

DHCH14

The Brunswick

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

The Brunswick is a residential care home providing personal and nursing care to up to 58 people. The service provides support to older adults including those living with dementia. At the time of our inspection the service was supporting 45 people.

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

We were assured that the environment was safe and suitable, but we have made a recommendation about improving some parts of the environment to help people living with dementia better navigate communal areas of the home.

Medicines were managed and stored safely. People received their medicines as prescribed by staff who were competent to administer them.

Risks to people's health, safety and well-being were assessed. Staff had access to information about how to manage people's identified risks and support them in a safe way.

People received care by staff they knew and who were familiar with their needs and preferences. It was clear staff enjoyed warm and positive relationships with the people they supported. There were enough staff on duty to meet people's needs in a timely manner.

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. Consent for care and support was being obtained in line with the principles of the Mental Capacity Act (MCA) 2005.

People's care and support needs were assessed and planned for according to their current needs and preferences. People and their relatives had a say in how their care and support was delivered.

We received consistently positive feedback from people and their relatives about the care and support provided by staff.

The registered manager helped to instil practices which were underpinned by values of compassion, kindness and the promotion of independence, values which were shared and practiced by staff. Staff told us how well supported and valued they were by the registered manager.

The service worked in conjunction with external professionals and used innovative practices to help achieve positive outcomes for people.

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

Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

Why we inspected

We carried out this inspection to award the service with an overall rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

The Brunswick

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

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

Service and service type

The Brunswick 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. The Brunswick 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 in post.

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 and professionals who work with the service. The provider was not asked to complete 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 carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 6 people who lived at the home, 2 relatives, the registered manager, the deputy manager, the head of housekeeping, a senior carer and 2 members of care staff.

We looked at records in relation to people who used the service including 3 care plans, 12 medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

We also spoke with a relative on the telephone to help us understand their experience of the care and support their loved one received.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The registered manager identified any lessons that could be learnt following incidents or significant events. This was shared and discussed with staff to help identify where improvements could be made in the future. A member of staff confirmed, "We look at the root cause of any incidents and how to prevent them, we have so many things in place to improve safety."
- Staff had received training in how to record accidents and incidents. The registered manager and provider had oversight of accident and incidents, so that appropriate action could be taken to help minimise the risk of recurrence.
- People and their relatives told us they felt the care and support provided by The Brunswick was safe. People told us, "I feel safe living here and I like the staff and they keep me safe" and "I feel very safe because they check on you day and night." Relatives confirmed, "I requested an extra rail for extra safety, and it was fitted the next day, they are that good," and "I have peace of mind that [Name] is safe."
- Staff received safeguarding training and knew what action to take if they had any concerns. One member of staff told us, "I would not hesitate to raise anything, I know it would get dealt with."

Using medicines safely

- People received their medicines as prescribed and at the right times. One person told us, "I always get my medicine when I should, they [staff] have routine and they never forget."
- Medicines were stored securely and within safe temperatures in line with guidance. Fridge and clinic room temperatures were checked daily, to help ensure medicines were stored safely.
- Processes were in place to help ensure the management of controlled drugs was safe. Controlled drugs are drugs that are subject to high levels of regulation because of government decisions about those drugs that are especially addictive and harmful.

Staffing and recruitment

- The home had a stable staff team and there were enough staff deployed to meet peoples' needs. People and relatives told us their needs were met in a timely way. Comments included, "Every time I ring the bell the staff are here in a couple of minutes" and "I don't have to wait long. The moment they [staff] hear a noise they are there." A relative confirmed, "There are enough staff, there is always someone visible, and that goes from the top down."
- People received continuity of person-centred care, as many of the staff had been with the home since it opened. People told us, "There is a regular attendance of staff" and "They are pretty well the same staff."
- Safe recruitment processes were followed, and new staff were supported via an induction process which consisted of training and shadowing more experienced members of staff.

Assessing risk, safety monitoring and management

- People were supported to live in a safe environment. The home employed its own maintenance person who carried out and recorded regular checks to the environment.
- Risks to the health and safety of people were assessed and action was taken by staff to mitigate known risks. People's care plans contained detailed information for staff to help support people safely.

Preventing and controlling infection

- Cleaning processes, protocols and records were in place. There were adequate supplies of PPE. The home appeared clean and well maintained. People told us, "It's kept nice and clean here, just as I like it" and "Clean? You bet, it is immaculate."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service facilitated and welcomed visiting for people's family and friends. People told us their loved ones could visit them at any time. We witnessed visitors during our inspection and saw the positive impact this had on people's psychological and emotional well-being.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was decorated to a high standard. Rooms were spacious with some rooms having an ensuite facility. Although the home was spacious and accommodating, communal areas needed to be better designed to help meet the needs of those living with a cognitive impairment such as dementia.

We recommend the provider consults best practice guidance to help create a more supportive and dementia friendly environment.

- We spoke to the registered manager about this who confirmed they had already identified the need to improve the environment, such as the use of dementia friendly signage to help people find their way around more easily.
- People were able to personalise their rooms with their own furniture and décor, to ensure it reflected their preference and felt as homely and as comforting as possible.
- People had access to a secure outdoor space which also included an outdoor pod, where people could spend time whatever the weather.

Staff support: induction, training, skills and experience

- Newly recruited staff were supported to complete a programme of induction and did not work unsupervised for their initial shifts, to help ensure positive progression to in their new roles.
- Staff had the right knowledge, skills and experience to carry out their roles. In addition to mandatory training, staff were also offered more bespoke training to help cater for people's specific needs, for example, dementia training.
- The registered manager described how staff were trained for multi roles, for example, as all staff received the same training, if needed, a domestic member of staff could assist in the kitchen if necessary. This helped to maintain a consistent and knowledgeable staff team.
- People and their relatives told us they thought staff had the right skills and knowledge to support them. One person told us, "Yes, they [staff] are trained." A relative confirmed, "Fantastic, second to none, what blows my mind is the level of skill demonstrated by the young staff."
- Staff were also supported in their role by the use of supervision and appraisal, which helped review and develop their practice and development. One member of staff told us, "The appraisals and supervisions are helpful, we talk about what we do well and where we can improve, I can give my input."

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

- People were supported to eat and drink well and were protected from any risks associated with eating

and drinking such as swallowing problems. 'Hydration stations' including snacks and fruits were located in the home, so people had free access to a range of beverages and snacks throughout the day.

- People exercised genuine choice and had access to a wide range of food and drink. People told us they enjoyed the food at the service, comments included, "The food is quite good here and there's enough choice" and "There is usually something you can eat, if I don't like something I can ask for something else."
- We saw how people were actively involved in this aspect of the service, and how they were able to make suggestions as what they wanted to see included on the menu.
- The dining environment was pleasant, meal times were also used to facilitate positive social interactions.

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

- People's needs were assessed and planned for in line with best practice, to enable care to be delivered in line with standards. Care and support needs were regularly reviewed to ensure people's needs were being met. People told us their care needs were discussed with them. One person told us, "The deputy manager comes in and discusses my care with me."
- Care was also delivered to meet the specific needs and requests from people who received 'respite' or short-term care. The registered manager explained how 2 people from one of the provider's sister homes wished for a break by the seaside, and how she was able to make their wishes come true by offering a respite stay at The Brunswick.
- People's plans of care contained detailed information about their individual needs and preferences and represented an accurate reflection of the person. Any advice provided by external health care specialists had been incorporated into the care plan, providing staff with comprehensive guidance. A member of staff told us, "The care plans are so accurate, I work with them a lot and all the information I need is there."

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

- People were supported to live healthier lives, and to access healthcare support. Care plans contained evidence of input from health and social care professionals being followed by staff. Staff supported people to access external healthcare services where required to help make people make informed choices.
- Where people required external professional intervention, for example, the advice of a dietician, this had been requested appropriately, to help ensure people received effective and timely care and support. Any advice provided by professionals was acted on.

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 service was working within the principles of the MCA, and assessments to determine a person's capacity to make specific decisions had been completed adequately. We checked capacity assessments and found consent for care had been obtained from the appropriate persons and/or that the service was acting in people's best interests.
- For people who lacked capacity to make certain decisions about their care, legal authorisations (DoLS) had been applied for to Local Authority.
- Staff ensured people were supported to make decisions about their care, so their human and legal rights were upheld. During our inspection, we observed staff explaining and asking for people's consent before providing any care or support. One person told us, "They [staff] always come and ask you." A member of staff confirmed, "We always ask people for their consent and respect their wishes at all times."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff in a dignified and respectful way. People told us, "The staff respect my dignity" and "The staff promote me to be as independent as possible, the things I can do they encourage me to do." A relative confirmed, "They [staff] check on [Name] at night as [Name] is so independent, doesn't need much fussing over, but they are there when [Name] needs them."
- Where people required support, this was provided in a discreet way to allow people to retain whatever independence they had.
- Care records were kept securely to help ensure people's privacy and confidentiality.

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

- It was evident staff knew people's needs and preferences well and enjoyed close relationships with the people they supported. We observed staff talk and interact with people at every available opportunity. One member of staff confirmed, "Our motto is we treat people as good as if it was our own mum and dad."
- People and their relatives provided consistently positive feedback about the care and support provided by staff, comments from people included, "I'm very happy here and it feel likes it my home" and "Staff look after me, they know me well and I know them, it's a lovely place and I am happy here." Relatives told us, "From managers to cleaners, if you ask for something it will be done, they [staff] are fantastic. It's not just that you ask, it gets done and they do it with a smile on their face. They are always upbeat, so efficient at their job" and "I simply can't praise the staff enough!"
- The service took consideration of people's human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support and opportunities. A relative told us, "Mum has improved 200% since being in the home, and this is down to staff."

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

- People were supported to express their views and be involved in decisions about their care. People were encouraged to express their views and make decisions about every aspect of their care and support. One person told us, "I have choices about anything, I can have a shower or a bath when I want one, if I want one tonight, I can have one."
- Regular meetings were held for both people and their relatives, this provided the opportunity for people to feedback their views. One person told us, "I go the meetings, I like to know what's going on and to get involved."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relevant others were involved in developing their care plans in line with their support needs and preferences. Care planning was focused on balancing people's abilities and the promotion of independence. Where people required care from external agencies, this was readily sought, one person told us, "If I need a doctor, they [staff] will get one out for me."
- People were empowered to make choices. A member of staff told us, "All of our care plans are person centred, we talk to people and ask them how they would like to be cared for, even down to what shower gel they want to use." A relative confirmed, "Care is based on my mum's needs, everyone is treated as an individual here."

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.

- Staff communicated with people in a way they could fully participate and understand. People's care records contained guidance for staff on the most effective ways to communicate with people, and information about any communication aids. People were provided with information in a format that suited both their level of understanding and communications 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

- The service enabled people to carry out activities which were meaningful to them. The home employed an activity co-ordinator who helped to organise and facilitate activities for people. Care staff also engaged people in activities wherever possible.
- People enjoyed both on site activities and trips into the local community, to help people feel a sense of belonging and avoid any feelings of social isolation. One person told us, "We have everything - exercise with the balls, cards, dominoes and the staff join in, we have singers and big events for special occasions."
- People had a say in what they wanted to do. One person told us, "What I like to do is sit on Lord Street and pet the dogs that pass and talk to their owners."
- Staff ensured people maintained relationships which were important to them, such as family and friends. People's significant others were invited to events at the service such as summer fayres and birthday parties. People's loved ones were also kept involved and fully updated in people's care. A member of staff told us,

"We always make a fuss on people's birthdays, we celebrate with presents and cake!"

- People were also supported with any pastoral needs. A reverend visited the home monthly to conduct a service for those who wished to practice their religious beliefs. One person told us, "I have always gone to church and now someone comes in to see us."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experience of care and support and the home had an accessible complaints procedure. People and their relatives told us they felt confident to raise any issues and that if they did, they would be taken seriously. One person told us, "I can talk to either the manager or staff if I had any issues and I feel sure they would be sorted out." A relative confirmed, "We go straight to the manager, and she sorts things out for us, everyone is approachable and will do what they can, we don't have anything to complain about."

- The service had not received many complaints; any they had received were dealt with appropriately and any feedback received was used as an opportunity to further improve the service.

End of life care and support

- The service supported people at the end of their life. This support also included emotional support for people's loved ones.

- Staff ensured people and their significant others were empowered and actively involved in developing end of life treatment plans, to support people to have a comfortable and pain free death which considered their beliefs, culture and wishes, in a sensitive and dignified way.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was pivotal in instilling a positive culture which was centred on promoting safe, high quality and compassionate care. This ethos was shared and practiced by every member of staff.
- The registered manager believed in 'always having an open door' and was transparent, consistent in their practice and led by example. We received consistently positive feedback about the registered manager from people, their relatives and staff. One person told us, "The manager is the backbone of the home." A member of staff confirmed, "[Manager's Name] does actually care about the residents and makes staff feel valued. Nothing is too much trouble for them."
- Staff were keen to tell us how much they loved their job and how valued and supported they felt working at the home. Staff practices which had a particularly positive impact on people were recognised. Each month, people voted for the 'employee of the month', the 'winner' was awarded with an engraved trophy and shopping vouchers.

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

- The service involved people and their significant others in a meaningful way, so that they had a say in the running of the home. People were able to add their wishes to a 'wish tree', people's wishes included the colour they wished to paint their room, what they would like added to the menu and where they would like to go for a day trip. The registered manager acted on people's 'wishes.'
- Equality and diversity was actively promoted and people were supported to have their voices heard to help shape the service.
- Various methods were used to obtain feedback from people about all aspects of their care and support, both in a formal and informal way. Questionnaires, resident and relative meetings and 'You said we did' practices were used to help glean feedback.
- Support and resources were available to enable the staff team to be developed and be heard. The registered manager engaged with staff via staff meetings and supervision processes. One member of staff told us, "We [Staff] are all well supported here, at the staff meetings we can talk about anything. It's a good place to work here and I love it."

Continuous learning and improving care

- There was a strong focus on continuous learning at all levels within the service, to further improve the quality of people's experience. Management and staff discussed and considered information about the

service's performance and how further improvements could be made.

- There was a strong focus on quality monitoring, which included emphasis on innovation. The service was currently engaged in a pilot in the use of electronic sensors to help reduce the risk of falls. Although the pilot had only just begun, the registered manager felt confident it would have a positive impact on people's safety and well-being.

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

- The registered manager understood the importance of their role and demonstrated a good understanding of quality performance and risk management. Systems to manage risks to the safety and quality of the service were well embedded and effective at identifying any shortfalls.
- The registered manager was well respected by staff and staff understood their role and responsibilities, in addition to how to mitigate risks in everyday practice.

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 provider was aware of their duty of candour responsibilities. A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision to help ensure people received an experience based on best practice outcomes and choice and preference. People's care records evidenced that staff acted on advice given by professionals.