

Brendoncare Foundation(The) Brendoncare Froxfield

Inspection report

Littlecote Road
Froxfield
Marlborough
Wiltshire
SN8 3JY

Tel: 01488684916
Website: www.brendoncare.org.uk

Date of inspection visit:
26 June 2019
27 June 2019

Date of publication:
14 August 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brendoncare Froxfield is a residential care home providing personal and nursing care for people aged 65 and over. The service was providing care to 38 people at the time of the inspection, the service can support up to 44 people in one building across 3 separate wings. One of these wings specialises in providing care for people living with dementia.

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

People were safe. There were systems in place to safeguard people from abuse and staff received training in safeguarding. Staff knew how to raise concerns both within the service and externally.

People were cared for by staff who were recruited safely and had undergone appropriate pre-employment checks.

Medicine was received, stored and administered safely. People told us they were happy with the way the service assisted them with their medicines.

The service recorded and analysed incidents, where possible the service used this information to reduce future risk to people.

We received some feedback that people waited a long time for assistance when using their call bell. The service regularly audited the call bell response times using a report printed from the call bell system. This had been unable to identify this as some staff turned off call bells and said they would come back, this meant the report did not accurately reflect how long people waited for assistance. When we discussed this with the management team, they told us this would be addressed with care staff immediately.

People's health and care needs were assessed in line with national guidance. Assessments included people's spiritual, emotional and religious needs.

People were supported to have a balanced diet at the service. People they told us they enjoyed the food and were given choice. The service catered for specialised and religious diets appropriately and respectfully.

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 were supported to access healthcare support when required, the service worked closely with other healthcare professionals in order to provide effective care and treatment.

People were cared for by staff who treated them respectfully and kindly. People were supported to have maximum control and input in their care and treatment.

The service supported people to access a range of activities and social events. This included group activities and outings as well as trips for specific people designed to be their 'perfect day'. People told us they enjoyed these.

People were supported to spend time and maintain relationships with the people that were important to them. The service held a number of in-house events to support relatives and friends to spend time with people at the service.

The service had good links with the local community and had a regular group of volunteers who visited and fundraised for the service.

The management team maintained good oversight of the service and encourage improvement and innovation within the staff team. Staff and people told us they felt the management team were accessible and supportive.

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

Rating at last inspection

The last rating for this service was outstanding (published 21 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brendoncare Froxfield

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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

Brendoncare Froxfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not based at Brendoncare Froxfield but visited on a weekly basis. Day to day management of the service was delegated to the 'Home Manager' who reported to the registered manager regularly.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

We sought feedback from the local safeguarding team and Healthwatch. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During this inspection, we spoke to six people, one relative and one volunteer about their experience. We also spoke to eleven staff members including care staff, activities co-ordinators the head chef, a physiotherapist, a nurse, the deputy manager, home manager, learning and development manager, head of care services, and the registered manager.

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

We reviewed a range of records, this included four care plans and multiple medication administration records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at several documents related to the management of the service and premises.

After the inspection

We spoke with two professionals who regularly work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service.
- Staff had received training and were knowledgeable about different kinds of abuse and how to recognise these.
- All the staff we spoke to knew how to whistle-blow and how to access the whistleblowing policy.

Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Assessing risk, safety monitoring and management

- The service completed a number of safety checks to ensure the premises and equipment remained safe. These included checks on gas safety, electrical checks, legionella testing and regular fire alarm system tests.
- The service had personalised evacuation plans (PEEPs) for all residents, these were kept in individual care plans and in a file that could be easily accessed in an emergency.
- Equipment used to assist people with mobility was regularly serviced, staff knew how to check these services had taken place and how to raise concerns about safety of equipment.

Staffing and recruitment

- People told us there was sometimes a long wait for assistance from staff during the day. One person told us "I've got a lot of alarms, one around my neck and in my room, when I ring it, they come fairly quickly, but not during the day, but they do come and tell me they'll be back, that has taken up to half an hour", another person said, "they come quicker at night than during the day, they come and say that they will come back because they are busy, and you then have to wait sometimes up to 15 minutes."
- The service undertook regular audits on call bell response times; this consisted of reviewing a report generated by the call bell system, if long response times were identified, these were discussed in team meetings.
- We asked the registered manager about the long waiting times and staff turning off call bells, they stated that they were unaware of this practice but would address it with staff immediately.
- Recruitment methods were safe. Pre-employment checks were completed for all staff, this included appropriate references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- People told us they were happy with the management of their medicines, and that they always received their medicines on time.
- Medicines were administered safely. Staff received medicines training regularly. Management completed regular competency checks and observation to ensure medicines were administered safely.

- The service was following safe protocols for managing the receipt, storage and disposal of medications.

Preventing and controlling infection

- The service had received a '5' rating from the food standards agency. This meant that they had very good food hygiene standards.
- Staff used PPE (Personal protective equipment) such as gloves, aprons and alcohol gel appropriately. There was adequate stock levels and easy access to PPE throughout the service.

Learning lessons when things go wrong

- Records were kept of accidents and incidents using an online reporting system. These were reviewed by the home manager and registered manager.
 - The service analysed the overview of accidents and incidents to identify trends and patterns. This information was used to improve the safety of the service.
 - All falls were reviewed by a physiotherapist, who used this information to make recommendations for both individuals and the service as a whole.
- the service as a whole.

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 the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant people's outcomes were consistently good, and people's feedback confirmed this. The rating for this service has changed as there had been no further improvements or innovation in providing effective care since the last inspection.

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

- People's support requirements were assessed before moving to the service, this ensured care needs could be met.
- The service followed guidance and good practice recommendations to meet people's needs effectively. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
- Peoples spiritual, emotional and religious needs were assessed and were used to inform their care planning.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us they felt they had enough training to do their job effectively, they told us that they were confident that they would receive extra training if they asked for it
- Staff induction procedures ensured they were trained in areas the provider identified as relevant to their roles. Training was renewed and updated regularly.
- Staff were given opportunities to review their individual work and development needs through supervision. Staff were able to access specialist training if requested or required.
- The service ran a professional development programme called 'senior carer development course'. This was a programme designed to encourage and prepare care staff to move into managerial roles. Staff told us they found this course helpful and we saw that one staff member had moved into a management position following this course.

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

- People told us they enjoyed the food at the service, one person said, "The foods good, well today it was very good, and we have a fresh menu every day, my favourite is roast dinners and no, I never get hungry at night but if I did, I would have biscuits"
- The service prepared the different options on plates for people living with dementia. This meant people were able to see and smell the food and were supported to make a meaningful choice.
- The chef had good knowledge of specialist diets, this included fortified diets, nutrition for people living with diabetes and diets designed to maximise independence for people living with dementia.
- People were supported to follow religious diets if this was important to them.

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 access healthcare services and had their health needs met. We saw evidence in records that appropriate referral to health care services had been made when required.
- Healthcare professionals spoke positively about working with the service. One professional told us, "They are accommodating and responsive to patient's needs and I see a lot of evidence of safe practice."
- The service employed a physiotherapist who attended the service three times weekly. This meant that people had access to physio therapy as soon as a need was identified. The physiotherapist also told us how she regularly assessed people, identified risks and encouraged preventative exercises and postures. This meant people were less likely to suffer mobility or pain issues in future.
- The service held regular exercise classes such as Pilates and dancing classes, this meant people were encouraged to live a healthy lifestyle.

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

- Risks to the premises were identified and well managed. The service was adapted to cater for people of varying mobility needs.
- The service used contrasting colours and was free from confusing patterns. This means that the environment was suited to people living with dementia and visual impairments.
- People were able to personalise their rooms by changing the furniture and bringing in personal items.
- Everyone at the service had access to a secure garden, during our visits, we saw many people enjoying the gardens independently or with staff.
- On a wing of the service where people were high risk for falls, the garden had been fitted with a soft floor to reduce risk of serious injury.
- The service worked with people and families to ensure that bedrooms met people's needs, an example of this was one individual, who liked being in the garden, was having French windows installed in his bedroom to allow for direct access.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All staff we spoke to had good knowledge and understanding of the Mental Capacity Act 2005
 - When required, the service had made applications to the local authority in accordance with DoLS.
 - Where people had DoLS authorisation in place, conditions were followed.
 - Staff sought consent before providing care for people, staff used appropriate communication techniques in order to maximise people's ability to consent.
- techniques in order to maximise people's ability to consent.

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 the last inspection this key question was rated as outstanding. At this inspection this key question is now 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 told us that their preference regarding gender of care staff was not always respected. One person told us, "We can have a shower or a bath, but not that often, and I prefer a female. I did have a male help me and I was horrified." Another person told us, "I do have to have help from the staff, at the beginning, I found it difficult having a female helping me, but now it's ok."
- People told us that staff cared for them in a discreet manner and helped them maintain privacy and dignity. One person said, "They always close the curtains and close the door when they're helping me."
- People were supported to be as independent as possible. One staff member told us, "We always promote independence - encourage people to do things rather than do it for them."

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

- People told us staff were caring and treated them nicely. One person said, "The staff are 110%, they're amazing, they're so good". Another person, when asked if they liked living at the service, said, "Yes, undoubtedly, it's the care you get, it's the feeling of being wanted."
- People were treated equally and were free from discrimination.
- Staff spoke about people who used the service kindly and respectfully.

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

- People were involved in writing their care plans and family members were invited to be part of the care plan review process.
- People were signposted to support, or advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to partake in a range of activities which they told us they enjoyed. One person said "Yes, I do activities I like music and exercises and day trips, and we do have trips once a month", another told us, "We go out regularly and once a week I go to music of the mind, I go to the garden centre and I go to the lounge where they have activities of all kinds."
- The service worked with a local supermarket to secure funding for a project called 'perfect day'. This meant that each person living at the service had a personalised trip organised for them to do something they really enjoyed, examples of this included, a trip to a farm for a person who used to be a farmer and another person who had a trip organised to see their favourite musical artist.
- Activity co-ordinators worked closely with the physiotherapist. This meant that activities were tailored to helping people improve and maintain mobility. An example of this included an individual who wanted to attend her grand-daughter's wedding, the physiotherapist told us how they worked together with the activities co-ordinators, increasing activities that focused on mobility to enable the person to enjoy the day with their family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. This information was shared with other health care professionals when required.
- Staff understood people's communication needs and used this to inform their day to day care.

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

- Visitors to the service told us they were made to feel welcome and there were no restrictive visiting times.
- The service supported people to use technology, such as skype, to stay in touch with people who were important to them. Skyping was done via a communal iPad provided by the service, this meant that all people living at the service were able to video call with their family and friends if they wished.
- The service held a number of open days and events that families and friends of people were encouraged to attend, for example, the service hosted a weekly 'afternoon tea' for people and their relatives to enjoy together.

- The provider was piloting a project to reduce isolation through music, this had been done with some people in the home and found to be effective. Through this project, activities co-ordinators used personalised playlists to help people to share and discuss memories, this helped people feel confident to be more socially active. For example, one person who was spending most of their time in their room and had never joined a trip out with the service, had started to engage in some group exercise classes and had now enjoyed trips out to classical music concerts.
- Activities co-ordinators provided puzzles and activities for family members to do with their relatives whom were living with dementia, they also provided suggestions on conversation starters for people living with dementia. This meant family members were supported to communicate and spend quality time with their relatives.
- The service had developed a number of links with the local community, this included a volunteer programme, links with local nursery groups and the local college. This meant that there were frequent visitors to the service creating a warm and social atmosphere.
- During our inspection, we observed a local nursery visiting for the morning and having lunch with people who live at the service. We saw that people living at the service had formed good relationships with the children and they enjoyed each other's company throughout the morning.

Improving care quality in response to complaints or concerns

- The complaints policy was available to people and relatives, this was online, printed and available in adapted formats such as large print.
- Complaints were recorded and responded to appropriately. People were informed of how to escalate their concerns if they were not satisfied with the response they received.

End of life care and support

- At the time of our inspection, the service was not providing end of life care for anyone.
- End of life wishes were recorded in people's care plans, this included where they would like to receive care, funeral arrangements and religious and spiritual wishes.
- A GP told us that the service works collaboratively with their practice to provide end of life care, comments included, "They have actively participated and helped me with audits of care and end-of-life plans which I have performed in previous years, although this is now a routine part of care and we try to complete an end-of-life preference plan shortly after admission for all patients as standard." This meant people were supported to have a pain free and dignified death.
- The head of care services told us that the service was currently beginning a piece of work to improve end of life care planning. The new care plan aims to take a non-medical approach and capture some small but important details such as what music or room fragrance people may prefer at the end of their lives.
- The service recently held a 'dying matters' event, this event encouraged people to discuss or think about what was important to them at the end of their lives.
- Care Staff had access to a free telephone counselling service, this meant they could access support whilst providing end of life care.

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 the last inspection this key question was rated as good. At this inspection this key question remains 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

- People and their relatives praised the management at Brendoncare Froxfield, comments included, "They're doing a very good job and I'm totally content." And, "[deputy manager], she's very good and they're open and transparent, we can talk to them when we like, she's doing a great job."
- Healthcare professionals told us the management of the service worked well with them to achieve good outcomes for people. One professional told us, "They are very caring, [home manager] is an excellent manager. They are accommodating and responsive to patient's needs and I see a lot of evidence of safe practice."
- The management team spoke about people kindly and showed dedication to a person-centred approach. We observed this attitude was reflected in the staff throughout the home.
- Staff told us the management team were accessible and supportive, one staff member told us, "[home manager] is approachable, she'll listen. You've only got to knock on the door." Another staff member said, "if you have a personal problem, they work things out for you. I feel supported, we sometimes have days that are really hectic, when we ask management, they will help us".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour.
- The service communicated openly with people and relatives, this was evidenced by the way complaints were responded to.
- The service notified external organisations, such as the local authority safeguarding team and CQC, when things may have gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team completed several audits to ensure that safety and quality of care remained high at the service. These audits included, infection control audits, health and safety audits, wellbeing assessments for people living at the service and observing staff practice.
- Where audits identified areas for improvement, the service acted on these promptly.
- The provider supported the service to pilot innovative programmes and projects, such as the reducing isolation and perfect day projects.
- There was a clear management structure and there was an on-call system in place to ensure staff always

had access to managerial support.

- The registered manager had good knowledge of their regulatory requirements. CQC had received appropriate notifications from the service since their last inspection.

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

- The service had strong links with the local community. This included a number of volunteer initiatives with local companies and colleges. We were told how a local company had recently volunteered to refurbish some garden furniture and a group of college students recently held a poetry reading for people at the service.
- The service had a core group of volunteers called 'Friends of Froxfield'. This consisted of members of the local community as well as people who had family living at the service. The group had regular meetings with the management team and held events at the service to raise money for improvements to the building and gardens.
- Care and admin staff also participated in community fundraising events, this included doing a sponsored sky dive and a staff member walking across hot coals.
- The service held regular meetings with people who live at the service and their families. These meetings were used to communicate any changes to the service and to request feedback and ideas for further improvement.
- The service ran a staff recognition programme called "Extra Mile", this award was given to staff who were nominated by the people using the service, relatives, volunteers or other staff members. The management would then hold a lunch event once a year where they picked a number of people who received the extra mile award to receive an 'Aiming High award'. Staff told us that they liked this and receiving the nominations made them feel valued.

Working in partnership with others

- Health care professionals told us the service referred people to them promptly and appropriately.
- Staff worked closely with medical professionals to ensure people had access to the care they need. A GP told us '1 or 2 nurses always attend our 6 weekly consultant ward round with a local geriatrician, where they contribute their detailed knowledge of patient's in discussions held, which is very useful and a valuable learning experience for all of us.'
- Staff supported people to use community provisions such as local restaurants, 'memory café' or 'quiet cinema'. Quiet cinema is an adapted film viewing for people that can find noisy environments overwhelming.