Care Quality Commission

Bupa Care Homes (AKW) Limited

Brunswick Court Care Centre

Inspection report

62 Stratford Road
Watford
Herts
WD17 4JB

Date of inspection visit: 21 January 2016
Date of publication: 25/02/2016

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

Overall summary

We carried out an unannounced inspection on 21 January 2016.

Brunswick Court Care Centre is registered to provide accommodation and nursing care for up to 91 people. At the time of the inspection, there were 84 people being supported by the service.

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

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

The provider had effective recruitment processes in place and there were sufficient staff to support people safely.

Summary of findings

Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they knew the people they supported well. Relatives we spoke with described the staff as very good and caring.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits such as GP appointments, optician appointment, chiropodists and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

Summary of findings

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 safe.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

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

There were robust recruitment systems in place.

Good

Is the service effective?
The service was effective.

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

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

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

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

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

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Good

Is the service well-led?
The service was well-led.

The service had recently employed a new manager.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

Good

Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Brunswick Court Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on the 21 January 2016 and was unannounced.

The inspection team consisted of three inspectors from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who had been in a care home environment.

Before the inspection, the provider completed 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 reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with the deputy home manager, clinical services manager, the relief home manager, 13 care staff, five visitors, a visiting healthcare professional and 15 people who use the service. We looked at 10 care records, six recruitment files and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, how they assessed and monitored the quality of the service, and reviewed Deprivation of Liberty Safeguards (DoLS) applications and safeguarding alerts for the home.

Good

Is the service safe?

Our findings

When we asked people if they felt safe when staff provided them with care, one person was surprised at our question and said, "It has never occurred to me that I wouldn't be safe." While another person indicated how safe they felt by saying, "Yes, I sleep all night with the window open." A relative also said, "One of the great virtues of the place is, she feels very safe... She used to have falls at home." Another relative whilst talking to us about how safe their relative was in the home said, "Yes that's the main thing, she's getting constant supervision."

We observed one person being supported by staff to move using a hoist and they told us, "I am comfortable, yes, I feel safe." We saw from their care documents that they and their relatives had been asked what made them feel safe. Responses unanimously indicated that the presence of staff at all times and the staff team provided them with this feeling of being safe.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety.

Senior members of staff explained the procedure for reporting to outside agencies in line with the home's policy in order to keep people safe. Staff said, "safeguarding is important... we watch over our clients." Staff told us that they protected people from every day hazards in order to keep them safe. For example if a wheelchair was squeaking then they would have it checked or if there were any trip hazards they would be reported and resolved quickly. Staff told us that through detailed record keeping they were able to identify changes in peoples' behaviours quickly and act on any concerns. Staff said "we always do visual rounds and check if someone is ill." Staff recorded and reported on any significant incidents or accidents that occurred. Each person living at Brunswick Court had been assessed for the support they would need from staff in order to evacuate the building in the event of an emergency situation. We saw ski pads positioned in stair wells that could be used to aid evacuation. Individual risk assessments had been undertaken in relation to people's identified support needs and regularly reviewed for potential risks, including falls, moving and handling, the risk of developing pressure ulcers and nutrition. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Where the risk assessments had identified potential risk, we saw that staff acted appropriately to minimise this. For example, a person's weight loss had prompted staff to seek advice from a dietitian and they also provided additional pressure relieving equipment.

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

We observed that there was sufficient staff on duty to meet people's needs. People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, there was always two staff available to support them safely.

The relatives we spoke with were complimentary about the staff that provided care and said that their relatives were supported by a consistent group of staff which meant that they were able to get to know their relative well. Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. A member of staff said "us and residents are very close, we are like family, it's like looking after your own granny." Staff were able to support people who exhibited behaviour that could be challenging to others. Staff said that if a person was confused or exhibiting such behaviour then they would offer them a drink or try and distract them in order to calm them down. This showed that staff knew the people they were supporting and how best to keep them safe.

Medicines records instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN) and how a person

Good

Is the service safe?

should be supported. People's medicines were stored securely in a locked cupboard within a locked air conditioned room. There were robust medicine audits that identified any issues in a timely fashion to ensure medicine errors did not happen, and if they did could be rectified. We did note that where a variable dose was prescribed it was not always recorded on the medicine administration record (MAR) exactly what dose had been given. For example, one person who was prescribed 10-20 mls of a pain relief had been given four doses and only one had the amount given recorded. Another person was prescribed 1-2 tablets and four entries out of the recorded 24 had the number given. This could result in people not receiving the full amount of pain relief they could have in 24 hours when in pain. We spoke with the manager regarding this and they told us that they would ensure that the dosage amount would be recorded in future for such medicines. Staff were aware of people's routines and did not rush them to take their medicines and if people refused to take their medicines, this was recorded.

Good

Is the service effective?

Our findings

Staff we spoke with demonstrated that they knew the background of all the people that they supported and how best they needed to support them. They said "we are doing the best for our residents." Relatives we spoke with also supported this and said "The home can't do any better." One relative said "My mother loves it here, she's been here for over four years now and I come and visit at least three times a week and my son pops in over the weekends."

Senior staff from all areas of the home had a 10 minute meeting every morning to discuss any issues or concerns they had about people at the service. From this meeting managers would introduce additional changes to the deployment of staff where it was necessary. Staff told us that if they required additional support or knowledge on how to support someone, then this was made available to them. For example, when the manager became aware that a person who exhibited increased behaviour had to be supported by a specialist team, they identified that staff would need additional training to further support this person and therefore arranged for urgent training to be undertaken.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us they received training to help them undertake their roles. One member of staff said "The training overflows here. There is no problem requesting specific training" We observed that senior staff worked alongside the qualified staff to support them to provide effective care to people.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to.

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

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

Staff supported people where possible to maintain a healthy weight. Daily records documented people's daily health needs and interventions from qualified nurses where this was needed to keep people healthy. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. Staff recorded fluid and food intake where it was deemed necessary to monitor how much a person had eaten or drank. We discussed with the management team that because the daily amount to be taken was not recorded on a fluid chart and staff did not always record the totals, there was a risk that if a staff member saw a lot of entries they could assume sufficient fluid had been taken. This put people at risk of not drinking enough fluids to maintain their health and wellbeing.

We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion. People could choose where they took their meals and most chose to use the dining room and some were eating outside the home and others in their bedrooms. Most people said the food was good. One person said, "The food is lovely and the chef is a brilliant cook." At lunchtime we observed staff supporting people to be as independent as possible one person told us "Someone sits by my side

Good

Is the service effective?

and feeds me. They also give me a dish with slices of orange in so I can feed myself." Another person while talking about the food choices said, "The food is always good…. The kitchen gets it right." Staff told us that if people did not like the food choices available, they would discuss this with the chef. They said "we ask the chef to have a chat with people to better understand what they would like to eat."

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

Good

Is the service caring?

Our findings

People using the service and their relatives told us that the staff were kind and caring towards them. One person said "The day staff are kind. One or two are very nice; they're gentle which is so important." When we asked people who used the service if they had ever been unhappy with staff, they said "The night staff are never as good as the day staff." they also said that the night staff regularly changed and did not always know them. They did however state that day staff respected their privacy and dignity and were always kind to them and where they had raised concerns about staff the home had acted quickly to remove the staff. One person said that they "much appreciate what [staff] do for me." While a relative told us, "[Person's name] is always smiling and likes all of the staff". Another said, "I visit most days and the staff are always so kind." We saw visitors being offered drinks and the opportunity to have a meal with their loved one.

Staff were helped to care in ways that people preferred by having information available about people's likes and dislikes which was recorded upon admission and added to. We observed that staff understood the importance of being at eye level with people when talking to them, understanding the person's method of communication and what various signs and behaviours meant. Whilst care plans did not always detail people's communication methods we saw good interactions and spoke with staff who knew and understood the people they were providing care to.

Staff told us that because they were allocated to a specific floor, this allowed them to get to know the people they were supporting and form a bond with them. One member of staff said "I love my residents and they love me too." A relative we spoke with also confirmed this they said "I have no worries here; I like the staff they are very good and supportive. I am very happy with [relative] living here, no matter what time you come in staff are always here to help. Put it this way if I had to go into a home I will come here. It is very good here."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, bathroom doors were closed when personal care was being provided. We observed the staff interacting appropriately and continually with people.

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

Staff promoted people's choices and gave them independence were it was possible. For example one care staff told us that if a person wanted to have the privacy of using the toilet facilities on their own then staff respected this and would wait for the person to ring the bell for assistance. Staff said "We treat people with respect and according to their individual needs." They also said "we encourage independence and make sure people are well groomed, warm and comfortable." When we spoke with people using the service they also confirmed this, they said "I have nothing worrying me; it is a good place. I can speak up for myself and I can get around a bit. You've got all the facilities here."

Staff helped and supported people in meeting their needs and knew them well and understood their mood states and were able to identify any changes in them quickly. Staff told us that they monitored people's daily records and if someone was not themselves then this would be reported. For example if they noted that a person's ability to move with some assistance had deteriorated, they reported this and actions were taken to ensure the person was ok.

Good

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them moving into the home. The provider told us that people could only move to the home if they knew they were able to care for them. We saw that the staff always gained information from the person's referring social worker or visited a person to assess them prior to them moving into Brunswick Court.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. People we spoke with said that the home was able to cater for their needs which meant that they provided with the care and support they needed. "I'm very happy with the home. It's a very nice home; the majority of the staff are very helpful…the building is wheelchair friendly." This person told us that in other homes they had been to, they were not always able to move around easily in their wheelchair.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. Care plans had been written in detail and kept current. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered in order to provide consistency. For example the reader would know the way a person liked to be moved and the equipment, including the size and make of the equipment needed to move them safely. We also saw that staff recorded the nursing care they provided for example a clear record of when a wound was redressed or a catheter changed. People had also signed an agreement to the use of bed rails and had also expressed the gender of the staff they preferred to provide care to them and the name by which they liked to be called.

Care staff told us they completed the daily notes as soon as possible after providing care and they reviewed peoples care when they were 'resident of the day'.

People were encouraged to and supported to pursue hobbies and interests. We observed that the home had activities set up for the morning, people were given the option of attending and staff respected people's decision not to participate. One person said "No I do what I want to do here; if I want to do puzzles I do that."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the complaints received by the provider in the past year had been investigated and acted on in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

The service had recently employed a manager who was in the process of registering with the Care Quality Commission. Everyone spoke highly of the day staff employed at the service. They did however say that they did not know who the manager was for the home because they kept changing. One person said "I don't really know who it is". While another said "They keep changing the Manager, lots of temporary managers." We raised this with the management team who said that they were waiting until the manager's checks had gone through before announcing them to the residents but would look at informing them sooner about the new manager. Everyone told us that the care provided by the home was good.

The service demonstrated an open and transparent culture throughout. Staff told us that it was a 'good' service to work for and that the service and staff "work together to help people." Another staff member when speaking about their role and the home said "it's very good, we are trying our best." Staff and relatives we spoke with felt the home was "well run."

Staff said that they were aware of whistleblowing but that they were supported my senior staff to be transparent in their roles. They said that "problems start small, so we are encouraged to raise small concerns before they get too big."

Staff told us that although they did not have a registered manager the management team provided them with everyday leadership, and the support they needed to provide good care to people who used the service. They said that the floor managers and clinical managers were approachable and available if they needed to raise concerns. One of the managers while discussing the support they gave to people said "the home is run well, we give support, and the staff are good."

Staff knew their roles and responsibilities well and felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening. One member of staff told us, "It's like home, it's my second home, I love my residents and they love me."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. Staff files included supervision records and documents that confirmed the management had addressed any staff disciplinary issues. For example, we saw that they had looked into why a member of staff failed to attend planned training.

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

We looked at the quality matrix for November and December 2015. These covered a range of areas including the progress and treatment of home and externally acquired pressure ulcers, accidents and incidents, and people's weight records. We saw that where any issues had been identified the member of staff undertaking the audit had investigated and recorded how the issue had been addressed.