

Kentbrim Limited

Brownlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This unannounced inspection took place on the 13 and 15 January 2016.

Brownlands Nursing Home is a care home providing care for up to 31 older people, including people with dementia care needs. There were 29 people in residence when we inspected.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safe. People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. They were cared for by sufficient numbers of appropriately experienced and trained staff. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening.

Summary of findings

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs and provided the information and guidance staff needed to provide person centred care. Staff knew what was expected of them when caring for older people, including those with dementia and nursing care needs, and they carried out their duties effectively and with compassion.

People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by friendly staff that were responsive and attentive to each person's individual needs.

People's healthcare needs were met and they received timely treatment from other community based

healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon. People had enough to eat and drink. People that needed support with eating and drinking received the help they required.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that timely remedial action would be taken to try to resolve matters to their satisfaction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

Good



Is the service effective?

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met by the staff and other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the choices they were able to make about how they received their care.

People received their care from staff that encouraged them to do what they could for themselves and retain their sense of self-respect.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the staff.

Good



Summary of findings

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

The service was not always well-led.

A registered manager was not in place.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving care from staff that received the support and guidance they needed to do their job well.

Requires improvement



Brownlands Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out by an inspector and took place on the 13 and 15 January 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is

required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke with five people who used the service, as well as five visitors to the home. We looked at the care records of five people that received a service. We spoke with the manager that has applied to register with CQC, and five other staff with different roles and responsibilities that included the nurse on duty, three care workers and an administrator.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We viewed three bedrooms with people's agreement.

Is the service safe?

Our findings

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People received timely care when they needed it. A visitor said, "They [staff] have made sure that [relative] has settled

in and feels safe. They [staff] have been very reassuring. We [relatives] are happy [relative] is well looked after." Staff were attentive and responded quickly to ensure people's safety when the need arose. Staff had the time they needed to focus their attention on providing people with safe care.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by the nurse-in-charge..

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia and nursing care needs.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The

manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People received timely healthcare treatment from community based professionals when this was needed. Suitable arrangements were in place for people to consult their GP as well as have routine healthcare check-ups. Staff acted upon the advice of other professionals that had a role in people's treatment.

People's nutritional needs were met. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

People said they enjoyed their food and were always given choices at mealtimes. Where people were unable to express a preference staff used information they already had about the person's likes and dislikes. They also encouraged people to try different foods so that their diet was varied and enjoyable. People that that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food.

Is the service caring?

Our findings

People were supported by staff that were kind and attentive. People's dignity and right to privacy was protected. People's personal care support was discreetly managed so that people were treated in a dignified way. Staff ensured that doors to people's bedrooms and bathrooms were closed when personal care was provided. Staff responded promptly when people needed help or reassurance and they were vigilant and aware of the people around them. Whenever people seemed to be in pain or otherwise suffering discomfort they acted to alleviate that in a timely way.

People's individuality was respected by staff that directed their attention to the person they engaged with. People were approached by staff that took time to explain what they were doing without taking for granted that the person understood what was happening. Staff used people's preferred name when conversing with them. A visitor said, "When they [staff] help [relative] they always say to [relative] what they are doing. They [staff] are very

encouraging when [relative] struggles a bit to do things [relative] wants to do but can't quite manage. [Relative] says they [staff] never 'fluster' [relative]. They [staff] go at her pace so [relative] is relaxed. [Relative] never wanted to be in a home and was very reluctant to come but now [relative] feels at ease here and that's down to them [staff]. They [staff] are a friendly lot and that's really important and helps keep them [people] cheerful."

People's visitors were made welcome. A visitor said, "We [family] come and go at all times, basically whenever [relative] is happy to see us. We [family] have never felt unwelcome. We [family] regularly get offered cups of tea even when they [staff] are busy. It's a nice touch and makes us [family] feel they [staff] are happy to see visitors come and go."

People's bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. One person said, "I like to be in my room. I've got my things and I'm comfortable. I don't have to stay in my room, don't get me wrong. It's my choice and they [staff] have no problem with that at all."

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed.

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to

do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually.

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to. People who were not always able to participate in activities because of their condition had one-to-one attention from staff whenever that was needed.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

Although a manager was in post there had been a long delay, for a variety of reasons, in this person submitting an application to register as manager with the Care Quality Commission (CQC). An application to register the manager was subsequently received by CQC shortly after this inspection and was being processed. Until the application to register is successfully processed the rating given is, therefore, 'requires improvement' under 'well led'.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or service commissioners such as the Local Authority.

People's entitlement to a quality service was monitored by the internal audits regularly carried out by the manager and provider. These audits included, for example, checking that staff were adhering to the provider's own good practice guidelines and were following the procedures put in place to protect people from poor care.

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The manager has had considerable experience and has the conscientious support of the staff team. One staff member said, "[Manager] keeps us on our toes but in a really nice way. [Manager] looks for good ideas so we can do more than just look after people's basic needs. The team works well. We [the team] want people to be as happy as they can be." One idea put forward by the manager, for example, is to relocate the staff room and convert the room to an indoor garden area for people to enjoy.

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been routinely updated when required.