

Brendoncare Foundation(The) Brendoncare Alton

Inspection report

Adams Way
Alton
Hampshire
GU34 2UU

Tel: 01420549797
Website: www.brendoncare.org.uk

Date of inspection visit:
02 February 2016

Date of publication:
24 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2, 4, 12 December 2014. Breaches of legal requirements were found in relation to care and welfare and staffing. After the comprehensive inspection, the provider wrote to us to say what they would do to meet these legal requirements. They told us they would complete their action plan for staffing by 29 May 2015 and for care and welfare by 28 August 2015. We undertook a focused inspection on 7 September 2015 to check that they had followed their plan and to confirm that they now met legal requirements. We found the service had met legal requirements in relation to care and welfare but not staffing and we served a warning notice requiring the provider to make the necessary improvements by 30 November 2015. We returned to the service on 3 February 2016 to check if they now met this regulation.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brendoncare Alton on our website at www.cqc.org.uk.

Brendoncare Alton is registered to provide care for up to 80 people who need care and nursing support. There are five units: Jade, Blue and Pink units care primarily for people who are physically frail and Cedar and Oak units look after people who are living with dementia. We visited all the units during the course of the inspection. At the time of the inspection there were 79 people using the service.

The service does not currently have a registered manager as required, however the provider is in the process of recruiting a manager. 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. The provider is in the process of recruiting a manager and has ensured that in the interim the service is run by a covering manager.

At our focused inspection on 3 February 2016 we found the requirements of regulation 18 had been met. There were sufficient staff rostered to ensure one to one care could be provided safely for people, there had been a decrease in the use of agency staff and there was consistency in care planning for people whose behaviour challenged staff, as staff now had the time to write the required care plans. However further improvements were required to ensure staffing levels for people were 'Good' across all of the units.

There had been an increase in the level of staffing on one of the units that accommodated people who experienced dementia. The provider had processes in place to ensure the required number of staff were rostered to provide people's care on these units and checked to ensure sufficient staff had been deployed. Staff on these units told us there had been an improvement in staffing since the last inspection. There were enough staff to provide people with the care they needed for example, one to one supervision. Staff knew the people they were caring for and people's needs were met. Where required people had challenging behaviour care plans in place as staff now had the time to write them.

On the nursing units there had been an increase in the number of staff who moved between the units to provide people's care. Whilst there appeared to be enough staff on the nursing units to provide safe care, people told us that they did not think there were enough staff to provide the quality of care they should expect. For example, staff told us they were especially busy in the morning on the nursing units. The provider used a dependency tool to assess staffing requirements. They had identified that the tool in use was potentially not accurate at assessing people's staffing needs. They were in the process of trialling a new tool and at the end of the inspection they informed us the new tool would be introduced onto one of the nursing units with immediate effect. This was to ensure that the numbers of staff provided were appropriate to meet the assessed needs of people.

The use of agency staff had decreased and the provider taken action to ensure continuity for people in the agency staff they booked for the service. The provider had taken appropriate action to recruit more staff. The provider had taken action to mitigate any impact upon people from the use of agency staff not being familiar with people's needs by booking the same staff where possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety in relation to staffing as required.

Staffing levels had been increased slightly; there were enough staff to meet people's care needs safely. However, particularly on the nursing units people felt more staff were required in order to provide 'Good' quality care, whereby staff were not rushed on occasions .

Requires Improvement ●

Brendoncare Alton

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.

We undertook an unannounced focused inspection of Brendoncare Alton on 3 February 2016. This inspection was carried out in order to check if the provider now met legal requirements following our inspection of 7 September 2015. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting one legal requirement in this area.

Prior to the inspection we received feedback from a commissioner of the service and a nurse. The feedback we received was that they had no concerns about the care provided. They told us that although the service had been recruiting a lot of staff recently they still used quite a few agency staff. During the inspection we spoke with two visiting health care professionals who did not have any concerns about staffing levels.

The inspection was undertaken by two inspectors. During our inspection we spoke with six people and one person's relative. As many people who lived on Cedar and Oak units experienced dementia and could not all speak with us. We used the Short Observational Framework for Inspection (SOFI) on Oak unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the interim manager for the service, the Head of Care, and the Nominated Individual. This is the person who is responsible for supervising the management of the regulated activity provided. We also spoke with five nurses and seven care staff.

We reviewed records relating to eight people's care and support and looked other records relating to the service such as staff rosters. We observed parts of the lunch service on all of the units.

Is the service safe?

Our findings

At our inspection of 2, 4, 12 December 2014 we found where people's behaviours challenged staff the care approach was not always personalised to meet their individual health and care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Care and welfare. This corresponds to Regulation 9(1)(a)(b) (3)(a) person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always sufficient numbers of staff on duty to meet the care needs of people in the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) 2010. This corresponds to Regulation 18(1) staffing of the Health and Social Care Act 2008 (Regulated Activities) 2010.

At our focused inspection on 7 September 2015 we found the provider had met the requirements of Regulation 9. However, they had not fully completed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 described above. There were not always sufficient staff rostered to ensure one to one care could be provided safely for people, there had been an increasing use of agency staff and there was a lack of consistency in care planning for people whose behaviour challenged staff, as staff did not have the time to write them. We returned to the service on 3 February 2016 to check they now met requirements in relation to staffing. We found the requirements of regulation 18 had been met but further improvements were required to ensure staffing levels for people were 'Good' across all of the units.

The Head of Care explained that the two units which accommodated people who experienced dementia; Oak and Cedar units were each currently staffed with a nurse throughout the day and five care staff. This level of staffing included an extra staff member on each unit for people who required one to one observations from staff to keep them safe. Since the last inspection the number of care staff on Cedar unit had been increased from four to five, records confirmed this. People were seen to be appropriately supported by the required number of staff on these units. People who needed one to one care had a staff member with them to supervise them and ensure their safety. The atmosphere on both of the units was calm; staff did not appear unduly rushed as they provided people's care. Staff on Cedar and Oak unit told us staffing had improved since the last inspection. They confirmed that the required level of staffing was rostered and that there were enough staff to provide people's care. We observed lunch on Cedar and Oak units. People's meals were served in a leisurely manner, staff had time to interact with people and there were enough staff to support people who required assistance.

Staffing levels for the three nursing units remained at one nurse and two care staff per unit. However, the provider had increased the number of floating staff providing additional staff cover for these units from one to two care staff per morning. 'Floating staff' are additional staff who are deployed to assist where needs are greater. The provider could also extend the working hours of the floating staff to the full day if required to meet people's needs across the service.

Whilst there appeared to be enough staff on the nursing units to provide safe care. people told us that they did not think there were enough staff to provide the quality of care they should expect. People we spoke

with on these units told us that although their care needs were met, there was not a 'Good' level of staffing to always ensure their needs were met as they might wish. One person gave an example of staff having supported other people on an occasion whilst providing their care. Another person was observed not to have been left with a call bell in the event they required assistance. Staff informed us this was because the person generally 'Called out' if they required help. A person on the nursing unit told us they felt there were not enough staff and that staff were always "Harassed." Staff on these units confirmed they could not always provide the quality of care to people which they would like to. Staff told us they were especially busy in the morning which reduced the amount of time they had to spend with people. We observed lunch being served on the three nursing units and saw that staff were available to assist people with their meal if they needed support. Staff were seen to sit with people they were supporting and chat with them whilst they supported them to eat their meal. Some people received their meal in their room, either at their own choice or because they were unwell and staff were seen to assist people in their room when needed. The healthcare professionals told us there were usually enough staff available to assist them or update them about the people they were visiting. They said staff knew the people on their units well, were aware of people's needs and followed any instructions that were left for any follow up care or treatment. There were sufficient staff rostered on the nursing units to meet people's needs safely but not enough to provide good quality care for people which ensured people consistently experienced unrushed care from staff.

The provider used a dependency tool to assess the level of people's care needs and to calculate staffing requirements for the service. Records demonstrated the provider actually staffed the service at a level above the staffing requirements determined by the dependency tool. However, the tool used did not fully take into account the range of people's potential care needs to enable an accurate assessment of staffing requirements. For example one person whose care we reviewed had been assessed as 'Medium dependency' but their level of care needs indicated they were more likely to be 'High dependency'. We spoke with the Nominated Individual (NI) about this. They told us they had identified this issue and gave us a copy of their new care dependency assessment tool which they were trialling at other locations. This was a much more comprehensive tool which better reflected people's diverse care needs. The NI informed us the plan was to implement the tool at the service shortly. During the inspection they agreed to introduce the tool on one of the nursing units with immediate effect. This was to ensure that the numbers of staff provided were appropriate to meet the assessed needs of people.

The Head of Care told us staffing levels for the service were reviewed on a daily basis and care staff were moved around the service to ensure people's care needs were met; records and staff confirmed this. The NI informed us the manager was required to provide them with a weekly staffing report to enable them to review the level of staffing provided at the service and to identify if any shortfalls had occurred, this was confirmed by records. There were processes in place to ensure staff were allocated across the service as required and the provider had oversight of the staffing requirements of the service.

Records demonstrated the provider had recruited eight new care staff following the last inspection and a team leader for the dementia care units. The interim manager and the Head of Care told us that agency staff were used to cover unexpected absences such as vacancies and staff sickness. However, they told us there had been a reduction in the use of agency care staff since the last inspection and that where possible they booked the same agency staff to ensure staff were deployed that were familiar with the service, this was confirmed by records. Some permanent staff told us they appreciated the help of agency staff but that this did sometimes increase the pressure on them, as if the staff were new to the service they had to explain to them what they needed to do. Whilst others confirmed there had been an increase in the continuity of agency staff. One of the agency staff explained to us they came to the service regularly and they demonstrated a sound knowledge of people's needs. The provider had taken appropriate action to recruit more staff and they had taken action to mitigate the impact of the use of agency staff upon people.

The manager informed us that currently they were not generating reports from their call bell system to enable them to monitor how long it took for people's call bells to be responded to by staff. During the inspection they provided written evidence that they had liaised with the system provider and arranged to generate these reports with effect from 8 February 2016. This will enable the provider to more effectively monitor the call bell system and response times for people.

People who exhibited behaviours which challenged staff now had a 'Challenging behaviour care plan' in place. These clearly documented the behaviours people might demonstrate and provided staff with guidance about how to manage them. Records demonstrated that staff had met to discuss people's behaviours and how best to manage them. Since the last inspection nursing staff have had the time to ensure that where required people have challenging behaviour plans in place.