Brymore Care Homes Limited

Brymore House Care Home with Nursing

Inspection report

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Date of inspection visit:
14 June 2016
24 June 2016

Date of publication:
12 July 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

Summary of findings

Overall summary

We carried out this inspection on 14 and 24 June 2016 and the inspection was unannounced.

We last inspected this service on 29 September 2014 and the service was meeting all areas inspected.

Brymore House Care Home with Nursing provides care, treatment and accommodation for up to 53 people. The service has two units, one with 31 beds which provides nursing care to older people and the other with 22 beds which provides intermediate care and rehabilitation.

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 were protected against the risk of avoidable harm and abuse. Staff had undertaken safeguarding training. Staff were aware of the different types of abuse and the appropriate process in reporting concerns of alleged abuse. The service had risk assessments in place that were regularly reviewed and identified known risks. People were not deprived of their liberty unlawfully. The registered manager and staff had sufficient knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] and their responsibilities within the legal framework. People's consent to care and treatment was obtained prior to care being delivered.

People received care and support from sufficient numbers of suitable staff to meet their needs. The service had robust procedures in place to ensure suitable staff were employed. Prior to employment the service obtained Disclosure and Barring Service [DBS] checks, references and photo identification for all staff.

People received their medicines safely. The service had robust systems in place to ensure medicines were administered, recorded, stored and disposed of in line with good practice. Staff had comprehensive knowledge of the medicines they administered and the correct procedure in ensuring identified errors were addressed immediately.

People were supported by staff that were skilled and knowledgeable in meeting their needs and reflected on their working practices. Staff underwent on-going training to ensure they were able to meet people's needs. Staff received all mandatory training, for example, first aid, moving and handling, safeguarding and mental capacity. Staff received supervisions and annual appraisals where they looked at areas of improvement, training needs and best practice.

People were provided with sufficient amounts of nutritious food and drink. Staff monitored people's food and fluid intake and were aware of the importance of sharing any concerns with health care professionals. People were supported to access health care services to ensure their health was monitored and maintained.

People were encouraged to make decisions about the care and support they received. People's views were sought by the service through quality assurance questionnaires. Action was taken to address any concerns raised in a timely manner. People's privacy and dignity was respected, staff were aware of the importance of maintaining people's confidentiality at all times.

People's care was person centred and responsive to their needs. Care plans were comprehensive and contained vital information about people's history, diagnosis, preferences, medical needs and goals. Care plans were reviewed regularly to reflect people's changing needs and input from health care professionals was sought.

People knew how to raise their concerns and complaints. People were able to raise their concerns without fear of reprisal. The service responded to complaints in a timely manner and sought to achieve a positive outcome for all. Lessons were learnt from complaints and appropriate action taken. The service had a comprehensive complaints policy for staff to follow and learn from complaints.

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 were protected against the risk of avoidable harm and abuse. Staff had undergone safeguarding training and were aware of how to recognise the different types of abuse and how to appropriately raise their concerns.

People were protected against known risks. The service had risk assessments in place that gave staff guidance and support on how to mitigate risks. Risk assessments were reviewed regularly.

People received the medicines in line with good practice.

The service had robust procedures in place to ensure suitable staff were employed.

Is the service effective?

Good

The service was effective. People's consent to care and treatment was sought prior to care being delivered.

People were not at risk of having restrictions placed on their liberty as staff demonstrated sufficient knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] legislation. Records relating to DoLS were in date and in line with good practice.

People were supported by staff that regularly reviewed their working practice, through supervisions and appraisals.

People were provided with sufficient amounts of nutritional food and drink that met their dietary requirements.

Is the service caring?

Good

The service was caring. People received support from staff that were compassionate, caring and kind.

People had their privacy and dignity respected.

Staff shared information with people, to ensure they understood what was happening and did so in a manner they understood.

Is the service responsive?

Good

The service was responsive. People had care plans that were person centred and tailored to the individual's needs. Care plans were reviewed regularly to reflect people's changing needs.

People were encouraged to make choices about the care and support they received. Their choices were listened to and respected.

People were aware of how to raise their concerns and complaints. The service had robust systems in place in responding to and dealing with complaints.

Is the service well-led?

Good

The service was well-led. The registered manager operated an open door policy, whereby people, their relatives and staff could speak with her at a time that was convenient to them.

The registered manager encouraged partnership working with other health care professionals. Records showed guidance sought from health professionals was documented and implemented in people's care plans.

The service carried out regular audits of the service. Quality assurance questionnaires were reviewed and action taken to address any concerns raised.

Brymore House Care Home with Nursing

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.

The inspection took place on 14 and 24 June 2016 and was unannounced.

The inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is someone who is a senior clinician or professional who assists us with inspections.

Prior to the inspection we looked at information we held about the service. For example notifications the service are legally obliged to send us.

During the inspection we spoke with 11 people, one relative, one activities coordinator, a project coordinator, five care workers, two registered nurses, a health care professional and the registered manager. We looked at 12 care plans, 10 medicine administration recording charts [MARS], eight care worker personnel files, three registered nurse's personnel files and other documents related to the management of the service.

After the inspection we made contact with two health care professionals.

Good

Is the service safe?

Our findings

People were protected against the risk of abuse. One person told us, "I do feel safe here. The staff are here to make sure I am safe". Staff received training in safeguarding people and were aware of the correct procedure in reporting suspected abuse. A staff member told us, "I would first provide support to the person and then report my concerns to the registered manager, so that she could put measures in place to see that the person is protected." A staff member told us, "The manager is very good here and she said that we should report any abuse to the safeguarding team." The service had comprehensive policies for staff to follow in safeguarding people.

People were protected against identified risks. The service had in place risk assessments that identified the risk and the steps to reduce the risk. Risk assessments covered various aspects including falls and general mobility, nutrition, personal care, and risk of developing pressure sores. Risk assessments were reviewed frequently, for example some were reviewed weekly to reflect people's changing needs. We found comprehensive risk assessments relating to pressure sores and wound management. The risk assessment gave clear and concise guidance to staff on how to manage pressure sores and included input from the tissue viability nurse.

People received their medicines safely and in line with their prescriptions. The service demonstrated good practice in the safe management of medicines. One person told us, "I get my medication when I need it. Everyday same time, same place, but different nurse." Nursing staff administered medicines. One registered nurse told us, "The outcome of the medicines audits is shared with all the staff. This is to improve and maintain our standards. We check for gaps every day and we have not had any missed medication." A health care professional told us, "Medication is well managed and audited monthly."

We looked at medicines administration recording sheets [MARS], and found these were all signed appropriately and detailed any known allergies. We observed the registered nurse administering medicine safely and explaining what the medicine was for to people, before administering the medicine. Medicines were stored in a locked trolley within a locked clinic room. People who administered their own medicine, had their medicine kept in a locked cupboard in their rooms. A staff nurse was available on each shift to ensure people received their medicines safely. Medicine that required storage in the fridge were done so at the correct temperature. The temperature of the room and the fridge were checked daily and monitored. Medicine bottles were appropriately labelled with dates of opening. There was a system for ordering and receiving medicines in the home. Received medicines were logged, detailing the date received, name of person, name of medicine and quantity. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records. The home had an as and when required [PRN] protocol in place for the dispensing of as required medicine. For example pain relief medicine.

People were supported by staff that learnt from incidents and accidents and took appropriate steps to minimise repeat incidents. People told us, "Some people here are unsteady on their feet, but they don't fall as there's always a carer who swoops in and helps them. I don't know how they manage it, but there's a carer whenever you need one. I've not had any falls whilst living here." We looked at the incident and

accident folder and found each record was clearly documented and signed by the registered manager. For example we looked at incidents related to falls. Prior to admission, staff carried out a falls risk assessment, which identified what support people required with their mobility to minimise the risk of falls. Falls were then reviewed through a two tier assessment process by the nurse on duty and the registered manager. Immediate was then taken after the fall, presentation of the person and future action to be taken were also documented.

People received care and support from staff that had undergone the necessary checks to ensure their suitability. The service had robust procedures in place to ensure the safe recruitment of staff. We looked at nine staff personnel files and found these included, disclosure and barring services [DBS] checks, two references, photographic identification and proof of address. Where registered nurses were employed, the service kept their PIN numbers on file. A PIN is given once registered with the NMC [Nursing and Midwifery Council] and is a requirement for all nurses to be able to practice nursing within the UK.

People were supported by sufficient numbers of staff to ensure they were safe. At the time of the inspection the service was at full compliment. One person told us, "When I need a staff they come pretty quickly and I don't have to wait." A relative told us, "This home is well run and I can't complain about the number of staff, they are kind and there is always somebody to hand. I know that my relative is never lonely here." Throughout the inspection we observed staff supporting people in a timely manner and call bells were answered within two minutes. We looked at the rota's and found there were sufficient numbers of staff to ensure people's needs were met and maintain their safety. Where staff were absent, the service had a pool of bank staff that would cover the vacant shifts. The service occasionally used agency staff to cover shifts, however when possible the deputy manager and registered manager would work on shift to cover shortfalls.

People were protected against harm in the event of an emergency. One person told us, "I pressed the call bell in my bedroom once by accident and all the staff came". The service carried out on-going procedures to ensure staff were equipped with the skills to safely evacuate people in an emergency. For example the service had in place personal emergency evacuation plans [PEEPS]. PEEPS are person centred documents that identify those who have mobility issues, and how to safely support them to evacuate the service. The service also identified specific staff on each shift who were fire marshals and first aiders to ensure people were safe.

Good

Is the service effective?

Our findings

People received care and support from staff that had the skills and knowledge to effectively meet their needs. One person told us, "The staff know their job, how they do it I don't know. Some people here can be quite difficult and the staff are always diplomatic." Another person told us, "They [staff] know how to do their job properly, they really do." A care worker told us, "The training here is really good, I have done moving and handling recently." A health care professional told us, "There is some turnover of nursing staff due to recruitment difficulties but induction, training and supervision are well maintained." Records showed that staff had undertaken all mandatory training, for example mental capacity act, deprivation of liberty safeguards, safeguarding, moving and handling and fire training.

People were supported by staff that had undergone a comprehensive induction programme. Staff told us, "I shadowed a senior staff for a couple of weeks, I observed how they approached their work. The induction was really really helpful for me to do my job." A project coordinator told us, "Before somebody starts working, they are shadowed by an experienced worker and I also visit the workers whilst they are working to provide support and find out what they are doing and how they are doing." We looked at records relating to the care induction programme and found staff were supported to understand various areas of their role and signed by senior staff when they had achieved adequate knowledge. For example the induction covered, job role, organisational structure, policies and procedures, training, fire procedure, call bell system and safeguarding.

People were supported by staff that had reflected on their working practices. A staff member told us, "I have a supervision every four months, but I can talk to the manager and discuss any issues I have at any time. I also have an appraisal". Another staff member told us, "The nurses carry out the supervisions and they help us if we have any issues or concerns. We talk about any training I need. The supervisions give us guidance to do our job. It encourages us to improve on our weaknesses. I can talk to my supervisor at any time not just in the supervision." Records showed staff were given regular supervisions and set goals for the coming three months to achieve.

People were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in the legal framework of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. MCA and DoLS are laws that protect people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. Staff told us, "MCA is about protecting people. Finding out if they are able to make a decision, this could be about everyday things." Records showed staff had carried out MCA on people to determine if they lack the capacity to make decisions about their care. Involvement from the DoLS representative was clearly documented and where DoLS were in place these were in date. At the time of the inspection five people were subject to a DoLS authorisation.

People's consent to care and treatment was sought prior to care being delivered. People told us, "Yes the staff all ask for my consent." Staff told us, "If people are able to decide themselves they will give consent. I ask people what they want to do and if they would like me to help them. If they don't give consent I would respect that and ask them again later. It's important to explain the benefits of why we are asking them and

the reasons behind it." During the inspection we observed people declining support from staff, which staff respected.

People were supported to have access to nutritional and healthy foods that met their dietary requirements. One person told us, "The food is alright." Another person told us, "We get a lot of carrots. We see peas occasionally. I like different vegetables, like green beans and petit pois". A relative told us, "There's a lot of food and [relative] tells me there is too much." We observed people having lunch and found that food looked appetizing and was presented well. There was a lot of interaction between people, staff and the chef. Portions were of a good size and people could have second helpings if requested. The chef spent time with people to gather feedback on their meal and was observed joking and engaging with people in a friendly manner. One person told us, "This is what he [the chef] is like all the time." Throughout the inspection we observed people being offered hot and cold drink and snacks during the day.

Good

Is the service caring?

Our findings

People were supported by staff that were kind, compassionate and respectful. One person we spoke with said the staff were "kind" and "they look after us well". Another person said, "They look after you alright." A relative told us, "I have worked as a carer before so I know a bit about care. Care here is excellent. I believe I can come here anytime. The staff are friendly and they are accessible here and by phone. I feel as if I belong here, this is the way I am made to feel and they have an excellent manager". A health care professional told us, "The quality of nursing care is good, including end of life care with the home accredited to the Gold Standards Framework."

People had their privacy and dignity respected. One person told us, "Staff knock on my door in the morning and I say come in, and they ask me if I want a cup of tea." A care worker told us, "Dignity and respect means that before you go in somebody's room you knock on the door and say good morning. You call the person by their preferred name and explain what you are doing before doing it and do not rush. Treat the person like you would like somebody to treat your mother." During the inspection we observed staff maintaining people's privacy and dignity, for example, by speaking to people in a quiet voice when discussing matters of a personal nature.

People were encouraged to make decisions about the care they received. One person told us, "I don't have to decide very much. If you hesitate when making decisions, staff will help explain things to you." A care worker told us, "People are encouraged to make their own decision as far as possible. Everybody has a capacity test and Mini Mental Examination (MME). We support people to make decisions as far as possible, for example we help them to choose their clothes, the time they want to have their personal care and all the time we involve the relatives. We also use drawings and pictures to communicate. We also have best interest meeting where we involve other professionals and the relatives".

People had their confidentiality respected by staff. People told us, "I hope staff maintain my confidentiality. They [staff] certainly give you the impression that they do. I've never heard staff talking about others or gossiping." A staff member told us, "Confidentiality is about personal information not being shared. You shouldn't breach someone confidentiality, you can cause someone stress and to lose their trust in you". During the inspection we observed staff maintaining people's confidentiality by ensuring confidential records were kept securely in a private areas, with only those with authorisation having access to the records. Staff contracts included a clause that staff must, 'Observe confidentiality with regard to clients and abide by the Brymore House policy at all times'.

People had access to health care professionals who monitored their health and well-being. People told us, "The General Practitioner (GP) sees us when he thinks we need it". A relative told us, "The care here is comprehensive and you don't have to tell the staff to involve the dietician or the physiotherapist. It's all done for you. And they involve you and keep in touch. They do a fantastic job." Records showed all contact with health care professionals was documented and where appropriate action taken to implement advice and guidance given.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People told us, "I have a care plan but I've not seen it, I don't want to. All I know is that so far it's working well." A health care professional told us, "Care plans are comprehensive, audited bi-monthly and any identified actions addressed promptly and rechecked". We looked at care plans and found these to be comprehensive and person centred. Care plans detailed aspects of people's history, likes, dislikes, preferences, hobbies, medical needs, nursing and support needs. Care plans were developed with the input from the relevant health care professionals. For example, one person with pressure ulcers had five health care professional's involved in the care of his/ her pressure ulcer management. This meant factors that could impact negatively on the pressure sores were controlled.

People were encouraged to maintain their independence where safe to do so. One person told us, "It's not easy to lose some of your independence and in many ways become a child again. But they [staff] won't stand for that, they always encourage you to regain your independence. They [staff] make you feel like an individual". A care worker told us, "It would be much easier to do things quickly for people. Here we [staff] are encouraged to get people to do things for themselves. You can see from people's faces that they prefer doing things for themselves". Throughout the inspection we observed staff promoting people's independence by using positive reinforcements, for example, encouraging people to eat independently and praising people when they had achieved something independently from staff.

People were supported to make choices about the care and support they received. One person told us, "I can make choices that affect me and I know staff listen to my decision." A care worker told us, "People make choices and we [staff] are here to ensure their choices are met". Throughout the inspection we observed staff offering people choices about the care and support they received. Staff gave people time to make decisions and were un-hurried. People's choices were respected and adhered to by staff.

People were protected against the risk of social isolation. One person told us, "I can join in the activities if I want to and if I don't want to I don't have to." Staff monitored people's interaction with their peers and where possible encouraged them to engage with others to minimise the risk of social isolation.

People were supported to participate in a wide range of activities of their choice. One person told us, "One of the staff bring me books regularly". Another person told us, they had enjoyed a 90th birthday party for the Queen. We saw photographs of the event and artwork that people had completed as part of the celebrations. People told us, "There is plenty to do at the home and you don't get time to get bored". The service employed an activities coordinator, who used to be a nurse at the service and knew people living at Brymore House well. There were individual and group activities available to those that wanted to participate. For example, there was movement and exercise for the group of people and at the same time there was individual session to encourage mobilisation for individual people. We observed a bingo session that was well attended and lively. We also observed people reading magazines and books, watching TV and listening to music.

People and their relatives were aware of the procedure in raising concerns and complaints. One person told

us, "I know how to complain, I would inform the senior staff. I've not had to complain yet." A relative told us, "When we have any issues we would normally bring it to the attention of the registered manager and things get resolved quickly". We looked at the complaints file and found that there had been three complaints in the last 12 months. Each complaint had been addressed in line with good practice and information shared with relevant health care professionals. Complaints were dealt with in a timely manner and where possible lessons learnt to minimise the risk of a repeat incident.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager. One person told us, "I know who the manager [registered] is, I can talk to her if that's needed." Staff told us, "The manager listens to us [staff] that's why I'm still here after all this time." A health care professional told us, "The registered manager is extremely professional and dedicated, and in full control of all aspects of the home subject to the provider's financial constraints."

The registered manager operated an open door policy, which meant people, their relatives and staff could meet with the registered manager at a time that was convenient to them. One person told us, "I can see the registered manager if I wish to". One staff member told us, "When the registered manager comes to work she comes around and says hello before going to her office". Another member of staff said, "The registered manager works tirelessly and is very proud of the team. She [registered manager] tells us when we are doing well. She is not afraid of getting stuck in." Throughout the inspection we observed staff approach the registered manager seeking guidance and support.

The registered manager encouraged an inclusive culture, where people's views and ideas were listened to. One relative told us, "This is a very good team and they have a good leader". Staff told us, the registered manager had regular meetings with staff to keep them informed about what was going on in the service, including any changes. One care worker told us, "You are never too small with her because she values everything that each staff does whether it is a carer or a staff nurse, male or female, from whatever background". Another care worker said, "I believe that the care we give here is very good. I am going to use the comments you make to improve the service".

The registered manager carried out on-going audits of the service. We looked at the audits carried out by the service and found these covered all aspects of the care delivered. For example, audits looked at, fire safety, medicine management, care plan review, food hygiene and maintenance. Where issues were identified during the audit, these were then acted upon in a timely manner. The service employed a maintenance person two days a week, however was available to attend any maintenance incidents on an on-call basis.

People, their relatives and staff were encouraged to share their views and give feedback on the service provided. One person told us, "Staff ask if I'm happy and if there's anything I need. So, yes they ask for my opinions and my views". A health care professional told us, "The level of service user satisfaction with the service, as measured via survey on discharge, remains high (approximately 90%)". Another health care professional told us, "Brymore House conduct regular patient surveys which suggest that patients feel the quality of the service is high and they have also demonstrated responsiveness to patient feedback". The service carried out annual quality assurance questionnaires, which asked for feedback on all aspects of the service provisions. We looked at 11 completed questionnaires by people and 11 completed by relatives. We found feedback was positive and where concerns had been raised, action taken immediately to address the concerns.

People received care and support from a registered manager that actively encouraged partnership working.

The registered manager was able to highlight the importance of partnership working and the benefits this had to people's health and wellbeing. Records showed where advice and guidance was given by health care professionals, information was then documented in people's care plan.