

## Royal Variety Charity

# Brinsworth House

### Inspection report

72 Staines Road  
Twickenham  
Middlesex  
TW2 5AL

Tel: 02088988164  
Website: [www.royalvarietycharity.org](http://www.royalvarietycharity.org)

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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

Brinsworth House is a care home, providing personal care and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 38 people.

### People's experience of using this service and what we found

People continued to be protected against the risk of abuse, as staff members received on-going safeguarding training and were aware of the provider's safeguarding policy. Risk management plans in place gave staff guidance on how to mitigate identified risks. People's medicines were managed in line with good practice. Sufficient numbers of suitable staff were deployed to keep people safe.

People were supported by staff that underwent comprehensive training to enhance their skills and knowledge. People continued to access food and drink that met their dietary needs and requirements. People were supported to access healthcare professional services to monitor and maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion and were encouraged to make decisions about their care. People were encouraged to maintain their independence where possible and safe to do so. Staff spoke about people they supported respectfully.

Care plans were not as person-centred as they could be, however the provider addressed this during the inspection. The provider encouraged people to participate in a wide range of activities that reflected their preferences and met their social needs. People were aware of how to raise a concern. People's end of life care wishes were documented.

We received mixed reviews regarding the management of the service. Despite this, the majority of people confirmed the registered manager was approachable and available to them. Audits were carried out regularly and issues identified were acted on in a timely manner. People's views were sought through regular house meetings and questionnaires. The registered manager actively sought partnership working to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 15 September 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brinsworth House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Brinsworth House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day of the inspection was carried out by one inspector, an Expert-by-Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a registered nurse. On the 24 July 2019 one inspector returned to complete the inspection.

#### Service and service type

Brinsworth House 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.

#### Notice of inspection

The first day of this inspection was unannounced. We notified the service of our return visit to conclude the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our

inspection.

During the inspection-

We spoke with five people, twelve staff members, including the chef, activities coordinator, care workers, registered nurses, a visiting healthcare professional, the registered manager and the operations manager.

We reviewed a range of records. This included eight people's care plans, five staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. These documents included for example, action plans and the supervision policy.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Everyone else here is in the same position as me and makes me feel safe." Another person said, "Oh yes, I feel safe. Everyone is doing their job and doing it properly."
- People continued to be protected against the risk of abuse, as the provider ensured staff received on-going safeguarding training. Staff were aware of the provider's safeguarding policy and how to identify, respond to and escalate suspected abuse.
- At the time of the inspection there were no on-going safeguarding's being investigated by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People continued to be protected against avoidable harm, as the provider had developed risk management plans, that identified the risk and gave staff clear guidance on control measures in place to mitigate those risks.
- We identified risk management plans covered, for example, falls, mobility, eating and drinking, medicines and catheter care.
- Risk management plans were reviewed monthly, to reflect people's changing needs.

The provider ensured robust maintenance and servicing of all electronic machinery was done so in a timely manner. Regular fire drills were carried out and the Fire Authority had found the premises at Brinsworth House as satisfactory during their visit on 28 June 2019.

Staffing and recruitment

- People received care and support from adequate numbers of suitable staff to keep them safe and meet their needs. One person told us, "Oh yes, usually it is pretty good [staff responding to my needs]. A second person said, "I would have thought so, they [staff members] do their jobs well and if you need something there is always someone to help you. They come quickly when I ring my bell."
- The provider carried out robust pre-employment checks to ensure staff's suitability for the role. Staff personnel files contained, two satisfactory references, full employment history, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check, employers undertake to make safer recruitment decisions. We also identified registered nurses had their Nursing and Midwifery Council registration PIN numbers were in date.
- We reviewed the staff rota for the last four weeks and found where gaps were identified, agency staff who were familiar with the service were used who had undergone the provider's induction programme.

Using medicines safely

- People's medicines were managed in line with good practice. The service had clear guidelines for registered nurses to follow, in safe management medicines.
- Medicine Administration Records (MARs) were correctly completed with no gaps or omissions. Where people required their medicines administered covertly, the service had followed national guidance on ensuring this was done lawfully and in the person's best interests.
- PRN (as and when required) medicines protocols in place were signed by the GP.
- We reviewed the last audit carried out by the prescribing Pharmacist, which identified no concerns in the medicines management at Brinsworth House.

#### Preventing and controlling infection

- People continued to be protected against the risk of cross contamination, as the provider had robust infection control measures in place.
- People confirmed staff wore protective equipment when delivering personal care, for example, one person said, "Oh yes, once a week always with gloves and aprons." A staff member told us, "There's plenty of gloves and aprons. If we are running low we are always given more."
- The provider's infection control policy gave staff clear guidance on how to mitigate cross contamination through hand washing, effective cleaning, waste management and good food hygiene practices.

#### Learning lessons when things go wrong

- The management team were keen to ensure lessons were learnt when things went wrong.
- Records confirmed where incidents had taken place, a full review was carried out and where appropriate, an action plan detailing who was responsible and by when, was undertaken.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was minimal signage ensuring the service was dementia friendly. For example, walls in communal areas were heavily patterned. This can cause some confusion for those people with dementia. We shared our concerns with the registered manager and operations manager who confirmed they had a plan in place to commence in the beginning of August to redecorate the service. We will review this at our next inspection.
- Notwithstanding the above, people were encouraged to personalise their room as they wished. For example, one bedroom had memorabilia from the person's life and reference to the football team they supported.
- We also identified where one person required support to access the first floor, they were given the option of using the lift, or the stair lift. This meant they were able to safely and independently move freely about the home as they wished.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and documented prior to moving into the Brinsworth House. The service carried out assessments to determine the level of support required and as to whether the service could meet people's needs.
- Pre-admission assessments were used to devise the care plan and included people's health and medical needs, preferences and life history.

Staff support: induction, training, skills and experience

- At the time of the inspection staff confirmed they received quarterly supervisions. The majority of the staff we spoke with told us they felt supported by the management team.
- People received care and support from staff that underwent on-going training to enhance their skills and experience.
- One staff member told us, "We are fortunate to be able to access a variety of training – the home is very good at training staff." Another staff member said, "I think the training is good and the reason I say it's good is because it helps you and supports you to carry out your work properly."
- Newly employed staff were supported to complete an induction programme. The induction looked at all aspects of their role. Staff were supported to complete the Care Certificate, where they had no previous caring experience. The Care Certificate are an identified set of 15 standards that make up the Care Certificate which health and social support workers adhere to in their daily working lives.
- We reviewed the training matrix and found training included, for example, safeguarding, Mental Capacity Act 2005, equality and diversity, infection control, fire safety and end of life care.

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

- People continued to be supported to access sufficient food and drink that met their dietary needs and preferences.
- One person told us, "Oh yes, anything I want. Well the food is OK, not top class, but edible." Another person said, "It is very good indeed. In fact I have to cut down as I am getting fat around the middle."
- The provider had a protected meal time service, whereby people who require support with eating and drinking were supported in the dining room on the first sitting. The second sitting was for people who were able to eat and drink independently or with minimal support. People were supported by staff that demonstrated compassion and in an unhurried manner.
- The chef had comprehensive knowledge of people's specific dietary requirements. For example, the chef was able to tell us who had specific requirements in relation to their faith and medical needs.
- The service were awarded a 5 star [the highest rating] by the Food Standards Agency in March 2019.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager encouraged positive working relationships with external healthcare professionals to drive improvements and ensure people received a holistic approach to the care and support received.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to live healthy lives and had their health and well-being monitored regularly.
- The service took a multi-disciplinary approach to people's health and well-being. Care plans detailed people's health and medical needs and where required people were supported to access a wide range of healthcare professionals to enhance their health. Healthcare professional services included, for example, GPs, podiatrists, optician, chiropodist, dietician, dentists and mental health professionals.
- Where concerns were identified, staff were aware of the importance of sharing their concerns with senior staff, to ensure action was taken swiftly to minimise the impact on people.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed their consent to care and treatment was sought prior being delivered.
- Staff were aware of their responsibility in line with legislation.
- At the time of the inspection three people were subject to a standard DoLS authorisation.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 described the care and support they received at Brinsworth House as, 'helpful and caring and quite practical' and 'The agency carers we don't really know but permanent [staff members] are very good. You get back what you give out.' A health care professional said, "The home is very good. I enjoy coming here."
- Staff were aware of the importance of treating people equally and meeting people's diverse needs.
- The service was aware of the importance of treating people equally and respecting their diversity and spiritual needs and preferences. One person told us, "We have a Reverend who comes here once a month and it is very good."

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

- People continued to be encouraged to express their views and have their decisions respected. One person told us, "Oh yes, you just have to tell them [staff members] and they do what you ask." A second person said, "Yes, and they [staff members] want to know as to why we have made our choice."
- During the inspection we observed the house meeting. This was well attended by people and the management team. People were encouraged to share their views and make decisions about the care they received and the home they lived in. For example, meals, activities, cleaning schedules and other household topics.
- People were also encouraged to be part of the 'house forum', where they could make further decisions about the home and the care they received.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff did knock on their room doors, however some staff did not await authorisation to enter their rooms. We shared our concerns with the registered manager and operations manager who told us they would discuss this with staff. We will review this at our next inspection.
- People told us, "If we are independent we want to stay independent, the care staff are encouraging those with walkers to use them."
- Care plans detailed people's dependency levels, which enabled staff to be aware of what level of support people required and what they could do for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not as person-centred as they could be.
- Although care plans detailed people's medical and health needs, there was little evidence of how the particular conditions impact on individuals or what actions needed to be put in place to support the individual. For example, with respect to dementia care, mental health conditions and specific physical complications. We shared our concerns with the registered manager on the first day of the inspection.
- On the second day of the inspection, the registered manager had implemented an action plan to ensure all care plans were personalised. We reviewed two updated care plans and found these to be comprehensive.
- Updated care plans clearly documented people's preferences, for example, when wished to get up and go to bed, what they liked to eat and drink, how they wished to be communicated with and how they presented when they were anxious or unwell.
- Care plans were regularly reviewed to reflect people's changing needs and presentation.

Improving care quality in response to complaints or concerns

- People were aware of how to raise concerns and complaints. Despite this, people confirmed they were not always kept abreast of the outcome of complaints. We shared our concerns with the registered manager and operations manager, who told us they would update people accordingly. We will review this at their next inspection.
- The service had a complaints procedure in place, which clearly identified the steps the service would follow in receiving, acting on and responding to official complaints.
- At the time of the inspection the service had not received any complaints in the last 12 months.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider's AIS policy clearly detailed the guidance for staff in supporting people to access information held about or for them in a way they could understand. For example, the policy states, 'all reasonable adjustments will be made to meet people's communication needs. Where required, we will provide or facilitate the sourcing of assistive technology, such as, braille, large print, easy read literature. British Sign Language, text phones and loop hearing systems.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to be supported to participate in a wide variety of activities that met their social needs. We received mixed feedback regarding the activities provided, for example, one person told us, "[The service] don't have many activities, but I have to say I don't belong to many of them. The other night they had a quiz which are quite good." Another person said, "Oh yes we get support, yoga and exercise classes too. Last year's boat trip was excellent. The entertainers they have here are pretty good too."
- The service employed an in-house activities coordinator. Activities provided, included, for example, focus groups, yoga, bingo, gardening, magic shows, flower arranging and singing and dancing. The service also supported people to access culturally relevant activities, for example holy communion.
- The service encouraged people to participate in activities and was aware of the negative impact of social isolation.

#### End of life care and support

- At the time of the inspection, no one at Brinsworth House was receiving palliative care.
- People's end of life wishes were documented in their care plans which included, for example, who they wanted to be involved in their end of life care, who they wished to be notified of their passing and if they wished to be buried or cremated in line with their faith.
- At the time of the inspection the service were undertaking the Gold Standards Framework (GSF) and were hoping for validation by the end of 2019. The GSF is 'a framework used by many GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end.'

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed comments from people and staff in relation to the service being well-led. Comments from people included, 'Well it seems to be [well-led]. I have nothing to compare it too.', 'It is excellent. There is always someone there to help out' and, 'on the whole it's well done.'
- Notwithstanding the positive comments received, one staff member told us, 'Morale is low'. We raised our concerns with the registered manager who confirmed they would be looking into improving morale amongst the team.
- Despite these comments, the service appeared open and visitors were welcomed. There was a relaxed and calm atmosphere.
- The service had clear values, which were adhered to by the staff in their everyday work. One staff member told us, "[The ethos is] work towards a very high standard and to ensure everyone's needs are met."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the management team were aware of their legal responsibilities in line with the Duty of Candour.
- The registered manager was keen to ensure people received good quality care. People were cared for in line with the provider's values and vision.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager submitted all required notifications to support our ongoing monitoring of the Brinsworth House. The rating from our previous inspection was available on the provider's website.
- The registered manager carried out regular audits to drive improvement. We reviewed the audits of the service and found these covered, for example, accidents and incidents, clinical audits, medicines, care plans, staff files, maintenance and the environment. Where issues were identified, the registered manager carried out an action plan. The action plan document what needed to be done, who was responsible and a completion date.

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

- The registered manager sought people's views to drive improvements. People's views were sought

through a suggestions box, house meetings, generally conversations and a quality assurance questionnaire. We reviewed the completed questionnaires and found the responses were on the whole positive.

- The questionnaire looked at all aspects of care provided at Brinsworth House. For example, 'do you feel staff treat you with dignity and respect?', 'are you satisfied with the standard of food' and 'how do you rate the staff and nursing care you receive.'
- Comments received included, for example, 'Friendly and comfortable', 'I could not think of anywhere that would be better than here' and 'I feel I'm extremely lucky to be somewhere I am so well looked after.'

#### Continuous learning and improving care

- The registered manager had clear oversight of the service and told us they were keen to continually improve the service. Records confirmed the provider and registered manager took responsive action when issues had been identified to drive improvements. For example, issues identified during the house meeting, in relation to the focus group, were acted on immediately.

#### Working in partnership with others

- The registered manager had built positive working relationships with other health care professionals to drive improvements at the service. Records confirmed the registered manager sought guidance and support from a wide range of professionals, for example district nurses, G.P, speech and language therapists and falls prevention team.