Brendoncare Foundation(The)

Brendoncare Park Road

Inspection report

Park Road
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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

About the service: Brendoncare Park Road is a residential care home that was providing personal and nursing care to 39 people at the time of the inspection.

People's experience of using this service:
• People were safely supported with personal care, medicines, health, wellbeing and nutrition.

• Staff received regular safeguarding training and could recognise signs and symptoms of possible abuse.

• Regular checks of the premises ensured risks from such as legionella minimised environmental risks to people.

• The premises were clean and staff were trained in infection prevention and control.

• Care plans were devised with people and reviewed with them each month.

• Staff were safely recruited and completed an in-depth induction and mandatory training before working in the service.

• Staff were supported by their line managers and received regular supervisions and annual appraisals.

• Regular GP visits and other healthcare professionals such as dentists enabled people to maintain health and well-being.

• The provider worked to the principles of the MCA 2005.

• Staff were warm and caring and supported people with empathy. There was a warm, homely atmosphere in the service.

• A range of activities were provided and the service was actively reviewing these to ensure they were appealing to people.

• Staff had recently completed a recognised end of life care training course and were cascading their learning to the rest of the team.

• The registered manager completed a range of audits to ensure care was provided safely and as planned.

• There were plans in place to re-provision the service to a different location in Winchester where a purpose-built home is planned.

• The service met the characteristics of Good in all areas. More information is in the full report.
Rating at last inspection: Brendoncare Park Road was rated as Requires Improvement at the last inspection on 17 January 2018.

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service and inspect again as per our re-inspection schedule.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Brendoncare Park Road

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector, a specialist advisor who is a registered nurse and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Brendoncare Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was leaving the service soon after the inspection however would be working with the new manager for a period to ensure a smooth transition.

Notice of inspection: The inspection was unannounced. We gave the provider no notice of our inspection.

What we did: Before the inspection we reviewed information we already held about the service including;
• Notifications we received from the service. A notification is a report about a significant event at the service that the registered manager must tell us about by law.
• Previous inspection reports.
• Information the provider sent us in the Provider Information Return in December 2018. This is information we require providers to send us at least once annually to give some key information about the service, which helps us when planning our inspection.
• We looked at eight care records, four staff recruitment files, risk assessments, records about the premises

and sought feedback from the local authority, health care professionals and commissioners.
• We saw records of accidents, incidents and complaints.
• We looked at audits, quality assurance reports and compliments.
• We spoke with 14 people using the service and three relatives. We spoke with the registered manager, two deputy managers, an administrator, three care assistants, the maintenance person and the chef.
• Following our inspection, we requested copies of documents such as staff rotas, policies and audits were emailed to us. These were sent as requested by the following day.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

When we inspected Brendoncare Park Road in January 2018 we found them to be in breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. This was because the registered provider had failed to ensure all risks associated with people's care needs were identified and actions put in place to mitigate them. At this inspection we found that the provider had improved communication of risks to all staff. There were guidelines on the handover sheet for all staff in the event that someone had problems with health conditions such as diabetes or taking blood thinning medicines. Risk assessments were in place for all aspects of care including use of bedrails. The provider was no longer in Breach of this regulation.

Systems and processes to safeguard people from the risk of abuse
• Staff received training and updates in safeguarding and knew what signs and symptoms may be seen if abuse had occurred. Staff knew what actions to take if they suspected abuse.

• The registered manager was proactive in involving staff members in alerting issues to safeguarding teams. Rather than they report to the manager and the information be passed on again, the staff that noted the concerns would share the information with the safeguarding team and be more involved in dealing with them.

• Policies and procedures were in place and accessible to staff about safeguarding and whistleblowing. A whistle-blower is an employee that reports misconduct. There are laws that protect whistle-blowers from being fired or mistreated for reporting misconduct.

Assessing risk, safety monitoring and management
• The provider ensured that environmental risks were managed. For example, there was a legionella risk assessment completed by a water safety contractor. All aspects of the risk assessment had been acted upon and regular checks took place of water temperatures and infrequently used outlets.

• Risks concerning people were also assessed and regularly reviewed. The provider had introduced an electronic care record system just two weeks before our inspection and people had newly completed risk assessments. These would be fine-tuned as staff reviewed the plans.

• There were a range of risk assessments completed including falls, skin integrity, nutrition, mobility and choking. The electronic system meant that all risk assessments were easily available to staff supporting people.

Staffing and recruitment
• Staff were safely recruited and staff files held all required information from pre-employment checks

including references, full work histories, application forms and interview records.

• Before commencing in post staff had a Disclosure and Barring Service check (DBS). The DBS check enables employers to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider also verified that nurses were registered to work with the Nursing and Midwifery Council.

Using medicines safely
• Medicines were safely managed. Peoples medicines were stored in locked cabinets in their own rooms and there was a lockable medicines fridge. Temperatures were recorded daily for the fridge and for each person's medicine cabinet.

• There was an electronic medicines system and we saw staff administering medicines in a safe and person-centred way. Registered nurses had good knowledge of the medicines they were administering including knowledge of effect and contraindications of medicines used in the home.

• The provider had controlled medicine onsite. Controlled drugs are prescription medicines controlled under Misuse of Drugs legislation (and subsequent amendments), which are closely monitored. Controlled medicines were appropriately stored and regularly checked. A controlled drugs destruction kit was in use for disposing of medicines no longer required.

• Staff were trained and assessed for competency before administering medicines.

Preventing and controlling infection
• The service was very clean, one person told us, "It's very clean here". Another person said, "They come in hoover and dust around". There were no unpleasant odours in the home and we saw staff cleaning throughout our inspection.

• There were antibacterial hand gel and hand lotion dispensers around the service. We saw staff using personal protective equipment (PPE) including gloves and aprons when they supported people with care and served meals.

• Staff completed training in infection prevention and control and when we inspected, training records reflected that 100% of the team had recently completed the training.

• We saw that one foam mattress had been breached and staining could be seen on the foam mattress. We told the registered manager and the mattress was replaced immediately and all other foam mattresses were checked to ensure all were in good order.

Learning lessons when things go wrong
• The registered manager reviewed all accidents and incidents to look for trends and possible ways in which future incidents could be reduced. The care recording system, when updated, was immediately accessible to all system users so any new actions to mitigate risk were immediately available to staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Before moving to the service, the provider completed a pre-admission assessment. People were encouraged to visit the service and have a complimentary meal with friends or family so they could experience the service before committing to moving in.

• Assessments were developed into care plans which were reviewed with people each month.

Staff support: induction, training, skills and experience
• Staff completed an in-depth induction consisting of training and shadowing established staff to learn their duties and start to forge relationships with people.

• Mandatory training courses included food hygiene, health and safety, first aid, infection control, moving and handling fire safety and safeguarding. Training was undated annually and staff were supported to gain qualifications such as diplomas and nursing apprenticeships.

• Staff received regular supervisions with their line managers and an annual appraisal. If training was identified that was not available, the provider would source the training if possible.

Supporting people to eat and drink enough to maintain a balanced diet
• People were happy with the meals provided by the service. When we inspected we saw braised beef with barley, salmon salad, baked potatoes and an omelette being served at one lunchtime. The chef, who was well known by people, visited people most days to advise them on food choices. Menus were circulated with morning drinks and people chose what they wanted to eat for the day. Snacks were available and could be requested from staff.

• People could eat in their choice of dining room or in their rooms. We saw a busy, sociable dining area which was not staffed and a quieter area with fewer diners but a staff presence. The call bell for the livelier dining room was positioned on one of the tables so that assistance could be called if needed.

• Peoples dietary requirements were assessed and recorded with their food preferences and this information was available in their care files. The chef also held this information and spoke with people daily to ensure the most suitable meal was chosen by them.

Adapting service, design, decoration to meet people's needs
• People's rooms contained personal items that were familiar to them and gave a homelier feel. One person,

an artist, had produced several works that were displayed around the service, some were on show in reception and the provider had hung some in the corridor outside of their room so they could see them from their bed.

• The building was a combination of the old Brendon House and newer additional accommodation. When we inspected plans were in place to re-provision the service on a different site in Winchester. This was due to the costs and viability of maintaining the existing property. Meetings had been held with people and their relatives about the proposed new service and plans were in place for a new 60 bed service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People living at Park Road were registered with one of three doctor's surgeries in Winchester. An allocated GP from each of the surgeries would attend the service on a fortnightly basis. They would attend if people were unwell at other times.

• Staff attended training sessions on specific conditions to broaden their awareness and enable them to alert medical professionals. For example, there had recently been a training session on sepsis, a staff member told us, "This was a revelation. Not only on my work life but increasing my knowledge of illness and disease".

• When we were inspecting we saw a visiting dentist attend to give a person a filling. People were also supported to visit their own community dentists if they preferred.

• People were referred to relevant medical professionals as needed. We saw that referrals had been made to Speech and Language Therapy, SALT, for assessments on their swallowing, support was provided by specialist nurses for people who received nutrition through Percutaneous endoscopic gastrostomy, PEG, and if specialist wound care is required the Tissue Viability Nurses will be involved.

Ensuring consent to care and treatment in line with law and guidance
• We saw people being offered choices about food, drinks and activities. Staff asked people for consent before supporting them.

• 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. Staff were knowledgeable about the principles of the MCA 2005 and records showed relevant assessments had been completed.

• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA 2005 application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the provider to be working within the principles of the Act and applying for necessary DoLS authorisations.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People and their relatives told us told us they felt cared for. A relative told us, "The care is good, they are so patient". Comments from people about staff included, "The staff are brilliant, easy to get on with. Such a nice atmosphere", "They are wonderful" and "The staff are brilliant".

• We spoke with the registered manager about how the provider met people's needs in terms of equality and diversity. They told us that currently people living in the service were not ethnically diverse however the provider had policies and procedures in place to cover this.

• Staff, for whom English was not their first language, spoke with people in languages they had experienced in their lives from living abroad for instance. Other staff had arranged a themed supper providing foods they had cooked from their home countries.

• People were supported to maintain their faith. Currently communion was given at the service by two different Christian denominations and if people who had different beliefs moved into the service these would be supported.

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to make decisions about their care. One person, for example, had chosen not to have antibiotics as they had bad experiences of them. They had made the decision, had the capacity to do so and understood the consequences and the decision was respected by the provider.

• A visiting practice nurse supported people in making decisions about having a 'Do not attempt cardio pulmonary resuscitation' directive in place. Independent of the service, the practice nurse supported the completion of forms and ensured copies were provided to the service.

Respecting and promoting people's privacy, dignity and independence
• We saw staff knock people's doors before entering and ask them if they wanted to move before doing so.

• People were clean and well presented in well pressed clothing that was appropriate and maintained their dignity. People cared for in bed had their hair brushed and were dressed in clean bed clothes.

• Staff spoke to people respectfully and there was a warm, homely, family atmosphere in the service.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans were person centred and contained specific details to ensure that care needs were met in the way the person wanted. One person had a detailed sleep care plan that detailed their preferred position, that they felt frightened if they did not have bed rails, how to position their catheter to avoid it becoming caught in the bedrails and details about when to check on the person.

• We found that the new electronic care system had many overlaps, for example, one person had a positive example of a communication care plan but that information was repeated in their emotional support care plan, medication care plan and nutrition care plan. We spoke with the registered manager and the deputy managers about the repetition in the plans and they told us that as plans are reviewed they will be fine-tuned and become less repetitive.

• A range of activities took place in the communal areas which people could choose to access. Activities included Scrabble, card games, exercises and crafts. When we inspected, the activities officer had just left the organisation and there was a two-week break before the new post holder commenced. A plan for the two weeks had been arranged and activities continued to take place.

• Activities such as dominoes sessions were run by volunteers and a resident was arranging a bridge club as they enjoyed the game. Students from two local schools attended and the registered manager had asked them to support the service by providing activities when they attended. So far, they had arranged a musical performance and a demonstration of fencing.

• A survey of people's opinions about activities and research into what other activities they would like to see provided had been completed in December 2018. The results had influenced the current activities programme.

Improving care quality in response to complaints or concerns
• We looked at the providers complaints records and saw that complaints were taken seriously, investigated and communication maintained with complainants throughout the process.

End of life care and support
• The service provided end of life care and people had person centred end of life plans.

• Two staff had recently completed the Six Steps to Success End of Life Care course with Countess Mountbatten Education. Staff had reported that the course was extremely beneficial and were cascading learning to colleagues.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

When we last inspected Brendoncare Park Road we found that care records were not always complete, accurate or contemporaneous and were not always stored securely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.A new electronic recording system had been introduced shortly before this inspection which meant that records were now more secure and had already shown better accuracy and a clear contemporaneous recording system. The provider was no longer in breach of this regulation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The provider was a large organisation which ensured that the service was running to the latest good practice standards. Area leads in, for example training and quality, supported the registered manager in maintaining standards.

• The long-term vision for the service is to move it to a purpose-built property.

• The provider ensured people had suitable person-centred care and responded when feedback was received. A staff member told us, "The manager is supportive. If I tell her something is needed then she will get it for us. We have systems in place for ensuring clients safety and we act on what the carers or relatives report to us".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager had given notice to leave their post when we inspected. They would be working with the new manager for a period to handover the service and to ensure a smooth transition for all.

• A staff member told us, "The manager is accessible. I would say that she is not receptive to being given problems but where we have a vision for a solution then she is supportive and enabling". Staff felt supported by the registered manager and deputy managers as they were all visible and available when needed.

• The registered manager met their regulatory responsibilities and submitted notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The provider sought feedback through a questionnaire at intervals in order to improve the service. Specific areas such as activities were also considered and the provider had done extensive research on what people wanted to do to inform future provision.

• The provider had policies and procedures in place to meet people's equality requirements.

Continuous learning and improving care
• A weekly and monthly feedback return were completed and sent by the registered manager to the provider to ensure that all areas were audited and safe. Any highlighted issues were actioned and completed at the earliest opportunity.

• The service was audited by other managers within the organisation and information from health and safety audits was submitted to a health and safety meeting on a quarterly basis.

Working in partnership with others
• The service worked with a number of healthcare providers such as chiropody services, dentists and GP surgeries to facilitate high quality care for people.

• The registered manager had forged positive links with local schools and colleges, providing placements for several students which were mutually beneficial.

• As a charity, the provider was visible in the local community arranging events and opportunities for fundraising and volunteering which were well supported.