

Brendoncare Foundation(The)

Brendoncare Stildon Mews

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

Brendoncare Stildon Mews is a domiciliary care agency providing personal care services to an extra care scheme run by Hanover Housing. People live independently in their own flats and care calls are provided during the hours of 7am and 10pm. A sleep-in carer is available overnight for emergencies. The 13 flats are equipped with alarms to alert staff to emergencies between care calls. Brendoncare Stildon Mews is adjoined by the nursing home Brendoncare Stildon.

The service had a registered manager in post. 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.

People told us they felt safe and were happy with the support they received from Brendoncare Stildon Mews. One person said "The carers are good, very safety conscious". Another person said of the care provided "It's lovely to know it's there". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

We saw people were supported by staff that knew them well, gave them individual attention and looked at providing additional assistance as and when required. People were at the centre of their care and staff and the management team promoted this ethos and culture.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. Staff and the registered manager were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

People told us that staff were kind and caring. One person said "I think staff are very nice, very kind and caring". Another person said "Carers are very good, very kind and caring". People told us they were treated with dignity and respect. Staff gave us examples of how they did this on a day to day basis.

People received regular assessments and reviews of their needs and of any identified risks. Records were maintained in relation to people's healthcare and people had a hospital passport in place that contained important information should they need to go to hospital.

The service was well led and had good leadership and direction from the registered manager. Staff felt fully supported by the registered manager to undertake their roles. A person centred culture was promoted and embedded. There were robust quality assurance systems in place to ensure a high quality of care and support was provided.

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.

People felt safe. There were appropriate numbers of well-trained and appropriately recruited staff to meet people's needs.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The management team assessed risks to individuals and gave staff clear guidelines on how to protect people.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately. When needed safe systems and processes were in place to manage medicines safely.

Is the service effective?

Good ●

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported to eat and drink a healthy diet if this had been identified as a support need.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

People were fully involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received support as staff knew people well. Support plans were detailed, personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and their managers on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People were asked for their views. They and staff could approach the management team with their queries and they were listened to so that improvements could be made.

The management team were visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

There were a range of systems in place that showed us that the provider monitored quality and performance regularly.

Brendoncare Stildon Mews

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 18th May 2016 and was announced. This was because people received care and support in their own homes. The provider was given 48 hours' notice because the location provides a domiciliary care service. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us. The inspection was carried out by one inspector.

The provider had 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.

Before the inspection we checked the information that we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the central office and two separate locations where care and support was provided. We spoke with people, relatives and staff and observed interactions between staff and people. We also spent time looking at records including two care records, four staff files, staff training plans, meeting minutes, audits and other records relating to the management of the service.

We spoke with three people who used the service and a relative. We spoke with the registered manager, the training co-ordinator, a nurse and three care staff. We also contacted health and social care professionals who had knowledge of working with the service.

Is the service safe?

Our findings

People felt safe with the care and support provided. They told us they felt safe as they knew care was always there when needed and that they trusted the skills of the staff. One person said "The carers are good, very safety conscious". Another person said of the care provided "It's lovely to know it's there".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member said "I would talk to my manager and document it in the daily notes". All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current.

On the day of our inspection no one was receiving support with the management of their medicines. However staff that needed to be were trained in the safe management of medicines and would be able to support people should they need assistance in this area. Any person who received care and support with their personal care were assessed to see if they were able to self-medicate. We saw these assessments in people's care records. Staff were knowledgeable about the systems and processes for making sure people received their medicines safely including ordering, storage and recording on MAR (medication administration records). The manager had a system in place for assessing competency in this area and carried out these assessments on a regular basis.

People told us there were enough staff to carry out their care and support and that staff were always available when needed. People had set times when their care and support was provided but there was always support available outside of these times if needed as the service provided cover on a 24 hour basis. Staff that worked in the adjoining nursing home also worked in Brendoncare Stildon Mews but there were separate rotas for each part of the service. Staff that were providing personal care for people in their flats would only be working in that part of the service on any given day. This meant that staff were clear about their roles within the different parts of the service. Staff told us that there were enough staff to provide the care and support needed. One staff member said "We are very lucky, we are staffed a lot more than other places, we get time to talk to people, our work is not just task orientated". We saw that rotas indicated when staff were on duty in Brendoncare Stildon Mews or in the nursing home so that we could see that the service operated separately from the nursing home.

Risk assessments were carried out to establish the type of care and support needed for someone. These addressed areas of need identified. For example where someone needed assistance with a transfer from a wheelchair into bed a moving and handling risk assessment had been completed and the type of support required described. For another person who needed support with their catheter this was assessed and the management plan documented. Guidance regarding safe catheter care was also recorded on the person's care records.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through

the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service, records confirmed this.

Is the service effective?

Our findings

People told us that staff were knowledgeable and well trained. One person said "I do think they're very well trained". Another person said "I think staff are very well trained and all very good". A relative told us "I think staff are well trained, I can tell from the way they approach [my relative]" Staff told us that they received an induction when they started work with the organisation and this had involved learning about people's needs, the job role shadowing staff and carrying out essential training. The organisation had introduced the Care Certificate for new staff. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. Staff told us that they received enough training to carry out their roles. They also told us there were opportunities to carry out training additional to the essential training such as training in supporting people living with dementia and diplomas in health and social care. We looked at training records and met with the training co-ordinator who showed us the training that people undertook that enabled them to gain the skills and knowledge they needed to support people. This training supported staff to be interested and motivated in their roles and we heard and observed that staff were enthusiastic about their jobs. We saw that there was a plan in place that recorded when staff had received training and identified when staff needed to refresh their training in a certain area.

Staff demonstrated the impact training had on how they carried out their jobs. For example one member of staff was able to tell us how the training they had received on supporting people living with dementia had increased their understanding in this area. They told us that the training had enabled them "To put myself in other people's shoes and made me think about how people feel and how frustrated they get, it's made me realise how important it is to be very patient and give people time". Staff received regular supervisions where they sat down with a manager and discussed their work role and training needs. There were also additional group supervision meetings to learn about certain areas of clinical need such as moving and handling and pressure care.

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's consent was sort and recorded in their care records. This was in relation to consenting to the care and support being provided, consent to a daily check call and consent to enter someone's flat in the case of an emergency. There was no one who lacked capacity in any areas on the day of our inspection. Staff had received training in the MCA and were aware of the principles of the legislation and knew when capacity assessments needed to be carried out.

People received support with hydration and nutrition where needed when receiving a domiciliary care service. Some people had support to prepare their meals and to go shopping. No one receiving a service on the day of the inspection required monitoring of their food and fluid intake but the registered manager and staff had systems and processes in place should people need this as part of their care and support. Some people received meals prepared in the nursing home kitchen and either went to the dining room for these or

had them delivered to their flats.

People had their health needs clearly documented within their care records. People we spoke with told us that they would contact health professionals such as the GP themselves but if they needed staff to support with this they would ask and staff would be happy to do this. Staff were aware of the need to support people to maintain good health; they told us that there was always one of them on duty to respond to any concerns day or night or to summon emergency help if required. Staff viewed supporting people with their health not only from a practical perspective but also told us that good health was about social interaction and stimulation and saw this as part of their role to encourage people to participate in activities where they wanted to.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "I think staff are very nice, very kind and caring". Another person said "Carers are very good, very kind and caring, "most of the carers I have are very sensible women that I can relate to". Staff we spoke with talked about people with kindness and compassion and knew their individual needs.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. People told us that staff were respectful and treated them with dignity. One person said "The staff definitely treat me with dignity and respect". A relative we spoke with said "Staff are always cheerful and they explain everything they're going to do, they stay and talk to [the relative] until they get up". Staff told us about the ways they treated people with respect and dignity. One staff member told us "When supporting a person I always knock on the door and always tell people step by step what I'm going to do and I ask 'Is it ok if I help you get washed and dressed'". Another staff member said "Be kind, always give choices, always ask if they want help and how they want things done". A third staff member said "Always make sure the doors are closed and explain who you are and what you're there for".

People told us that they were involved in their care and support and that they were in control of the tasks that they needed help with. They told us the details of their care. One person described the tasks they were able to do for themselves and the support and assistance they needed to remain as independent as possible. One person said "I try and do as much as I can and tell staff what I need". Staff were clear that where possible they would support people to be independent. A staff member said "Let the person do what they can for themselves". Another staff member said "The person washes themselves, we give them privacy and they can call us when they want help". People told us that they were fully consulted around their care plans and if they needed any changes they would discuss these with the registered manager or a member of staff and these would be acted upon.

As care and support was provided within a complex of flats with care available on site 24 hours a day, people could attend a residents meeting where they could discuss any concerns regarding the care and support provided. This took the form of a coffee morning and the registered manager attended these so they could be aware of any issues that needed to be addressed. Questionnaires were sent out to people to gather feedback regarding the quality of the service provided and we saw that these had been completed.

The registered manager told us that they had received accreditation with the Gold Standards Framework (GSF). It is a training program that promotes good practice in end of life care. And awards certificates to health and social care providers who have completed this training. This related to care provided in the nursing home but also enabled staff to provide high quality end of life care to people in their own flats should this be needed.

Is the service responsive?

Our findings

People told us that staff knew them and their individual needs, likes and dislikes well. One person said "Most of the carers I have are very sensible women that I can relate to". A relative told us "Staff know [my relative] and they know [my relative's] particular needs, they try and keep [my relative] interested at all times".

Staff were able to let us know about the people they supported and what they needed. They could describe in detail the person centred care and support different people required. One staff member said "We allow the person to make their own decisions and we are guided by the care plans, we put the person at the centre of what they want and adapt to what they want". For example someone needed support with putting on their calliper, another person needed support with managing their catheter and a third person needed support with getting washed and dressed. Care records we looked at clearly described how peoples support needs were to be managed and the specific ways people wanted their care were detailed. For example how people wanted their tea or coffee and what they liked for breakfast. Personal requests were detailed in these records. For example due to a person's impaired eyesight they specifically requested that staff look out for any stains or marks on their clothes. The person confirmed that staff did this for them. People had care plans from their GP's and a hospital passport which gave details of their health conditions likes and dislikes should they be admitted to hospital.

Information about people's histories including their careers, family, important relationships, hobbies, interests and likes and dislikes were recorded were recorded on a document that was called 'This is me'. Staff knew what was important for people and this enabled them to build rapports with people and assist in developing relationships. Information was also recorded about what a good or bad day looked like for a person and what people's strengths were and what gave them a sense of achievement. This information enabled staff to know people well and to recognise signs that might mean that people needed additional support, it advised staff of what helped people when things were a little more difficult. People's care plans were reviewed regularly. People told us they were involved in designing their care plans. A relative told us "The care plan was discussed with us and we said what we wanted and that's what they do". A staff member told us "We look at individual's needs, making sure they're involved and we make sure they're there when we're writing the care plan."

People who lived in the flats met weekly to have a coffee morning and a catch up and activities were organised in the nursing home that people could participate in. These were additional activities provided in addition to the personal care service that was provided.

People told us that they would feel comfortable raising any concerns that arose for them. They told us they felt confident that they would be responded to and any problems would be addressed. One person said "If I really had a problem I would go to the manager, I don't think I will though". Another person said "If I had a concern I would be quite happy to come and talk to [the registered manager]. We observed the registered manager discussing a concern with one person on the day of our inspection and she took the issue seriously and gave the person reassurances that it would be sorted out. The complaints policy was available in the communal areas for people to access. There had been no formal complaints for the registered manager to

respond to.

Is the service well-led?

Our findings

The service was well led. People told us that they thought the service was well managed and that they could approach the management with any concerns. One person said of the registered manager, "They seem very quick on the uptake". Another person said of the service "It's run well, it's good, and [the registered manager] is an efficient person, if I had any real problems I could talk to them". The registered manager managed the adjoining nursing home alongside the service provided to people in their own flats.

The registered manager told us that their priority was to create a positive culture at the service and that their aim was "To create a family, to care and to be the best, ensuring everyone is valued whoever they are." The registered manager placed people receiving support at the centre of their care. Staff confirmed this when we spoke to them and told us about the culture and ethos of the service. One staff member said "People come first; we are good at promoting dignity and independence". Another staff member said "Everyone's always included and we are very good at promoting dignity and independence and keeping people as independent for as long as we possibly can".

Staff told us that they felt well supported in their roles and thought highly of the management team. One staff member said "We are well supported. If you've got problems or concerns their door is always open. Another staff member said "I think the management are very good, very supportive. If changes need to be made they are willing to listen". Staff told us they liked their jobs and were committed to the people they provided care and support to. One staff member said "I wouldn't have worked here this long if I wasn't happy". The registered manager told us about their and the providers commitment to supporting staff to enable them to deliver a high quality of care and support. They said "We look after our own staff, if you invest time in the staff you get a good team and we have a good team".

The management team had systems in place to manage the quality of the service to ensure good standards of care were promoted and maintained. Questionnaires were sent to people asking them for feedback about the care and support provided. Regular reviews of people's care and support took place and people felt able to drop by the registered manager's office at any time to share any concerns. Regular staff meetings took place that ensured staff were up to date with current practice and were able to discuss the needs of people they supported and discuss any development needs. Regular audits of practice took place including those around medicine management, health and safety, infection control and dignity. A senior manager from head office also carried out a monthly general audit of care practices. We saw action plans as a result of these audits and that the actions had been completed.

The registered manager told us that they were supported by the provider. They received regular supervision and support from a monthly manager's meeting. The registered manager told us about some recent training that managers had been on called "My home life". My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. The registered manager told us that a lot of the themes covered in this training applied to supporting older people in their own homes. The registered manager was also being supported to study for a master's degree in dementia studies. This demonstrated a commitment from the provider and registered manager to continuous learning and development that meant that care practices were up to date and influenced by current research.

The registered manager was aware of their reporting responsibilities to the Care Quality Commission about incidents such as safeguarding issues and had sent in notifications to CQC as appropriate. They were aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.