

Regal Care Trading Ltd

Brenalwood Care Home

Inspection report

Hall Lane
Walton On The Naze
Essex
CO14 8HN

Tel: 01255675632

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06 March 2019

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26 March 2019

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:

Brenalwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Brenalwood Care Home accommodates up to 38 older people in one adapted building. During our comprehensive unannounced inspection, there were 30 people using the service, some living with dementia.

People's experience of using this service:

- At our last inspection of 17 February 2016, the service was rated requires good. At this inspection of 6 March 2019, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The rating has not changed.
- People told us that they were happy with the service they received. One person commented, "I like being here." One person's relative said, "I would not want [family member] anywhere else, this is home."
- There were systems designed to keep people safe, including from abuse. Risks to people in their daily lives were assessed and plans in place to reduce these. People's medicines were managed safely.
- There were enough trained and skilled staff to meet people's needs. Recruitment processes were safe.
- There was an ongoing programme of improvement in the environment. Infection control procedures to help protect people from the risks of cross infection.
- People had access to health care professionals when needed. People were supported to maintain a healthy diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices about how they wanted to be cared for.
- There was a complaints procedure in place and people's complaints were addressed. People were asked for their views about the service and these were valued and listened to.
- The service had systems in place to monitor and assess the service provided.

Rating at last inspection:

At our last inspection of 17 February 2016, which was published 16 September 2016, the service was rated good.

Why we inspected:

This inspection took place as part of our planned programme of inspections, based on the rating of good made at our last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up: We will continue to monitor this service according to our 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.

Brenalwood Care Home

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 was undertaken by one inspector.

Service and service type:

Brenalwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Brenalwood Care Home accommodates up to 38 older people in one adapted building. During our comprehensive unannounced inspection, there were 30 people using the service, some living with dementia.

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.

Notice of inspection:

This inspection on 6 March 2019, was unannounced.

What we did:

Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority quality teams and information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including pressure ulcers, safeguarding and serious injury.

We also used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To gain people's views and experiences of the service provided, we spoke with six people who used the service and four people's relatives. We looked at the care records of three people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.

We spoke with the registered manager and four members of staff, including the head of care, care, activities and catering staff. We also spoke with two visiting professionals.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, and staff training and recruitment records.

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.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by staff who were trained and understood their responsibilities in the systems designed to keep people safe from abuse.
- Safeguarding people was discussed at staff meetings to ensure staff understood their responsibilities. In addition, in a meeting in January 2019 staff were reminded of the provider's whistleblowing (reporting bad practice) procedure.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person's relative said, "[Family member] is safe, that is the most important thing for me."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition. One person's relative told us how they had seen staff support their family member to reposition to reduce the risks of pressure ulcers, they said, "They are very gentle."
- Portable electrical equipment, moving and handling equipment and the system for fire safety continued to be regularly checked to ensure they were fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs and their requests for assistance, including when using their call bell, were responded to by staff promptly. One person said, "I need something, they [staff] are there."
- Staff told us that they felt there were enough of them to meet people's needs safely. The registered manager told us that they used a system used to determine the number of staff needed to meet people's dependency levels. They said if people required additional support, then more staff would be rostered to work.
- The service continued to have a system to recruit staff safely.

Using medicines safely

- People told us that they were satisfied with the support they received with their medicines. One person showed us their pain relief patch and confirmed that this was put on alternating parts of their body to ensure its effectiveness.
- We observed staff administering medicines to people in a safe way.
- Records demonstrated that people continued to receive their medicines when they needed them.
- Medicines were stored safely and securely in the service.

- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.
- Staff responsible for administering medicines had been trained to do so safely and their competency was assessed by senior management.

Preventing and controlling infection

- The service continued to be visibly hygienic throughout.
- There was hand sanitiser around the service for anyone to use. In addition, bathrooms and toilets held hand wash gel and disposable paper towels.
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly.

Learning lessons when things go wrong

- The service had systems to learn from incidents and when things went wrong, including maintaining robust medicines monitoring processes. The registered manager was supported by the regional manager and where improvements were needed, this was addressed promptly.

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

- Prior to people moving into the service, a needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- One person told us how they were consulted during their assessment. They had recently moved into the service and said, "I like it, I think I am going to be happy here."

Staff support: induction, training, skills and experience

- People told us that the staff had the training and skills to meet their needs. One person said, "I do think they are trained."
- Staff continued to be provided with the training they needed to effectively meet people's needs. Staff told us they felt that the training they provided with was good. One staff member said, "We get lots of training and if I need to know something I just ask." Minutes of staff meetings demonstrated that staff were kept updated with any changes and advised if there were any changes in policies and procedures.
- There were champions roles in the staff team, including in end of life, infection control and nutrition and hydration. The champions took a lead in their subjects and attended more in-depth training. They could advise their colleagues if guidance was required.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they had choices of what they wanted to eat and the quality and quantity of food was good. One person said, "The food is always tasty."
- People told us that they got enough to drink, which reduced the risks of dehydration. There were jugs of cold drinks in the service that people could help themselves to. In addition, people were regularly offered drinks, including those who could not independently pour drinks. One person told us how their condition caused them to have a dry mouth, "I like to drink a lot and they [staff] make sure I always have one. They bring me a drink when I am in my room."
- People's dietary needs continued to be assessed and met. This included people who were at risk of choking and/or were not maintaining a healthy weight. Staff spoken with were knowledgeable about people's dietary needs. One person's relative said, "[Family member] has softened food, they [staff] try so hard to make it look and taste nice."
- Mealtimes continued to provide people with a positive and social experience. People were served their meals by staff and could choose what and how much they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us about the positive relationships they had with other professionals involved in people's care. This included visiting health and social care professionals. One health care professional told us that the staff had a good understanding of people's needs and made referrals appropriately.
- The registered manager told us a physiotherapist visited the service monthly. They provided guidance for staff if people had fallen and/or had Parkinson's disease and checked moving and handling equipment was safe to use, such as the ferrules on walking frames.

Adapting service, design, decoration to meet people's needs

- People were complimentary about the environment that they lived in. One person said, "I like my room. I am very comfortable." There were communal areas, such as lounge/dining rooms. There was also a room which had been decorated to look like a bar, where people had Friday night bar nights, including having a drink and playing bar games, such as dominoes. There was a large and well-maintained garden that people could use.
- There was an ongoing plan of redecoration and refurbishment being completed. The registered manager told us rooms and the external walls had been painted. New flooring had been provided.
- Where people chose to, there were signs on their bedroom doors with, for example, pictures which meant something to them, to assist people to navigate to their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA 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 saw that staff asked for people's consent before providing any care or support. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful. The registered manager kept records which identified when DoLS required resubmitting, and this was done in line with the required timescales. During our inspection we saw people meeting with an advocate relating to those who had an authorised DoLS in place.

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; respecting equality and diversity

- People told us that they staff were caring and respectful. One person said, "The staff here are very nice." One person's relative described the staff as, "Brilliant." Another relative said that the staff were, "Tremendously helpful and very friendly."
- We observed that staff were respectful in their interactions with people. Staff communicated with people in a caring and respectful way. They positioned themselves at people's eye level and used reassuring contact. We saw that people and staff shared positive relationships and knew each other well. Staff spoke about people in a compassionate manner and they were committed in providing a caring service.
- There was some light-hearted banter between people and staff and lots of laughter and smiles. This contributed to a positive environment. One visiting professional commented on the welcoming atmosphere in the service.
- We saw several compliments sent to the service from people's relatives. One stated, "[Family member] was treated with dignity, care, love and patience, as if [family member] were their own family member by all the staff."

Supporting people to express their views and be involved in making decisions about their care

- People told us that their choices were listened to. One person's relative told us they were consulted about their family member's care and staff kept them updated with any changes in their condition.
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy, dignity and independence was respected. This was included in care records to ensure staff received guidance in how to respect people's rights.
- Staff knocked on bedroom and bathroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.
- Staff encouraged people's independence, such as when they were mobilising and eating lunch. One staff member said to a person at lunch, "Do you need any help cutting it up? You try and eat a bit, if you don't feel up to it we can come and help you if you like."

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

- People's care records continued to demonstrate that people's individual needs were assessed, planned for and met. People's communication needs were identified, recorded and highlighted in care plans. Where people demonstrated behaviours that others may find challenging, their records included triggers and guided staff how best to support them to reduce their distress. One person's relative told us how their family member's wellbeing had improved, they said that their family member had previously displayed behaviours that challenge, but since moving into the service they had settled in and seemed happier. They attributed this to the person not being restricted and the staff's approach.
- People told us they were happy using the service, and they received personalised care which met their needs. One person said, "I am happy here." One person's relative told us how they felt their family member was well cared for. They said at their previous service they had not come out of their bedroom but in this service, they participated in its community, which they felt improved their quality of life.
- There was a programme of activities which reduced the risks of people being lonely and isolated. This included both group and one to one activities. One person told us, "They are always doing something here." One person's relative told us, "[Family member] is always doing something, like games and folding laundry." Activities included games, exercise, Karaoke and visiting entertainers. The service also had animals, such as a budgie, rabbit and chickens. People also used community services included the local church for worship and coffee mornings.
- The activities staff told us how they supported people who stayed in their bedrooms, this included one person who used to like knitting and were no longer able to do this. The activities staff said they knitted in the person's bedroom and engaged in discussions with them about this, such as, "I have dropped a stitch, what shall I do?"
- During our inspection we saw people playing a ball game and doing Karaoke, whilst people sang others played musical instruments.

Improving care quality in response to complaints or concerns

- People told us that they felt confident that if they raised concerns that they would be addressed. One person said, "I would tell [registered manager], they would sort it out."
- There was a complaints procedure in place. This was displayed in the service to ensure people and visitors were aware of how to raise concerns. People were reminded about how they could make a complaint in the resident's meetings. Records demonstrated that concerns were addressed and used to drive improvement.

End of life care and support

- There were systems in place to support people who required end of life care. The service was working to the Gold Standards Framework, which supports recognised standards of end of life care. People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated

and how and when they wanted to be cared for at the end of their life.

- The registered manager understood how working with other professionals could improve people's experiences at the end of their life, this included anticipatory medicines to reduce people being in pain.
- An e-mail sent to the service from a person's relatives in November 2018 thanked the staff for the end of life care and support provided to their family member. The relative stated, "In the final days of my [family member's] life, you made sure [family member] was pain free and continued to give excellent care, love and dignity. [Family member] was never left alone."

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good oversight of what was happening in the service, and demonstrated a knowledge to support quality care to people using the service.
- There was a programme of quality assurance checks in place, including care records, health and safety and medicines. These supported the registered manager to address any shortfalls promptly. The regional manager also undertook visits to the service to monitor the service provided. Where any improvements were identified this was discussed in the registered manager's supervision meetings and an action plan put in place. The registered manager told us that they felt they were supported by the senior management team.
- The registered manager and staff spoken with were motivated, and shared the same values of putting people using the service first. The registered manager understood their responsibility of the duty of candour.
- The service had not notified us of people with pressure ulcers grade 3 and above or recent deaths. This was done immediately when we pointed it out to the registered manager. They had the notifications on their system and thought these had been sent. The registered manager had told us there had been recent work being done to improve the service's computer system and thought this may have been the issue.

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

- People and staff were actively engaged in developing the service; through surveys, meetings and ongoing communication to check they were happy with the service they received. The registered manager told us how they had made changes as a result of people's comments, such as providing white bread because people had said they preferred this.
- Planned assessments checked that the service could meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions.
- The registered manager demonstrated that staff were valued, by having an employee of the month system. People using the service, visitors and colleagues could nominate staff as they chose to. Staff told us that they were happy working in the service. One staff member said, "I love working here, I have recommended it to [family members]."

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to

date with changes in the care industry. They had developed networks of support with other local registered managers through local authority programmes, including My Home Life leadership support programme.

- The registered manager told us that the regional manager read other CQC reports and disseminated learning from these to the provider's locations.

Working in partnership with others

- The registered manager told us about the positive relationships they maintained with other professionals involved in people's care. One health care professional confirmed this and said that they worked well with the service and felt that people were well cared for.
- The service continued to develop links within the community. This included people attending coffee mornings and worship at the local church, and people were invited to participate in another service's activities and the people living in that service were invited to visit this home. This supported people to have friendships with others. Local library staff visited the service where people could borrow books, people also received newspapers and 'talking newspapers' where required. All people were registered to vote and were supported to go to a local polling station or do postal votes.