

Prestwick Care Limited

Brunswick House

Inspection report

Brookside Avenue
Brunswick Village
Newcastle Upon Tyne
Tyne and Wear
NE13 7DP

Tel: 01912170000

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Brunswick House is a care home providing personal and nursing care to up to a maximum of 41 people. The service provides support to older people including people who may live with a dementia type illness. At the time of our inspection there were 38 people using the service.

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

The staff team supported some people with complex needs. There was evidence of collaborative working and good communication with other professionals to help meet people's needs. A relative commented, "The nursing care in this home is excellent. The staff are very in tune with [Name]'s needs. While doing their personal care, they chat and have fun, this brightens [Name]'s day. I don't have to worry about their care, it is the best."

People and relatives were very positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. A relative told us, "The staff at this home are friends and family to us. They care beautifully for [Name] and also have time to care for me. I think I would describe our relationship with the home as warm and very caring."

There were sufficient staff to support people safely. People said they felt safe with staff support. A relative commented, "I know [Name] is very safe at the home. Staff give me that confidence when I watch them looking after [Name] and other residents." Staff recruitment was carried out safely. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

People's diversity as unique individuals with their own needs was well-respected by staff. The regular staff team knew people well and provided support discreetly and with compassion. A relative commented, "With most of the staff the care afforded for [Name] is excellent. I think agency staff do not have the same connection with the residents." People's privacy was respected, and people were supported to maintain contact with relatives and friends.

Records provided guidance to ensure people received safe and effective care. Risks were assessed and mitigated to keep people safe. Staff contacted health professionals when people's health needs changed. People's nutritional well-being was monitored to support their nutritional health.

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.

There was a strong and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and used to support service development. A relative told us, "When I came to visit the home I was given a very warm welcome by the registered manager. When [Name] came to the home all the staff knew their name and this made [Name] feel comfortable from day one. Good management skills." Strong processes were in place to manage and respond to complaints and concerns.

Staff followed good infection control practices and the home was clean and well maintained. A relative commented, "This home is very well-maintained and clean."

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

Rating at last inspection

The last rating for this service was outstanding (published 4 February 2020).

Why we inspected

We received concerns in relation to the management of medicines, staffing and people's care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained outstanding based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brunswick House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brunswick 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brunswick House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brunswick House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 January 2023 and ended on 26 January 2023. We visited the service on 17 January 2023 and 26 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

During the inspection we spoke with 4 people who used the service and 15 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 19 members of staff including the Nominated Individual, area manager, registered manager, two nurses, 10 care workers including 2 senior care workers, 2 domestics, 1 chef and 1 kitchen assistant. We received feedback from 2 health and social care professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people and keep them safe. A relative commented, "I know [Name] is safe. I have even rung during the night and staff were lovely. Very kind and reassuring about [Name]. They are completely safe in the care of the home."
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were well-managed.
- Risk assessments were regularly reviewed, so staff understood where people required support to reduce the risk of avoidable harm. "A relative told us, "This home is always looking for new ways of keeping residents safe, but still maintaining their independence. They are very pro-active."
- Care plans contained some strategies to use when people became anxious and upset. We discussed that the care plans should also include information about how to de-escalate and reassure a person if they became upset. This would further help people to manage their emotions and minimise the impact to them and others. The information would also be more accessible in the care plan for staff who were not familiar with how to reassure the person.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Staffing and recruitment

- There were sufficient staff to support people in a timely manner. Staff were deployed to ensure people's safety. A relative person commented, "There always appears to be staff around the home. Their eyes are always on the residents keeping them safe." We discussed with the registered manager our observations that people on the middle floor, on the first day of inspection, were not engaged or stimulated as they sat with staff.

- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to prescribe, administer and store medicines safely. A relative told us, "I have never had a concern about [Name]'s medication. The home deal with the prescriptions and administering the medication. I feel it is given at the correct time and the right dosage."
- Medicines risk assessments and associated care plans were in place that were person specific.
- People received support from staff to make their own decisions about medicines wherever possible.

Learning lessons when things go wrong

- The provider had robust procedures in place regarding reporting and learning from any accidents or incidents.
- People received safe care because staff learned from safety alerts and incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager ensured that people were able to maintain contact with friends and relatives. Relatives told us they could visit at any time and were always welcome. A relative told us, "During covid I felt the home did an excellent job at keeping the residents safe and allowing us to still visit, [window visits]."



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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs. A relative commented, "We were very involved in [Name]'s care plan when they went into the home. I was able to have my input included in the plan which was very reassuring for me."

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

- The service supported people to access health services, when necessary. A relative commented, "The registered manager is always checking and reviewing the resident's health. If anything changes with [Name]'s care I am informed. The GP is always called if the need arises."
- Staff worked with a range of other professionals, including GPs, dieticians, tissue viability nurses, speech and language therapy, social workers and the mental health team.
- Referrals were made as required to make sure people received effective and consistent care.
- There was communication between staff and visiting professionals and staff followed the guidance they provided to ensure people's needs were met.

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

- People were supported to ensure their nutrition and hydration needs were met. A relative told us, "[Name]'s health has improved since being in the home. Staff know how to encourage them to eat and make time to assist [Name] with eating their meals."
- Care plans and risk assessments were in place to provide guidance to staff about people's nutrition needs and any support they may require. A relative commented, "The food at the home is good. Maybe more vegetables and less custard, but the kitchen provides what the residents want. They like the more old-fashioned foods."
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns

were noted. A relative said, "The home encourage [Name] and check their weight regularly. If [Name] is not eating staff look for something they enjoy and provide it."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- Mental capacity assessments were completed as required. Records showed if any restrictions were in place, so they were not unnecessarily applied to restrict people's choices.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately. A relative told us, "I do not have Power of Attorney, for [Name]'s care, but the home do try to involve me when they can."

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills.
- New staff completed a comprehensive induction, including working with experienced staff members to learn about their role. One senior staff member commented, "There are good opportunities for career progression and development."
- Staff were supported in their roles through regular supervisions and appraisals.

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

- The environment was light, spacious and well-maintained with several communal areas and personalised bedrooms. A relative told us, "[Name] has a lovely room, always clean and fresh."



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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had clear and effective oversight of the service. A relative commented, "We have experience of other homes and this home gives us the reassurance that [Name] is safe. Staff do appear to be knowledgeable about their jobs" and "The registered manager is someone who goes above and beyond in their role. They will spend time with us to help [Name]'s life be better."
- Record keeping ensured any risk was identified and then incorporated into individual care plans. We discussed the additional information to be added to care records to ensure person-centred guidance was available for all staff about how people wanted or needed to be cared for. The registered manager told us this would be addressed.
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager was aware of their responsibilities with regard to the Duty of Candour.

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

- The service was well-led.
- A motivated staff team was in place. This was led by a pro-active management team that worked together to follow best practice and achieve positive outcomes for people. A relative told us, "As the staff will go above and beyond in what they give to [Name], their quality of life is much improved."
- Staff said they were well-supported. They were very positive about the registered manager and said they were approachable. People, relatives and staff all said the manager was "very approachable." A relative

commented, "The registered manager always does try their best with any problems we may have."

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

- People were involved in decisions about their care.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Feedback surveys were given to people, relatives and staff. The results from these enabled the management team to see what they were doing well and what needed to be improved.

Continuous learning and improving care

- Strategically the organisation and management team were innovative and kept up to date with best practice with regard to developing staff to help ensure people's needs were met.
- The provider and registered manager were committed about ensuring all staff, regardless of their role, had the opportunity to develop their skills and ensure people's needs were met effectively. The organisation developed a trainee nurse associate programme to help non-nursing staff develop and obtain qualifications.
- The provider and registered manager linked with national healthcare organisations and a local university to develop a nursing associate programme and mentorship scheme for advanced and student nurse training placements at the home.

Working in partnership with others

- The provider and registered manager had grown their networks with partnership agencies and charities. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives. The home also gave back to the community through charity initiatives.
- The registered manager and management team worked in a collaborative way with other agencies. Staff had promoted positive working relationships with a range of professionals for the benefit of people who used the service.
- The organisation was a supportive organisation that had introduced initiatives and support for staff to help ensure their well-being. This included a counselling service. An employee recognition scheme also rewarded nominated staff for their achievements and contributions in the workplace.