Bupa Care Homes (AKW) Limited

Brunswick Court Care Home

Inspection report

62 Stratford Road
Watford
Hertfordshire
WD17 4JB

Date of inspection visit:
20 September 2017
22 September 2017

Date of publication:
27 December 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 and 22 September 2017 and it was unannounced. At the last comprehensive inspection in November 2016, we asked the provider to take action to make improvements to the personalised care people received to ensure that care provided met people's needs and reflected their preferences. We received a provider action plan which stated the service would meet the regulations by March 2017.

At this inspection we found that there had been improvements in the service and was no longer in breach of regulation; however there were still areas in need of improvement.

Brunswick Court Care Centre is registered to provide accommodation and nursing care for up to 91 people. Some people may be living with dementia. At the time of our inspection there were 80 people living at the service with one person having recently been admitted to hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was unavailable to participate in the inspection process because they were on annual leave. A deputy manager was however overseeing the service in their absence. Another registered manager from the provider organisation came to the service to provide support to the deputy manager and to assist the inspection process on both days.

We received mixed views regarding the attitudes of staff. Most people we spoke with felt that staff were kind and respectful however we received reports of two incidents where people had experienced being spoken to in an abrupt or rude manner. People felt that privacy and dignity was maintained and promoted throughout their care.

People's needs had been assessed prior to admission at the service and individualised care plans took account of their needs, preferences and choices however we found that two care plans with regards to specific clinical needs were not in place. Care plans and risk assessments had been regularly reviewed and updated to ensure that they were reflective of people's current needs. People felt involved in deciding the care they were to receive and how this was to be given.

People felt safe. Staff were knowledgeable with regards to safeguarding people and understood their responsibilities to report concerns. There were effective safeguarding procedures in place and staff had received safeguarding training.

Potential risks to people's health, safety and wellbeing had been identified and personalised risk assessments were in place. Incident and accidents were recorded and analysed by management to help

ensure that action was taken to reduce the risk of reoccurrence.

People received their medicines as prescribed. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

There were sufficient numbers of staff on duty to meet people's needs. Staff recruitment was managed safely and robust procedures were followed to help ensure that staff were suitable for the role they had been appointed to, prior to commencing work.

Staff received regular supervisions and appraisals and felt supported in their roles. A full induction was completed by staff when they commenced work at the service followed by an ongoing programme of training and development.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any care or support was provided.

A varied menu was offered at the service and people were satisfied with the meals provided to them. People were supported to access the services of health and care professionals to maintain their health and wellbeing.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

People we spoke with were aware of the complaints procedure and knew who they could raise concerns with. People felt listened to by the management team and that they were responsive to any concerns or complaints that they may have.

The service had a registered manager who was supported by a deputy manager and a clinical services manager. People, relatives and staff spoke highly of the management team and their ability to manage the service.

The service had an open culture. People and their relatives were asked for their feedback on the service and comments were encouraged. Robust quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

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.

People felt safe and were supported by staff who were knowledgeable about safeguarding people from harm and knew how to identify and raise concerns.

Risk assessments were in place to protect and promote people's safety and well-being.

Staffing levels were sufficient to meet people's needs and robust recruitment procedures had been used to recruit staff.

People received their medicines as prescribed and the service had systems to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had undertaken a variety of training and had the skills to provide the care and support required by people. Staff felt supported and had regular supervision.

People's consent to the care and support they received was sought.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People were satisfied with the meals provided.

People were supported to maintain good health and had access to relevant healthcare professionals.

Is the service caring?

Requires Improvement

The service was not always caring.

We received mixed views on the attitudes of care staff.

People's privacy and dignity was respected and promoted by staff.

People received personalised care that was responsive to their needs. Staff knew people and respected their choices and preferences.

People were provided with a range of information regarding the services available to them.

Is the service responsive?

Good

The service was responsive.

Care plans in place were personalised and reflected people's individual requirements. However, two plans did not contain sufficient information in relation to specific clinical needs. This was addressed during our inspection.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

There was an effective system to manage complaints and people were aware of this.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who was visible, approachable and fully involved in the day to day running of the service.

The system for monitoring the quality of the service was effective and used to drive continuous improvements in the service.

The service had an open culture amongst the staff team and staff felt management were supportive and approachable.

People, their relatives and staff were encouraged to give feedback on the service provided.

Brunswick Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 22 September 2017 and was unannounced. The inspection was undertaken by one inspector, a specialist advisor and two experts by experience on the first day and one inspector on the second day. 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 experts used for this inspection had experience of a family member using this type of service. The specialist advisor was a registered nurse who had experience in providing and managing the care of people living with complex needs and people living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 19 people who lived at the service and eight relatives. We also spoke with ten care workers, three nurses, the deputy manager and two supporting managers from the provider organisation.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of eight people who lived at the service and also checked medicines administration records to ensure these were reflective of people's current needs.

We looked at five staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

People said that they felt safe living at the service. One person said, "I feel very safe. I chose to come here and find it all very good." Another person told us, "I feel safe. I am not bullied and have a joke with the staff." Relatives we spoke to confirmed they had no concerns about the service, the conduct of staff or their ability to provide care safely to their relative. However, one person and their relative, raised concern about the accessibility of the call bell which made the person feel insecure. We raised this concern with the deputy manager who took immediate action and changed the type of call bell alert for the person.

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us they had received training on safeguarding procedures and demonstrated a good understanding of these processes. They were able to explain to us the types of concerns they would raise and were also aware of reporting to the local authority or other agencies. One member of staff said, "I would be happy to raise any concerns. I would speak to any of the nurses or the unit manager." Another member of staff said, "I would speak to the nurse in charge if I felt that I needed to report something of concern." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed throughout the service. Records showed that appropriate referrals had been made to the local authority where required, with the outcome from each and the action taken as a result recorded.

Personalised risk assessments and management plans were in place for each person who lived in the service. These plans addressed identified hazards they may face and included any actions that staff should take to reduce the risk of harm. We saw that risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in need. This included identified support regarding nutrition and hydration, continence care, falls and mobility. For some people, these also identified specific support with regards to their skin integrity and pressure care. Detailed steps that staff should take and the equipment to use to keep people safe were recorded including the involvement of other health professionals such as tissue viability nurses, where required.

A record of all incidents, accidents and untoward events was held, with evidence that these had been analysed by the registered manager and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

We received mixed views on staffing levels at the service. One person told us, "I think there is enough staff, day and night." A relative told us, "There are certainly enough. [Relative] is safe here." Another relative told us, "I've never seen a shortage when I'm here." However, one person told us, "I don't feel there are enough staff." They went on to explain how they felt staff rushed some of the care provided and did not take their time. Another person told us, "I don't think there are enough staff. Sometimes they are rude to me when I have called." On both days of our inspection the service had a high number of staff on duty and we observed that staff were available to meet the needs of people living in the service when required or requested and

that calls bells were answered promptly.

The registered manager used a recognised dependency tool to assess the level of need of all the people living in the service and the support they required. This was reviewed on a regular basis to determine staffing levels and took into account any changes to people's needs or any new admissions to the service. We reviewed past rotas for each unit and found that there was consistently the required number of staff on duty as determined by the dependency tool.

We looked at the recruitment files for five staff including one care worker that had recently started work at the service. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants previous experience, and Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We found that robust recruitment and selection procedures were in place and were followed consistently. Relevant pre-employment checks had been completed to help ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "I'm happy. It's always the nurse and always on time." A relative told us, "We're completely satisfied that medication is given properly." There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records on each unit relating to how people's medicines were managed and found they had been completed properly.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The deputy manager explained to us how regular audits of medicines were carried out so that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one member of nursing staff administering medicines at lunchtime and they demonstrated safe practices.

Good

Is the service effective?

Our findings

People and their relatives told us that they thought that staff were well trained and had the skills required to provide care for them. One person said, "It's clear they know what they are doing." Another person told us, "I think they are all well trained. Some are better than others though." A relative told us, "They more than meet [Name of relative's] needs. I'd struggle to pull them up on anything." Our observations of staff interacting with people confirmed that they knew and understood people's needs and used their knowledge to deliver care appropriately.

There was an induction period for new members of staff and an ongoing training programme in place for all staff, which gave them the skills they required for their roles. One member of staff told us, "I'd not long worked in care before I came here. The training has been good and all the other staff on the unit have helped me. I did an induction week before I even coming on duty." Another member of staff told us, "Training is always ongoing. We get told when we need to do more or update something."

Staff explained the variety of training courses they attended or completed online and how this supported them to carry out their role. The management explained the robust induction process and the required training for all staff and how this was monitored. This was supported by the records we checked, however due to the internal systems in place by the provider, the training matrix for all staff was not up to date and contained details of staff who were no longer working at the service and others who were absent due to extended leave. The manager explained how this did not provide an accurate reflection of the training completed or required. This had been fed back to the provider by the supporting manager.

Staff also told us that they felt supported in their roles and received supervision, formally and informally with either a unit manager or senior management. The registered manager had a system in place to monitor the supervisions and appraisals of all staff to ensure that these were completed. We saw that supervisions and performance reviews had taken place or were planned in line with the provider's policy.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of

people following meetings with relatives and health professionals and were documented within their care plans. Applications for authorisation with regards to DoLS for people where their freedom of movement may have been restricted to keep them safe, such as those requiring constant supervision had been referred to the local safeguarding authority.

People told us that staff sought their consent before they provided them with care or support. One person told us, "They always ask or make suggestions but they won't do it if you don't want it." Another person told us, "They talk to me and ask. Then they talk me through what they're going to do." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected. We saw evidence in care records that people, or a relative on their behalf where appropriate, had agreed with and given written consent to the content of their care plan.

People told us that they had a variety of food at mealtimes and were satisfied the meals that were provided at the service. One person told us, "The food is good and we have enough." Another person told us, "It's always different. It's good." The menu we viewed offered people a variety of meals, with regular alternative meals available on request. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments. Records held in the kitchen detailed people's preferences and specific dietary needs such as allergies or consistency requirements for example, a soft or pureed diet.

We observed the lunchtime meal in the three dining areas at the service and found that in one unit the meal time was relaxed with social interaction between people and staff which enhanced the mealtime for the people present. However in the two other dining areas we found very little interaction between people and staff, with long periods of time where a member of staff was not present. This provided a dull atmosphere for people as they ate their meals. We saw that mealtime experience audits were completed by the registered manager and an action plan was in place to address the findings of these observations. We saw that recent findings had also been shared at a team meeting.

People were supported to maintain their health and well-being and were assisted to access healthcare services, if needed. One person told us, "They call the GP to get them in. If it's really necessary they get on to them in the morning and the doctor might be here after lunch." A relative told us, "I have no concerns with health needs. They never delay calling the doctor out." A visiting health professional told us, "The care here is good and staff comply with the guidance given." Records confirmed that people had been seen by a variety of healthcare professionals including the GP, dietitian and speech and language therapist. Referrals had also been made to other professionals, such as local mental health support team, physiotherapists and tissue viability nurses.

Requires Improvement

Is the service caring?

Our findings

People living at the service gave us mixed views on the attitudes of staff and how caring they were. Two people gave us examples of occasions where staff had spoken to them in an unkind or abrupt manner. One person told us, "Some don't talk to me or are very rude." They gave an example of where they had pressed the call bell a number of times by mistake after the alert had become lost within their bedlinen. Staff had responded with the comment, "Not you again." The person explained this made them feel "horrible". Another person told us, "They just turn me, like they don't know I'm there. They don't even speak to me." We raised these concerns with the deputy manager and the supporting manager who assured us they would investigate these concerns.

However, we also had positive experiences shared with us about staff. One person told us, "They're very kind to me." Another person told us, "It's very relaxed here. It's my home and they treat me well." A third person told us, "They're very kind and respectful." One relative told us, "I can't fault the staff with the care they provide to [Name of relative]." Another relative told us, "The staff just can't do enough. They care."

People we observed appeared comfortable in the presence of staff. One member of staff told us, "We try our best to get to know people and spend time when we can with them or their families when they visit." Staff knew some people well and understood their preferences. The service operated a 'Resident of the Day' scheme where on one day all information within their care plans was reviewed and updated and a record made of any additional information that would assist staff to increase their knowledge of the person including their likes, dislikes and life history. The information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

Staff respected people's privacy and dignity. One person told us, "They are always respectful and never intrude. They knock on my door before they come in." A relative told us, "[Name of relative] is treated with the utmost respect and dignity. They can't do enough." Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance to people in a discreet manner and ensuring that doors were closed when providing personal care. Staff also understood that information held about the people who lived at the service was confidential and would not be discussed outside of the service or with agencies that were not directly involved in people's care. The promotion of people's privacy and dignity was observed throughout the day.

There were a number of information posters displayed throughout the service and within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and forthcoming activities and events. This meant that people and their relatives received information on the services that were available to them and enabled them to make informed choices about their care.

Good

Is the service responsive?

Our findings

When we inspected the service in November 2016, we found the care and treatment of people was not appropriate and did not reflect their individual preferences. On this inspection we found that there had been improvements in this area.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. One person told us, "I get up and go to bed when I wish. I chose not to go to the activities." Staff were knowledgeable about each person's health and support needs and were provided with information regarding people's preferences via care plans. This provided them with the information required to ensure they provided care in a way that was appropriate to each person. The care plans contained detailed plans for areas of the person's life including personal care, medicines, cognition, nutrition, communication, safety and wellbeing.

People and their relatives told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "They spend time talking to me. They've listened to what I want. They know I want to be as independent as possible." A relative told us, "I was involved in all the discussions about [Name of relative's] care when she first arrived. Everything is in the folder and we all had our say. They ask [Name of relative] too." Another relative told us, "We're very satisfied that our input is taken on board."

Records showed that people's care needs had been assessed prior to their admission to the service. The care plans followed a standard template however they were individualised to reflect people's needs, preferences and background and included clear instructions for staff on how best to support people. However, we found that two care plans lacked detailed information in relation to specific clinical care needs. These issues were brought to the attention of the deputy manager who ensured that the information was immediately written by the nursing staff on duty and placed within the care plans. With the exception of these omissions, we found that the care plans reviewed accurately reflected people's individual needs and had been updated regularly with changes as they occurred.

People told us that they had opportunities to take part in various activities. One person told us, "We've got some bricks to do. I like doing things. I like to be busy." Another person told us, "I like the music things. There are some things I don't bother with as they're not for me. I'm involved to the point I want to be."

Activities were provided by a team of three activity co-ordinators. Members of staff we spoke with were able to describe the different activities that people enjoyed such as music and movement, quizzes, bingo, coffee mornings and cinema club. One member of staff told us, "There is always something going on activity wise so we encourage people to take part. We ask people what they like to do and let them know when that activity or something similar is planned so that they have the opportunity to join in."

There were activity programmes displayed in each of the communal corridors and in the entrance hallway so people and their relatives knew the activities that were on offer or any future events that were planned. During our inspection we saw a number of people join the planned activities on offer. We also saw staff

engaging people in social conversation and completing individual activities with people as opportunities arose.

People we spoke with were aware of the complaints procedure and knew who they could raise concerns with. One person we spoke to told us, "I may have raised one or two things, nothing major and they've always been sorted." Another person told us, "I haven't had to complain about anything but I would speak to anyone if I needed to." A relative told us, "I've queried a few things but have no complaints."

We saw that formal complaints that had been received were recorded. An investigation into each concern was completed and the actions to be taken in response included in the record. Each complainant had received a response to their concern and the registered manager had recorded the outcome from each. There was an up to date complaints policy in place and information regarding the complaints procedure displayed in communal areas and the entrance hallway.

People and their relatives also spoke positively about 'resident and relative' meetings where they were provided with the opportunity to discuss any concerns regarding the service or raise any queries. Meeting minutes seen confirmed this was the case and we saw that dates for forthcoming meetings were displayed in communal areas. This meant that people and their relative were provided with, and made aware of, opportunities to raise concerns or complaints, formally and informally.

Good

Is the service well-led?

Our findings

When we inspected Brunswick Court Care Home in November 2016, we found the service was not meeting all the legal requirements in the areas that we looked at. We rated the service Requires Improvement.

At this inspection we found that there had been improvements in the service and was no longer in breach of regulation. A detailed service improvement plan was in place and actions required were ongoing.

People and relatives were positive about the registered manager and the management team. One person told us, "You can talk to the [registered] manager at anytime. I see her on the floor. [They] are a good manager and always says my door is always open if you want me." Another person told us, "[Deputy manager] is so nice. [They are] very understanding." A relative told us, "[Registered manager] is very approachable. You can easily chat with [them]."

Staff were also positive about the management team. One member of staff told us, "All the senior staff are approachable. We can talk to anyone, the manager, the deputy, the clinical lead. There is always someone available to us." Another member of staff said, "You see all of the management involved in the place. They do their walkarounds and check in with us when we're on duty." A third member of staff told us, "It is a big team here but we know that we can approach any senior staff and they will listen to us."

At the time of our inspection the registered manager was unavailable to participate in the inspection process because they were on annual leave. The deputy manager was overseeing the service in their absence and, upon our arrival, another registered manager from the provider organisation was contacted who then came to the service to provide support to the deputy manager and to assist the inspection process. This supporting manager was present on both days. During our inspection we saw that the deputy manager and supporting manager had a good rapport with people and staff. They spoke with people and staff to find out how they were and were actively involved in the running of the service. They took the time to greet visitors and ensured they were available to support the wellbeing of people living in the service and responded in a positive, supportive manner when approached by the care staff on duty.

In accordance with the providers policies and procedures, a member of the senior management conducted a daily 'walkaround' round the service and held a daily meeting with all heads of department. In addition, there were also night visits by the management team to ensure the expected standards were adhered to during the night and the deputy manager also spent time completing observation sessions on units whilst on shift. These spot checks and daily procedures ensured consistent information sharing amongst key staff and ensured that any shortfalls were addressed and guidance offered when needed.

There was an effective quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service. Audits completed by the registered manager covered a range of areas, including health and safety, incidents and accidents, infection control, medicines and an audit of care plans. Any results of these audits were shared with the provider organisation via a monthly report and any action to be taken recorded in the 'home improvement

plan'.

There were also regular provider visits. These visits were used to monitor the quality of the service and to ensure action had been taken in response to previous inspection feedback, to monitor the result of the internal audits and to evaluate the service against the provider's standards. The 'home improvement plan' was an internal service improvement plan and was a collated schedule of actions required from internal audits, inspection feedback, provider visits and other sources of quality assurance and feedback such as internal surveys. The plan was reviewed on a monthly basis by the registered manager to ensure actions identified as required were being undertaken. This continual cycle of evaluation demonstrated how the service used a variety of sources of feedback to drive improvements at the service.

Satisfaction surveys were distributed annually to people who lived at the service, their relatives and relevant professionals. Once the completed surveys and results were received from the provider the registered manager shared the findings with the whole staff team. We reviewed the result of 'Residents Experience Survey' which was completed in December 2016. We saw that the registered manager had highlighted to the staff the top three areas of concern and the top three areas where people gave the most positive feedback. We saw that the actions resulting from the survey had been added to the service improvement plan and had since been completed.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Recent care staff discussions had included record keeping, mealtimes, addressing people by name, handover and the outcome of an audit completed by the internal quality team. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion. Meetings for all staff were held on a regular basis and within the respective departments in which they worked or position held. This included heads of department, care staff, catering staff and housekeeping.