make improvements. We saw that an action plan had been developed with timescales for action to be completed.

When we arrived we met an independent auditor contracted by the organisation for a two week period from the beginning of April 2014 to audit all of the organisations homes for the number of people with pressure ulcers. This was a study to establish the details of people with current pressure ulceration, the grade and site of ulceration and an explanation of the cause. In addition to this study we saw that weekly 'Pressure Ulcer reviews' were being completed by nursing staff and submitted to the manager each week so that they could monitor the number of people with pressure ulcers, skin lesions or skin tears and how well these were healing. This showed that risks at service level and organisational level were being anticipated, identified and systems developed to manage these risks.

We saw that regular meetings between the heads of department, health and safety meetings and clinical review meetings were being held. In addition to scheduled meetings, the manager held a '10 at 10' meeting daily each weekday day with heads of departments to identify emerging issues and the action required to address these. The minutes of clinical meetings showed that discussions were held about people's health and wellbeing, incidents of challenging behaviour, nutritional needs and medical conditions that were impacting on people's care. These also showed that nurses were responsible for the supervision of care staff. Records showed that regular supervisions were taking place.

The manager told us that resident and relatives satisfaction surveys were sent out annually. They told us that the surveys for 2014 had not yet been sent, however people were encouraged to complete satisfaction cards throughout the year held within the reception area. These cards once completed were posted to an independent company who posted these on a national website so that people could compare the quality of people's experiences at participating care homes. We looked at this website and saw that four people who used the service, one relative, and a friend of a person who used the service had commented about the quality of the service, between November and December 2013. These rated the overall standard of the service at Brandon Park as 'Good and excellent'. Comments included, "The service here is good. Residents are respected and cared for at the highest degree" and "I cannot stress the quality of care given to me, the nursing and overall thoughtfulness and compassion at the highest and lowest points of my illness. Another person had commented, "Yes, I would definitely recommend this place, because I am feeling happy and well here."

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 How the regulation was not being met: People were not experiencing care and support that met their needs and protected their rights. Regulation 9 (1) (b) (i) (ii)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 How the regulation was not being met: People were not experiencing care and support that met their needs and protected their rights. Regulation 9 (1) (b) (i) (ii)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 How the regulation was not being met: People were not experiencing care and support that met their needs and protected their rights. Regulation 9 (1) (b) (i) (ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010.

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Compliance actions

How the regulation was not being met:

The health, safety and welfare of people who used the service was not protected. This was because there were no effective management structures in place that responded to unexpected sickness, vacancies, absences and other emergencies to ensure that there were sufficient numbers of suitable qualified, skilled and experienced people employed for the purpose for carrying on the regulated activity.

Regulation 22

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010. How the regulation was not being met: The health, safety and welfare of people who used the service was not protected. This was because there were no effective management structures in place that responded to unexpected sickness, vacancies, absences and other emergencies to ensure that there were sufficient numbers of suitable qualified, skilled and experienced people employed for the purpose for carrying on the regulated activity. Regulation 22

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010. How the regulation was not being met: The health, safety and welfare of people who used the service was not protected. This was because there were no effective management structures in place that responded to unexpected sickness, vacancies, absences and other emergencies to ensure that there were sufficient numbers of suitable qualified, skilled and experienced people employed for the purpose for carrying on the regulated activity.

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Regulation 22