

Brendoncare Foundation(The)

BrendonCare Otterbourne Hill

Inspection report

Otterbourne Hill
Otterbourne
Winchester
Hampshire
SO21 2FL

Tel: 01962852133

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25 April 2019

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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:

Brendoncare Otterbourne Hill is a care home for people who require nursing care or for people who are living with dementia.

The service cares for up to 64 people in the main building and also has attached privately leased mews apartments where people could choose to receive personal care from the service if they wished.

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

People's experience of using this service:

People living at Brendoncare Otterbourne Hill were safe from the risk of avoidable harm or abuse. Staff were trained and inducted to the service and felt confident in their knowledge and skill. The service formed part of the local community and offered a range of activities for people, their relatives and the wider community.

There were sufficient numbers of suitably trained and qualified staff to keep people safe. The service was actively recruiting to vacancies and managed staffing safely using agency workers. The service had a particularly strong relationship with the local GP who fed back positively about the service being receptive to feedback and being responsive to people's needs.

Staff felt there was an open culture and were confident to report any issues or incidents. There were robust arrangements in place to assess the quality and safety of the service, to gain feedback from people and their families and take action to improve where needed.

Rating at last inspection:

This is the first inspection of the service since its registration on 08 August 2018.

Why we inspected:

The scheduled comprehensive inspection for this service was brought forward due to concerns raised by the local authority and from an anonymous source relating to the quality of care provided.

Follow up:

We will re-inspect this service in future in line with our inspection scheduling for services rated good. We will continue to monitor information about 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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

BrendonCare Otterbourne Hill

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector, a registration inspector and an assistant inspector.

Service and service type:

Brendoncare Otterbourne Hill 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 building was a new, purpose build site. Accommodation was arranged over two floors with two "households" on each floor. Each household was made up of two corridors, two small, quiet living spaces and one main living, dining and kitchen area.

There were attached privately leased mews apartments where people could access support with personal care from the service if they wished.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. Inspection site visit activity was carried out on 23 and 25 April 2019.

What we did:

Before the inspection we looked at information we had about the service. We looked at notifications we received from the service – the law requires providers to notify us of certain events that happen during the running of a service. We checked the provider's website.

During the inspection we spoke with three people who used the service, three people's relatives, the registered manager, the quality lead, and eight members of staff. We spoke with two healthcare professionals who had contact with the service to gain their views.

Some people using the service were not able to express their views fully. We made observations in communal spaces of the home of how staff interacted with people. 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 looked at five people's care records, activity plans and meal plans. We looked at staff records, including training records. We looked at records of accidents, incidents and complaints.

We looked at audits, quality assurance reports and other records, including policies and procedures. We reviewed the home's facilities.

We reviewed the provider's service improvement plan and discussed what the key priorities were for improvement.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place to protect people from the risk of neglect or abuse.
- Staff had training in safeguarding people and had a good awareness of signs of abuse.
- Staff felt confident to report any issues or concerns and felt these would be taken seriously.
- We saw that concerns had been reported and investigated appropriately.
- People appeared comfortable around staff who supported them and were not expressing any signs of distress or anxiety with staff presence.
- One person's family member told us, "Absolutely [person] was safe, it was a weight off my mind she was here."

Assessing risk, safety monitoring and management

- People's risks had been assessed and there were appropriate measures in place to reduce these risks and keep people safe where possible.
- The service managed health and safety and fire risks appropriately. People had personal evacuation plans in place should they need to leave the building in an emergency.

Staffing and recruitment

- There were sufficient, appropriately qualified and skilled staff deployed to keep people safe.
- The service had opened each "household" separately to ensure they had sufficient staff to provide safe care.
- The service was actively recruiting to reduce staff vacancies and was covering vacancies and absence with agency staff.
- Recruitment had improved the staffing levels and fewer agency staff were being used at the time of our inspection.
- The provider had transferred some experienced staff from another service to support new staff in the service.
- Prospective staff were interviewed to review how their approach fitted with the values of the service.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records.
- These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- One person did not have references obtained from all relevant prior employment, however the service had sought other references and undertaken a detailed interview to be assured of the character of the

prospective staff member.

Using medicines safely

- Medicines were managed safely.
- Staff were trained and had their competencies assessed to ensure they had the skills and confidence to safely administer medicines.
- People received their medicines when they needed them and people living with dementia were not overmedicated to reduce behaviours which may challenge.
- Where people had medicines "as needed (PRN)" there were protocols in place which explained whether the person could communicate their need, or if not, what signs staff could see to indicate the medicine may be needed. The protocols identified maximum doses and when to escalate symptoms to the person's GP.
- Medicines were stored safely and were audited to ensure they were administered correctly and were accounted for.

Preventing and controlling infection

- The home was clean and tidy.
- There was personal protective equipment available for staff and this was used appropriately.
- We observed good hand hygiene procedures were followed by staff.
- People's individual infection control risks and personal hygiene needs were identified in their care plans.

Learning lessons when things go wrong

- Staff told us they felt confident to report incidents and felt these would be taken seriously.
- We saw incident reports, reviews of trends in incidents and actions taken to reduce the likelihood of reoccurrence.
- Staff told us they would receive feedback about incidents and would get told of any changes in someone's care plan.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments and care plans were written in line with good practice standards.
- People who had symptoms of dementia that presented as behaviour which may challenge had detailed support plans. These identified potential triggers, actions staff could take to alleviate anxiety and what to do if these methods did not work.
- The senior staff were aware of national guidance and staff were aware of people's individual needs and preferences which allowed them to deliver effective care.
- There were nursing staff working in the different households, with mental health nurses supporting the households for people living with dementia and general nurses supporting the households for people receiving nursing care.

Staff support: induction, training, skills and experience

- Staff were supported to develop their skills and knowledge to provide effective care.
- Staff had regular supervision with senior staff to reflect and feedback on the quality of care provided.
- The service had a comprehensive training package for staff, which helped staff feel confident in their roles.
- Staff were inducted when they started work to ensure they knew people and were competent to deliver care.
- Staff fed back positively about the training, support and opportunities they had as part of their role.
- One senior care worker was identified as a lead for dementia. They had a good understanding of different kinds of dementia, how this manifested and how to support people.

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

- Staff supported people to eat and drink enough.
- Staff understood people's individual risks, needs and preferences.
- People had a choice of what they wanted to eat and could eat in smaller dining areas in their 'household', in their rooms or in the restaurant area in the lobby of the building.
- We saw staff laying the table and joining people in the restaurant to eat, talking with them about their day or their families.
- People were able to help themselves to drinks and snacks as appropriate.
- People's risk of malnutrition was assessed regularly, and staff monitored people's weight to help them maintain a healthy weight.
- We asked people if they were enjoying their meal, people nodded and made appreciative noises. One person said, "Mmm, yes it's good."

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

- The service had a good relationship with their GP surgery and had a nominated GP who attended the service at least twice a week.
- We saw evidence that staff worked with other agencies to seek timely support for people where required.
- The service worked to support people to transition into the service and to ensure they could meet people's needs.

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

- The service had been purpose built to support people's needs and reflected national guidance and best practice.
- The home was spacious and airy, there were plenty of areas for people to have quiet time away from others or to spend time in a more lively environment.
- 'Dementia friendly' National Guidance had been utilised in the design and decoration of the premises, such as using contrasting colours for doorframes, grab rails, toilet seats and any obstacles, such as planters.
- Doors were offset from the line of the corridor to discourage people from walking into rooms by accident, promoting privacy.
- People had a choice over the décor and decorations in their rooms and were encouraged to bring items from home to make their space feel more familiar.
- Doors and areas were labelled in a pictorial way to better enable people to find their way around the building.
- The building was adequately secure to keep people safe.

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

- People's physical and mental health and wellbeing was considered and reflected in their care plans.
- Staff promoted healthy eating and active lifestyles to the residents, with opportunities to participate in active exercise classes in the community space of the home.
- People had access to other healthcare services, such as the dentist, optician and podiatrist.

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.
- We found the service was working in line with the principles of the Mental Capacity Act. Staff had a good understanding of mental capacity and sought consent when providing care.
- People's support plans identified how they were able to consent as well as people's preferences based on information from them or their families.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the Mental Capacity Act in that any deprivations were authorised.
- Support plans identified the least restrictive ways in which people could be supported safely where they lacked capacity to consent or capacity to understand personal safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people in a respectful way.
- Staff spoke with people as equals and did not rush them.
- Staff treated people in a caring way and were gentle when supporting them.
- People's individuality was reflected in the way that staff supported them. Staff understood and respected people's cultural backgrounds or upbringing.
- One member of staff told us an example of one person who was living with dementia, and his wife. He could become protective and anxious if male carers tried to support her as he did not understand she needed help. Staff would explain and divert him away when she needed support and tended to provide support with female staff.
- Staff were quick to identify when people became restless and supported them to move safely into quieter spaces of the home, offering them choices of where to go.
- One person told us that staff were kind, saying, "Oh yes, they are good."
- Where people required support to eat and drink, staff were gentle and patient and held easy conversation with people over their meal.
- One person's family told us "[Staff] bend over backwards. Nothing was ever too much trouble. It was lovely for her to be here with [staff] who loved her and cared about her."
- We saw staff encouraging people to participate in activities, approaching them with patience, kindness and enthusiasm.
- One person's family told us the service had gone above and beyond in supporting their relative to move into the service from their own home. They told us a member of staff had travelled to see their relative and had spent several hours describing the service and the options they had to alleviate their anxiety about moving home.

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

- People were supported to be involved in making decisions about their support as much as possible.
- People's views, wishes and personal histories were reflected in their support plans and their preferences were strongly promoted, particularly where people were less able to voice their views.
- For example, one person was living with dementia, their care plan said, "Staff are to respect my wishes and to be mindful that I still have capacity to make small decisions" and "I am able to make small decisions on my own behalf and it is important to me that this continues".
- One person's support plan explained, "All interventions should be explained to [person] so she can make an informed decisions and choice, [person's] wishes are to be respected."
- Largely, people's families told us they felt involved in people's care, though some said they did not feel as

involved as they would like and did not always feel listened to. The registered manager acknowledged there had been challenges with communication and had identified actions to take to improve their visibility to people and relatives to ensure they heard any issues and worked to resolve them.

- Staff used different ways of communicating with people to enable them to express their views and their preferred ways to communicate were reflected in support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted by staff.
- Staff were respectful of people's personal space and knocked before entering rooms.
- Staff understood how to respect people's dignity and promote their independence when supporting people.
- One member of staff told us, "You have to make sure you are giving care in a dignified and respectful service by asking the individual. It is about knowing the person and their care plan."
- People's abilities to participate were identified in support plans which promoted their independence when receiving personal care.
- Staff respected confidential and sensitive information and spoke respectfully of people.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans and activities offered to suit their needs and reflect their abilities, preferences and personal histories.
- The service had dedicated activities co-ordinator roles and a member of staff who managed the community hub.
- We observed a range of activities being offered from one-to-one sessions and group sessions to exercise classes with members of the community. These included activities such as arts and crafts, group games and reminiscence.
- The service identified this as an area of continued development as the service grew.
- The GP told us, "I have never seen anything but responsive care. The nurses are quick to identify if anything is wrong and to notify [the GP surgery]. They are very responsive to feedback and things improve afterwards."
- The service had a "10 and 10" meeting each day to review any significant events, plans for the day, changes in people's needs and any visits from other professionals.
- Staff often worked across households but told us that care plans were detailed and helped them to get to know people quickly. Staff had access to care records on mobile devices. One member of staff told us, "We would always speak to the [person] to ask what else they would like and what their expectations are."
- Some families fed back that some staff did not always know their loved ones well or follow care plans in respect of their preferences, such as putting milk in their coffee when they preferred it without.
- People's care plans contained information about their needs and preferences, as well as their personal histories. We fed back to the provider that some care plans, particularly of newer residents, would benefit further detail relating to people's individual routines, likes and dislikes. This would enable new staff and agency workers in the home to provide more personalised care. The provider agreed to speak with families and to add further details to support plans.
- We saw in daily records that staff were following care plans, for example in people's daily routines or in supporting people to turn in bed, and care plans were updated when people's needs changed.

Improving care quality in response to complaints or concerns

- The service had a suitable complaints procedure and policy in place.
- People and families had access to information about how to make a complaint.
- The provider showed us previous complaints, their investigation and response, which reflected their policy and evidenced taking action in response to feedback.
- People's families knew how to raise a complaint or concern should they need to, though some were not satisfied with the response to their complaints.

End of life care and support

- People's wishes for the end of their life and after death were openly discussed with them and their loved ones, and were captured in their care plans.
- We spoke with the family of one person who had recently passed away in the home, they had returned to visit. They spoke extremely highly of the care their loved one had received leading up to and at the end of their life.
- They told us that one member of staff was making a 'memory blanket' from their loved one's clothes for them to keep and pointed out staff who had been "fantastic".
- The family told us staff had supported their loved one to remain in the home, which was their wish and had supported them to stay [the family] by providing a room next door to be close by.
- The GP also fed back very positively about how staff managed people at the end of their life. The GP told us staff had enabled the person to stay in the home by providing a room in the nursing household when the person's needs changed and they were no longer able to stay in their apartment on the site. The GP described the care as "seamless" with continuity of care and staff.
- We saw feedback from another person's family member which said, "The quality of care shown throughout my mother's stay but particularly towards the end was most impressive."
- The service had a 'memory tree' in the garden to remember those who had passed away, staff who were closest to people attended their funerals and the service enabled people's families to hold remembrance services in the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was supported by a senior team with a quality lead to provide additional support in the promotion of high quality care.
- There was a positive culture amongst the staff team who felt confident to report any concerns they had.
- One person's family member praised the management team for their passion and the support they have received.
- Staff we spoke with told us the registered manager and other senior staff were approachable. One member of staff said, "[The manager] is very approachable, I can ask her any questions, she has an open door."

Working in partnership with others

- We had some positive feedback from other professionals such as the GP and ambulance service.
- The clinical commissioning group fed back that the service had not yet engaged in forums or training made available to them.
- The registered manager told us they were working to build relationships with other agencies and the local community.

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

- The registered manager understood and met their regulatory requirements.
- There was a clear management structure and staff in these roles understood their responsibilities.
- Staff said they felt supported by a clear management structure.
- Staff providing personal care into the independent living apartments fed back they had felt less supported, but that this had improved with additional management and senior staff input, and they now felt well supported.
- There were clear quality monitoring measures in place, which identified any actions required, such as improving the management of laundry in the home, and the progress of staff recruitment. Actions were prioritised and included on a service action plan. Actions were being completed in line with their anticipated timescales.

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

- The service had dedicated community space, allowing classes and activities from the local area to take place in the home and involve people. Activities included Tai Chi for beginners, chair exercise classes and a social club.
- The home held a regular meeting with people and families to gain their views of the service.
- The provider sent out regular experience surveys to gain people's views and had taken actions in response to feedback; such as people not knowing who the manager was, or people's laundry going missing.

Continuous learning and improving care

- The service had an ongoing action plan based on feedback. This improvement plan reflected themes from complaints we were told about by the service and by people's relatives.
- The service had been running for eight months at the time of the inspection and had taken a pragmatic approach to opening and taking on residents in a measured fashion to ensure the service was safe.
- The registered manager took an open approach to learning and improving and had prioritised and taken action in response to issues arising from the process of opening a new service, such as building relationships with the local GP and recruiting and training large numbers of staff.