

Brendoncare Foundation(The)

Brendoncare Knightwood

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

About the service

Brendoncare Knightwood is a residential care home registered to provide care and support to up to 20 people. The service provides care for older people. At the time of our inspection there were 20 people receiving care and support at the home.

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

People told us they were safe living at Brendoncare Knightwood. Staff supported people to live independent lives. People had risk assessments in place for their care and support needs and staff knew them well. Environmental safety checks were in place and the provider was in the process of ensuring clarity with transfer to an electronic monitoring system.

There were enough staff on duty. There was a recruitment process in place. However, this was not always followed, we have made a recommendation to the provider about recruitment. Staff had the necessary skills to carry out their role effectively and regular training and updates kept their skills refreshed. Staff knew how to recognise the signs of abuse and who to report to, they told us they were confident the manager would take them seriously and follow them up.

Infection control procedures were robust, the home was clean, tidy and hygiene practices were good. Staff had received training in infection, prevention and control. Medicines were managed safely. The environment was designed so people could move around independently and safely. Staff told us they received enough training to do their job, the manager had plans to introduce workshops and refreshers which was welcomed by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People living at Brendoncare Knightwood were able to give their consent and had the capacity to make decisions. The manager was clear in their responsibilities of how to support people when there was a concern regarding capacity.

People told us staff were kind and caring. Staff spoke affectionately about people. Dignity and respect was obvious within observations and conversations between people and staff. People's needs regarding eating and drinking were assessed. We received overwhelmingly positive reviews about the food at Brendoncare Knightwood. People had access to healthcare as needed and referrals were made in a timely manner.

People had personalised care plans in place, they were reviewed regularly, promoting independence for people. Staff told us this was important to focus on the abilities of people. People were given the opportunity to discuss their end of life needs and wishes. The team at Brendoncare Knightwood had received praise on their end of life care for people.

People knew how to make a complaint, records showed concerns and complaints had been dealt with satisfactorily. There was a complaints policy in place, and it was being updated to reflect changes within the organisation. People's communication needs were recorded.

Brendoncare Knightwood was well led, we received positive feedback about the management of the home. Quality assurance systems operated effectively and enabled the home to drive continual improvement. The manager was supported by staff who understood their roles and responsibilities. The manager understood legal requirements to notify CQC of certain events which took place in the home. Relationships with external health and social care professionals were maintained and working well.

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 good (published 9 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

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 Knightwood

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Brendoncare Knightwood 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. Brendoncare Knightwood is a care home without 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 for the service. However, they had recently transferred to another of the provider's services. A new manager was in post who had started the process of registration with the CQC.

Notice of inspection

This inspection was unannounced.

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 service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with 16 members of staff including the manager, deputy manager, chef manager, domestic staff and care workers. We made observations throughout the day of interactions between people and staff. We received feedback from three health and social care professionals.

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

Is the service safe?

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was a recruitment process in place. However, we found this had not always been followed. Gaps in employment were not always explained and staff medical fitness were not always reviewed. The manager told us they would take immediate action to obtain the missing information.

We recommend the provider ensures they always follow their policy and procedure for the safe recruitment of staff.

- There were enough staff on duty. People told us staff were available to them when they needed them. The manager and deputy manager monitored call bell durations to ensure people were attended to in a timely manner.
- Many of the staff working at the home had done so for a number of years. Long service meant they knew people well and this provided continuity of care for people.
- Staff told us they were able to carry out their role effectively and had enough staff to ensure people's needs were met safely.
- Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support needs. The home was proactive in their approach to managing risks. Risk assessments were reviewed monthly or in response to a change in a person's condition, for example, following a fall.
- Risk assessments were detailed; staff understood the risks and knew people well. The electronic care planning system linked related risk assessments together such as mobility and falls.
- Risks to people's health and wellbeing were discussed daily within handovers. This meant staff were involved and knew the presenting risks for people. For example, where a person's mobility was reduced.
- Environmental safety checks were carried out. This included gas and electrical safety, equipment checks and fire safety. People had personal emergency evacuation plans in place which gave staff and the emergency services information about the support people would need in the event of an emergency within the home.
- There was an open culture within the home to learn from accidents and incidents. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again. Accident and incident reporting had provider oversight and was monitored across the

provider's locations. This meant learning was shared which supported reducing risks for people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Brendoncare Knightwood. Some of their comments were: "I feel very safe, they check my door at night to ensure it is locked", "I feel safe here", "I am safe, you just feel it", "I feel safe as there is always someone here, especially at night", "I am safe, I am happy."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. The manager told us safeguarding and concerns were discussed during staff meetings and supervisions.
- There were clear communication channels for raising concerns within the home, the organisation and outside of the home. Posters displayed around the home reminded staff of the importance of speaking up and numbers to call should they need to raise concerns to the local authority. A health and social care professional told us, "We have never needed to raise a safeguarding incident formally or informally. I am confident that if I did my concerns would be listened to and understood."
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the manager. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken.

Using medicines safely

- People received their medicines as prescribed. There were safe procedures in place for the ordering, storage and disposal of medicines. The electronic system alerted staff if a medicine was delayed or not given. This meant they could follow up in good time to ensure the person received the correct medicine at the correct time.
- Medicine administration records were completed correctly; a photograph of the person was an additional safety measure. Where people were responsible for taking their own medicines the necessary risk assessments were in place to ensure safety.
- Staff told us they had a good relationship with the doctor's surgery and pharmacy. Daily checks were made to ensure safe storage of medicines and safe temperatures were maintained.
- Staff responsible for giving medicines had been trained and had their competency assessed.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. The manager told us they were developing the guidance to be more personalised.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

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.
- Brendoncare Knightwood was supporting visitors to the home in line with safe practice guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. 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 before they moved into the home. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the plans. Staff training and knowledge about nutrition and moving and handling demonstrated the plans had been created with evidence-based practices in mind.

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.

- The manager and staff had received training in the MCA. Staff understood the importance of asking people's consent before supporting them. People told us staff always asked their consent before supporting them.
- The manager understood their responsibilities under DoLS; however, the home did not need to use the DoLS procedures at the time of inspection.
- People's rights were respected and people had given written consent for the care they received.
- Some people had given legal authority to a loved one or relative to make decisions on their behalf should they be unable to do so themselves. In these cases, the home obtained copies of the legal document and involved them in decisions.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. One member of staff said, "I feel supported in my role. We know if we have problems, we can go to any of the managers." Another member of staff told us, "I am happy, I receive support and training."
- Formal staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff were given the opportunity to discuss development opportunities and additional training. The manager had recently revised the supervision process to ensure all staff had an assigned supervisor.
- The service had an induction in place which combined face to face and online learning as well as supporting staff to shadow more experienced members of the team. A health and social care professional said, "Care home staff have a good knowledge base and are able to care for the people they look after."
- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training included mandatory subjects such as; safeguarding, medicines, food hygiene, infection control and moving and handling. People told us staff were well trained and thought they had the necessary skills to care for them. A member of staff told us, "The company are really good with training, they don't hold back on anything like that."

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

- People had enough to eat and drink. Feedback was overwhelmingly positive. People were given a choice of meals and there were alternatives, lighter meals and higher calorie meals available for them. People's comments about the food included: "It's very good food", "It's absolutely terrific, he serves up some beautiful meals", "Some of the fish dishes are out of this world", "The food is too good." We read one compliment which said, "The food is good and compares to, and even better than restaurants they had visited."
- People were given the opportunity to discuss their likes and dislikes. We spoke to the chef and they told us they spoke to people each lunchtime to gain their feedback and check satisfaction. One person told us, "I don't know how the chef [name] does it, the food is so good", "Its real, traditional home cooking here."
- People's preferences and dietary needs were recorded in their care plans and in the kitchen. The chef manager told us they had access to people's preferences. Input from specialists was included where required. Dietary needs were assessed and recorded which included, allergies and where there may be a risk of choking.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff.
- People were able to contribute their views regarding the food. Feedback was sought through individual discussions. The chef manager told us they try to cater for everyone and make changes to the menu to include favourite meals or special requests.
- Staff offered people choices and alternatives each day for their meals. People told us they can have anything they like.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses. A health and social care professional told us, "Referrals are timely and appropriate."
- The manager, deputy manager and senior staff said they worked well with all professionals and were

comfortable seeking their input when needed.

- People had a summary of care needs and risks on their electronic file. This provided a quick view of their needs.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner.

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

- People were encouraged to use all areas of the home. Each room had patio access to outside spaces. People told us they were encouraged to bring in their personal belongings and special items to create a homely feel to their room.
- All rooms had their own bathroom. There were various lounges and seating areas for people to enjoy. The home was in a good decorative order.
- Appropriate signage was displayed around the home, supporting people to find their way.
- There was level access to the secure gardens and outdoor spaces and patios.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring. Comments included: "Staff are lovely, we are lucky to be here", "Staff are nice", "The staff are very good", "They [staff] have kindness and are generous", "They are very, very, very kind", "They are absolutely charming."
- Staff treated people with kindness. A health and social care professional told us, "I was really impressed by the dedication and compassion that was shown to this person from the carer to the senior staff and management."
- Staff had received training in equality and diversity. Staff told us they would support people from any background with their care needs, understanding and appreciating people's differences was important to them.
- People were supported to observe their faith if they chose to and details were recorded in their care plans.
- Information about people's lives were detailed in their care plans and documents. Staff knew people well and encouraged conversations about travel, past employment. People told us they enjoyed a good chat and felt staff were interested in them and their life.
- The home had received compliments about the care it provides. We read the following: "We have been deeply impressed by the kindness and positivity of the carers, especially reassuring, is the relatively low turnover of staff. Those who are long serving, provide a continuity of staffing, which is a great benefit", " My loved one [name] is treated with kindness, attentiveness, compassion and care and her dignity is respected", "The whole team have been absolutely fantastic."

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

- People and their relatives were involved in their care. Group meetings were not held at Brendoncare Knightwood as it was not something people wanted. They preferred individual opportunities to give their feedback and views. We saw records where these one to one discussions had been held. Records showed topics of discussion included, food choices, activities and social events.
- Staff told us they always gave people choices throughout the day with all their care and support needs. This was observed during our inspection.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected, people decided whether they wanted their door open or closed. When support was being given privacy was maintained.
- Confidential documents were kept securely locked away when not in use. Staff were aware of the

procedures for handling sensitive information within the home.

- People were encouraged to be independent. People told us staff supported them in a way where they did not feel they would lose their abilities. Staff told us it was really important to them to support, rather than do for people.
- People told us staff treated them with dignity, respect and offered them privacy. The home was working on a new process which identified items important to the person and ensuring they had access to them. For example, for personal grooming or interest. This meant people were supported to maintain their identity, the material items important to them and promote dignity within the home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their changing needs. Care plans were person centred and had the involvement of the person and their loved ones. The provider used an electronic care planning system which meant details and needs were always updated instantly.
- People's care plans explored their needs as well as their skills and abilities. Specific care plans detailed people's individual health conditions, for example, needs related to Parkinson's disease and mobility.
- People had been given the opportunity to discuss their end of life needs and last wishes. This included speaking with people's relatives to help them to make their wishes known including any spiritual or cultural needs. The home had worked in partnership with healthcare professionals to ensure people received dignified and comfortable care at the end of life.
- The home had received compliments about their end of life care. We read: "Thank you for everyone who helped cared for our loved one [name], all of the time and especially today, their last day", "I am hugely grateful to you all for the wonderful care you have given my loved one [name], so professional and so much care from your hearts."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed in their care plans. These needs were shared with external professionals when needed.
- Staff supported people in ways they preferred and met their communication needs.

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

- People were encouraged to engage and socialise with each other if they wanted. People told us they spent their days how they wanted. Staff had supported people to continue and revisit hobbies and interests.
- People had been supported to maintain contact with their relatives, friends and loved ones by telephone, video calls and face to face visits. This has been especially important to people throughout the COVID-19 pandemic where there had been restrictions on visitors to the home.
- People had access to a wide range of activities which included group activities and one to one personal focus sessions. We saw photographs of people celebrating Christmas and other events. A member of staff

told us how important it was to ensure people also had one to one time together.

- The home had a wellbeing co-ordinator who arranged an activities schedule for people. Additional staff were being recruited to expand the availability of activities within the home. The wellbeing co-ordinator met with people when they first moved in and regularly to discuss their needs and wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was in the process of being updated to include guidance of external complaint reporting. The manager told us the home did not have any open complaints at the time of the inspection.
- People and their relatives knew how to make a complaint and who to speak to if they had any concerns. They felt confident that the manager or any of the staff would address any issues they had.
- Records showed concerns and minor complaints had been dealt with to the satisfaction of the complainant.
- Information on how to make a complaint or raise a concern was displayed within 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- Quality assurance systems in place were robust and effective in managing the risks to the quality of the service. There was a multi-layered approach to governance with visits from compliance and quality staff in addition to check carried out by the manager and deputy manager.
- The provider had an electronic system in place which meant they had live oversight of the home.
- The manager was responsible for managing the reporting system within the home and inputting the information into the system, this included; falls, skin integrity, nutrition and accidents.
- A range of audits were undertaken to enable the manager and provider to ensure all areas of the home operated safely. Outcomes were shared with the staff team and wider among the providers locations. This meant the home was continually learning. Updates and changes were shared in staff meetings and handovers.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the manager and the home.

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

- The manager, who was new in post, told us they actively engaged staff in decisions about the home whilst working closely with the deputy manager. There was a positive culture, and vibrant atmosphere in the home, staff told us they felt happy in their work and felt included. One member of staff said, "I am appreciated by the manager [name], he thanks me for things I do. If I come up with ideas. The deputy manager [name] is very good too. I feel involved."
- Staff were proud to work at Brendoncare Knightwood, their comments included: "I love it, the teamwork, fun, I love my job!", "The atmosphere here is really good, people come from outside and notice it. I don't know what it is, but the building is good, no one feels cramped and the staff like working here so they are all happy", "It's such a lovely home, when the resident's families come in they do nothing but praise us", "I love the whole concept of Brendoncare it's never about money. They have real holistic approach to health and social care", "It's a happy, lovely place to work, we all support each other."
- People, professionals and staff were complimentary about the leadership of Brendoncare Knightwood. Some of their comments included: "The manager [name] is brilliant, they have made a huge difference", "The manager [name] and deputy manager [name] are really approachable", "The manager [name] is really nice and enthusiastic", "I just love it! The management are brilliant", "The manager [name] is going to be really good, is involved and wants to develop things further", "The manager [name] and deputy manager

[name] are just really good", "I also have a good working relationship with the deputy manager [name] and they all seem to care about there staff."

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 manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were offered the opportunity to be involved in the home and told us they were always asked by staff if there was anything different they wanted or any changes necessary to make life better for them.
- The home continued to make links within the community. The wellbeing co-ordinator told us they planned to increase opportunities for people in the local community.
- The home did not hold traditional meetings for people, they found these did not work within the home. People were much happier to give their views on a one to one or within a small group. Records showed these conversations had taken place and actions from them had been implemented within the home. For example, changes to activities, daily routines and menu choices.
- The home undertook satisfaction surveys for people and their relatives. The most recent survey showed positive results. The manager and staff encouraged people and their relatives to complete online reviews of the home, we saw these were positive with one scoring five out of five stars.
- The home worked well with health and social care professionals. One professional told us, "We certainly have a good working relationship with staff within the home." Another said, "We have always had a good working relationship. Positive and respectful."