Brymore Care Homes Limited

Brymore House Care Home with Nursing

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?	Good

Summary of findings

Overall summary

Brymore 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. Brymore House is registered to accommodate up to 52 people. The service has two units, one with 27 beds which provides nursing care to older people and the other with 25 beds which provides intermediate care and rehabilitation. There were 52 people living at the home when we visited.

This unannounced inspection took place on 21 December 2018. At our last inspection in June 2016 the service was rated 'Good'. At this inspection we found the service 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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We found the service remained Good.

The service had a registered manager when we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were management plans in place which provided guidance to staff to reduce risks to people. Staff were trained on safeguarding adults from abuse and knew the procedures to follow to report abuse and to protect people. There were sufficient staff to meet people's needs and recruitment checks were conducted before new staff were employed.

The health and safety of the environment was maintained. Staff were trained in infection control and followed procedures to reduce risks of infection. People's medicines were managed in line with safe medicine administration and management guidelines. Records of incidents and accidents were maintained, and the registered manager reviewed them to ensure lessons were learned and to reduce the risk of repeat occurrence.

People's needs were assessed, planned and delivered in a way that met their individual needs and requirements. People were supported to eat and drink enough to meet their nutritional needs. Staff received training, support and supervision to provide effective care to people and to carry out their duties effectively. People had access to healthcare services they needed to maintain good health. The provider had arrangements and systems in place to ensure people received well-coordinated care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare

professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff understood people's emotional needs and gave reassurance and comfort when needed. Staff provided people with reassurance and comfort when needed and treated them with respect and dignity. Staff supported people to maintain and gain independence with activities of daily living. Staff also communicated with people in a way they understood.

Staff were trained in end-of-life care. People's end-of-life wishes were documented in their care plans, to ensure these were implemented appropriately. People were also encouraged to participate in activities they enjoyed. The service supported people's needs with regards to their disabilities, culture and religion. Staff had received equality and diversity training.

The service obtained the views of people and their relatives and people told us they were listened to, and their views acted upon. People and their relatives knew how to raise concerns about the service and the registered manager addressed complaints received appropriately. The quality of the service was regularly assessed and monitored and actions put in place to address areas of concerns. The provider also worked in partnership with other organisations and services to develop and improve the service.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Brymore House Care Home with Nursing

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection took place on 21 December 2018 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor 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.

Before the inspection we reviewed the information the provider 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. We also reviewed information we held about the service which included notifications of events and incidents at the service. We planned the inspection using this information.

During the inspection we spoke 17 people, four relatives, three registered nurses, four care workers, the activities coordinator, the registered manager, the nominated individual, the chef, a visiting dietician, the in-house physiotherapist and a social worker. We looked at seven people's care records, and 20 people's medicines administration records (MAR). We also reviewed five staff records and other records relating to the management of the service including complaints records, health and safety information, and the provider's quality assurance systems. We carried out general observation of how staff provided care to people.

Good

Is the service safe?

Our findings

People continued to be safe using the service. One person told us, "'Yes I am safe, the staff here are kind and treat me good." The provider ensured staff remained knowledgeable about their safeguarding procedures. Staff had all completed training in safeguarding adults from abuse and they understood the various types of abuse and whom to report their concerns to. Staff knew how to whistle blow if needed to protect people. One member of staff told us, "I have done my safeguarding training and I will report anything wrong. I know what to do." The registered manager maintained records of safeguarding alerts raised. They had followed the local authorities' safeguarding procedures. They had also notified the Care Quality Commission in line with their registration requirements.

Risks to people continued to be managed effectively to avoid harm. The registered nurses assessed risks to people's physical and mental health, moving and handling, mobility, falls, use of bedrails, skin integrity, eating and drinking and nutrition. Management plans were then developed to address areas of identified risk. People at risk of developing pressure sores had pressure relieving mattresses and cushions in place to reduce the risk. Staff also supported people to turn regularly to relieve pressure areas. Records showed that staff checked the settings of pressure relieving equipment to ensure they were within the right range. Staff involved the dietitian team in supporting people at risk of malnutrition. Staff encouraged people to eat frequently and food and fluid charts were maintained. Where recommended by a GP or dietician, people were given fortified food and drinks. The registered nurses and care staff we spoke with knew risks people were faced with and actions to take to reduce such risks.

People had Personal Emergency Evacuation Plans (PEEP) in place which identified their needs, their ability to respond in the event of a fire, and the support they may require to evacuate the building. Staff were aware of actions to take in emergency situations such as a fire and medical emergencies.

The service maintained records of accidents and incidents. The registered manager reviewed and analysed incidents, accidents and near misses to identify patterns and trends. Where required, they had raised safeguarding alerts and notified CQC. Records showed that staff had training on falls prevention and pressure sores management to help reduce the number of falls and pressure sores at the service.

People continued to receive their medicines as prescribed. Medicines were administered to people by registered nurses. Medicine administration records (MAR) were correctly and clearly signed. People's allergies were recorded on their MAR so staff knew what medicines were unsafe for people to take. Medicines were stored safely and securely; and controlled drugs received additional security measures. Medicines were stored within recommended temperatures. Records showed that staff checked temperatures of the fridge and room where medicines were stored and took actions as necessary.

The service sustained a safe staffing level. People told us there were enough staff available to support them. One person said, "There seems to be enough staff." Another person commented, "They [staff] are always available and ready to help if anyone requires assistance." Staff told us staffing levels were sufficient to meet people's needs. One staff member told us, "We have enough nurses and care staff on each duty." Another

staff member said, "We always have enough staff on duty and we [staff] are always happy to come in to cover any shortfalls or absence." We observed that staff responded promptly to people where they required support. Staff could spend time with people to support them on a one-to-one basis. Rotas showed that shifts were adequately covered by registered nurses and care staff. The registered manager told us, and staff confirmed that staffing levels were reviewed regularly and adjusted if needed because of activities taking place or to meet people's needs, and additional staff were provided if required.

The provider continued to make sure that staff recruited to work at the service were suitable and fit to work with vulnerable people. Recruitment checks carried out by the provider included obtaining two satisfactory references, criminal record vetting, and assessing each staff member's experience, knowledge and qualifications. Record showed that registered nurses were up-to-date with the Nursing and Midwifery Council (NMC) registration.

The health and safety of the environment continued to be safe and well maintained. There was a fire risk assessment to identify fire hazards. Regular fire drills took place so staff could practice evacuation procedures. We saw valid certificates for Legionella, gas safety and electrical management systems. Portable appliances were tested annually and these checks were up to date. Fire equipment and systems such as fire extinguishers, smoke detectors and alarms were checked weekly and serviced annually to ensure were functioning properly.

The service was safe from infection. The home was clean and free from unpleasant odour. We noted domestic staff, care and nursing staff followed infection control procedures. We observed that staff wore appropriate protective clothing when required and disposed of waste appropriately. There were adequate hand washing facilities available in the toilets and at strategic locations in the service. The kitchen was also clean and we noticed that colour coded chopping boards and mop buckets were used to prevent cross-contamination. Food items were stored safely in line with food hygiene principles.

Good

Is the service effective?

Our findings

People's needs continued to be assessed following best practice guidance. Registered nurses assessed the needs of people in the nursing unit and qualified members of the therapy team assessed the needs of people in the intermediate and rehabilitation unit. A range of appropriate assessment tools were used to assess risks of nutrition, pressure sore care and falls. The Barthel Activities of Daily Living tool was used to measure people's skills and abilities with day-to-day activities. Based on people's score a plan is developed on how to meet people's needs and skills of daily living. Relevant professionals were involved in carrying out assessments and drawing up care plans where necessary.

People remained supported by staff who were knowledgeable and supported in their roles. One person told us, "Staff look after me very well." Staff told us, and training records confirmed that they had completed an induction, and training in relevant areas to enable them to do their jobs including specialist courses such as pressure sore management, falls prevention and dementia care. Staff training was refreshed on a regular basis to update their knowledge and skills. One staff member said, "I work in the intermediate care unit. I have done all my training and I feel very well supported by the registered manager, nurses and therapy team. Any questions I have they help me. I have regular supervisions and handover meetings." Another staff member told us, "I have done a lot of training since I started working here. It has improved my confidence and ability in delivering care." Record also showed that staff were supported through regular one-to-one supervision and observations. Registered nurses received clinical support and supervision from the registered manager who was a qualified nurse. All staff received an annual appraisal, during which their performance was reviewed, objectives set and any further training needs identified.

The 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA. The provider ensured all staff had been trained in the MCA.

People and their relatives confirmed staff obtained consent before providing care. People's capacity to make decisions was assessed and support they needed to make decisions was stated in their care plans. Relatives and relevant professionals were involved to support people to make best interest decisions about their care where they lacked capacity to make specific decisions. Staff had received training on MCA and DoLS and understood their responsibilities to comply with these laws.

People's rights under DoLS remained protected as the registered manager continued to follow the correct procedure to manage this process in line with the MCA. People continued to be supported to eat and drink enough to maintain their health and well-being. People told us they enjoyed the food. One person said, "You couldn't wish for better food. The food here is lovely." Another person told us, "Food is terrific here, I love the

food …it's one of the highlights." Care plans contained people's dietary requirements and preferences and the chef had a list of these. People could choose from a menu and their choice was respected. People who required special diets or had specific requirements were given what they needed and staff supported people who needed help to eat. The atmosphere during lunchtime was relaxed as people ate at their pace. People were offered extra portions if they wanted more. Staff offered drinks, snacks and fresh fruits to people at regular intervals throughout the day.

People's care and support was organised and coordinated in a way that ensured their needs were met effectively. People had personal profile sheets which contained relevant information about their physical health, behaviour, medication, likes and dislikes, GP details, allergies and communication needs. Staff told us people took this sheet with them when they went to hospital and they also ensured people took personal items such as dentures, eye glasses, and hearing aids. Staff also told us they read through people's discharge notes from hospital to know the treatment given and recommendations made. The registered manager and physiotherapist told us they held bi-weekly multi-disciplinary team meetings which included members of the nursing staff and therapy staff. They used these meetings to share information about people's care and progress and agreed actions. Both the registered manager and physiotherapist told us it enabled a well-coordinated service delivery.

People's healthcare needs continued to be met by a range of healthcare services such as GP's, psychiatrists, physiotherapists, dentists, dieticians and chiropodists. Records confirmed relevant healthcare professionals were involved in meeting people's healthcare needs. A dietician told us staff were 'very' good at involving them and following their recommendations.

The environment had adequate adaptations and was suitable for people. People could relax and spend time with visitors in communal areas. Toilets and bathrooms had equipment such as grab rails to assist people with transfers. There were call bells available at strategic locations so people could use to call for help in emergency.

Good

Is the service caring?

Our findings

Staff remained caring and considerate in the way they cared for people. People told us staff treated them with respect and kindness. One person said, "I don't see any fakeness in them. They [staff] work together as a team and give us all respect. They know every person here by name. They're friendly and funny and make me feel safe." Another person told us, "They [staff] are kind and lovely." We observed positive interactions between people and staff and the atmosphere was relaxed. Staff were polite when they spoke to people and addressed them by their preferred names.

Staff understood people's emotional needs and gave reassurance and comfort when needed, for example, if people were distressed or restless, and people's care plans reflected this. Staff had received training to provide emotional support to people. They planned to give people who may not have visitors during the Christmas season some one-to-one time and had wrapped Christmas gifts to give people as they realised not everyone would get a present from their relatives. They recognised Christmas could be a difficult time for people emotionally and were ensuring people received the support they needed.

Staff knew people's likes, dislikes, routines, backgrounds and preferences as these were recorded in their care plans. Care plans showed and people told us that they were involved in everyday decisions about their care. People could tell us how they came to live at the service and the care they received. Staff supported people in the way they wanted and respected their choices, for example, what they preferred to do and where they sat.

Staff took into consideration people's communication needs when speaking to them. We noted that people had their eye glasses and hearing aids on. We saw staff bent down to people's level and maintained eye contact when speaking to them. One person who was a non-English speaker was supported by a member of staff who spoke same language. Other staff had learnt basic words to be able to communicate with the person.

Staff continued to respect people's privacy and dignity. They had received training in dignity and understood the importance of this. One person told us, "They [staff] always close the door when they are giving me a shower." Staff gave us examples of how they respected people's dignity. One staff member said, "We are careful how we support people with personal care so we do not undermine their dignity. We also encourage them to do what they could for themselves." We saw that people were neatly and smartly dressed. We also noted that staff spoke to people in appropriate language and tones.

The service continued to maximise people's independence. Care plans stated what people could do for themselves and what they needed support with. Where people were undergoing rehabilitation programmes to achieve independence, staff knew goals for individuals and supported them to achieve these. Staff followed care plans and encouraged people to do what they could for themselves."

Good

Is the service responsive?

Our findings

People's care and support continued to be personalised to their individual needs. Care plans set out how people's needs would be met in relation to their physical and mental health, social and emotional needs, activities of daily living, strengths and goals. The intermediate care unit was focused on improving people's independence so they could return to their homes with minimum support. People's care and support was planned in conjunction with relevant professionals. In the intermediate care unit, the therapy team which consisted of a social worker, occupational therapist, physiotherapist, and therapy assistants led in developing care and support plans and managing people's needs. In the nursing unit, the registered nurses developed care plans involving people, their relatives and relevant professionals.

Care plans were reviewed regularly to reflect people's current needs. The registered nurses reviewed people's needs and updated care plans as required in the nursing units. Bi-weekly multi-disciplinary team meetings (MDT) which were led by a consultant and members of the therapy team, took place to review the needs of people in the intermediate care unit. Actions were agreed and followed up. Staff followed care plans and supported people to achieve their goals. Staff told us daily handover meetings were used to update them on changes to care plans. One care staff told us, "We communicate very well as a team and we support each other. We have regular handovers which we are informed of any changes in people's needs and how to support them. The therapy team are always available to support us. They share information and work with us." A registered nurse commented, "It nice to see people come here in a wheelchair and leave walking on their own. It shows what we achieve as a team."

People's religion, culture, disability, relationship, gender and sexuality were considered as part of the care planning process. Staff had been trained on equality and diversity. One staff member said, "It is important to respect people for who they are and what they are." We noted that a weekly religious service was held for people who wished to attend. We also noted that people were given food that met their religious and cultural requirements. One person was supported to install a satellite box so they could watch TV programmes from their home country as they wished.

People were given information in formats they understood in line with the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. People were given information about the service in formats such as large prints and pictures. Staff had translated basic information about a person's care and everyday words into their native language to aid communication.

People continued to be supported to participate in various activities, organised by an activities coordinator. The activities on offer catered for both individuals and groups to meet people's preferences. People told us of the various activities they had participated in which included musical performances, poetry, singalongs, celebrations of festivals, feasts and events such as St Patrick day, Christmas, barbecue parties, birthday celebrations. On the day of our inspection we observed a quiz session. People participated with keenness and from the chatter it showed they enjoyed it.

Staff continued to support people to maintain relationships that mattered to them. Relatives could spend private time in people's rooms or in communal areas. Staff supported people to make phone calls and send greeting cards to their relatives.

People and their relatives remained aware of the procedure to make a complaint including how to escalate their concerns. One person said, "I will request to speak to the registered manager if I found anything I wasn't happy about." The registered manager understood their responsibilities in responding to complaints. Complaint records showed that the six complaints received about the service had been resolved appropriately.

The service supported people at the end of their lives in line with their wishes, and these were recorded in their care plans. Up to date Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were in place where appropriate. The registered nurses told us they worked closely with people's GPs and palliative care teams to ensure people received care which met their needs.

Good

Is the service well-led?

Our findings

There was a registered manager in post who is a qualified nurse. They demonstrated they had the clinical and management experience to deliver care and support which achieves positive outcomes for people in line with the aims of the service. People, their relatives, staff and professionals made positive comments about the service. One person said, "With a combination of everything, this place has been an absolute blessing." A staff member said, "This is a good home. If I have to put my relative or someone I love in a care home I would be happy to put them here." A professional commented, "They [staff] do a very good job and do it with smiles on their faces. They are very committed. I have no concerns about this place."

The views of people, their relatives and staff continued to be sought about the service. The service used surveys and meetings to consult, discuss and obtain feedback from people and their relatives. Matters discussed included menus, activities, staffing and maintenance. There were no actions to complete from the survey conducted in 2018 before our visit. We noted that actions or issues identified during residents and relatives' meetings were addressed.

Regular staff meetings took place to involve staff in the running of the service. Meetings were used to provide updates, share learning and good practice. Staff were clear about their roles and responsibilities and were committed to providing good care and improving people's well-being. They also showed they understood the aims of the service including the intermediate care unit which focused on rehabilitation and helping people gain independence. Staff told us they worked as a team to achieve these objectives. One registered nurse said, "We are a good team and support each other. We work together to achieve results for people."

The registered manager and the provider continued to ensure staff received the leadership and support needed to deliver a quality service. Staff told us that there was clear leadership and the registered manager was accessible and supportive. One registered nurse said, "The registered manager is approachable and very involved in people's care. They visit each unit daily and spend time speaking to people and observing how we do our jobs. We can discuss anything with them whether basic or complicated. They are upskilling us and helping us develop by professional practice through training and support and supervision." One care staff told us, "The management team members are very nice people. They listen to everything you have to say and support you. They are not just listening but they resolve your problem. It's very nice feeling."

The quality of service delivered to people continued to be scrutinised to ensure it remained effective and met people's needs. A range of audits and checks were carried out included, medicines management, care plans, DoLS authorisations, health and safety, falls, pressure sores, nutrition, catering and staff training. Actions were taken to address areas of concerns identified. For example, nursing staff were provided additional training on medicine management. The service had an external lay person who visited regularly to assess the quality of care delivered to people. The lay person had experience in providing care to people. During their visit they spoke to people for feedback and carried out observations. Their most recent report did not identify any areas of concern. They stated, "There was no cause for concern and it is obvious that Brymore House strives to provide a service built around residents' needs."

The service continued to work in partnership with other organisations to deliver effective service to people. They partnered with the local authority commissioners, NHS trust and Clinical Commissioning Group to deliver the intermediate and rehabilitation care service. The registered manager was clear about the benefit of working in partnership in achieving positive outcomes for people and meeting the organisation's objectives. There was an established guidance for joint working and both parties understood their roles, responsibilities and maintained professional boundaries. Members of the therapy and nursing teams we spoke with confirmed they worked well together.

The registered manager complied with the requirements of their CQC registration. They sent us notifications of significant incidents as required. The service also displayed the rating of their last inspections as required.