

Bupa Care Homes (AKW) Limited

Brunswick Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brunswick Court Care Home is a residential care home providing personal and nursing care to up to 90 people. The service provides support to older people and people with dementia. At the time of our inspection there were 62 people using the service.

The building consisted of three floors and a basement. Each floor had living facilities which included people's individual bedrooms with en-suite, dining rooms and lounges.

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

People felt the support received by staff was inconsistent and at times felt isolated which affected their wellbeing. Peoples care plans did not always allow the opportunity to detail what was important to the person. The provider had acknowledged this and put new software in place to rectify this.

The provider and registered manager had a governance system in place, which included various audits and monitoring, improvement and actions were identified, however actions were not always completed.

The registered manager had implemented a lot of changes since the last inspection. Systems had started to be used and there were clear outcomes from the quality assurance systems in place. However, at the time of the inspection these changes had only recently been implemented. The registered manager understood the need to ensure the quality of care continued, and to ensure the systems and culture of the service is sustained.

People and their relatives felt staff provided care that was safe, and systems were in place to report concerns. The staff team had been safely recruited. Systems were in place to report and respond to accidents and incidents.

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments highlighted people's individual needs, and professionals were referred to when staff needed input for people for example, a dietician. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented.

Medicines were given to people when they needed them, where discrepancies were identified these were actioned appropriately. Infection prevention control measures were in place and staff were wearing appropriate personal protective equipment (PPE).

The registered manager had built positive relationships with professionals and was dedicated in making sure people got input from health professionals when needed. Professionals commented on the management teams support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulations, further improvements were required.

Why we inspected

The inspection was prompted in part due to concerns received about medicine management. A decision was made for us to inspect and examine those risks.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brunswick Court Care Home

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 team was made up of two adult social care inspectors, one medicine 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

Brunswick Court Care Home 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. Brunswick Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do 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 live at Brunswick Court and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, clinical lead, nurse, senior care workers and care workers. We spoke with four professionals that are involved in the care at Brunswick Court. We reviewed a range of records. This included four people's care records and multiple 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection the rating has remained the same. This meant people were not always safe and protected from avoidable harm.

At our last inspection the provider had failed to mitigate the risks of the spread of infection within the home. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- We observed staff wearing appropriate personal protective equipment, where people needed to communicate through sign and lip reading this was taken into consideration and appropriate face masks were purchased to ensure people remained safe and staff were able to communicate with people.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 provider's approach to visiting aligned to the government guidance. People were able to see their relative. On the day of the inspection guidance changed and the provider was actively looking at implementing these changes for visitors. Relatives said they were able to visit when they wanted to, and this was coordinated well.

Using medicines safely

- We reviewed the management of medicines at the home and found that medicines were being administered to people as prescribed. However, we found that improvements could be made with records related to topical medicine applications. For example, we saw one person had administered a transdermal patch for pain management. Records did not always have two staff signatures to demonstrate that two staff had removed the old patch before administering the new patch. This was not in line with the provider's Medicines Management Policy. The registered manager shared learning with the staff team, in addition checks were completed to ensure medicines were administered in line with the provider policy.
- Regular medicines audits were completed by the clinical leadership team. Actions had been identified and

rectified as a result of the audits.

- People said they received their medicines when they needed them. When people requested pain management medicine, staff were proactive in actioning this. Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.

Staffing and recruitment

- Staff and records suggested at times staffing levels did not meet the level of support needs and dependency tools did not always look at this. For example, call bell response at times showed people had to wait to be seen. On the whole when speaking with people they felt staff were responsive to their needs. One person said, "I use my buzzer- if I do need to- they come if I ring, usually within minutes- most of them are very friendly and kind carers". Another person said, "I do use my buzzer and sometimes you do have to wait- maybe up to 20 or 30 minutes but they do pop in to give me an indication when they will be able to attend to me, but you can't necessarily rely on the time scale they give me".
- The registered manager spoke about their challenges with recruitment of staff. However, they were being proactive, looking at ways to improve this. The registered manager and provider were working closely to drive recruitment by reviewing their selection and induction process, contacting applicants promptly in the hope they could increase their staffing levels.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The registered manager made sure there was a consistent approach to safeguarding matters, which included completing an investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "We need to see if the person is acting differently, if their mood is different. If they have bruises. If there is something wrong, I will report it to my manager, or I would talk to the GP."
- People and relatives told us the home provided care that felt safe, one person said, "Yes, yes I feel safe living here. I have my bell. I have regular swabs for COVID-19. I am given my pills."

Assessing risk, safety monitoring and management

- Risk assessments were in place and highlighted potential risks. When speaking with staff they were able to identify where people needed additional support to ensure they were safe. For example, where people had a choking risk or risk of falls.
- Staff supported people to refer to professionals where risk emerged. For example, one person had lost weight within a short space of time due to illness, this had been identified and the GP was contacted as well as the dietician to ensure the person had the correct care, with this the home had started to see an increase in the persons weight.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and completed an appropriate review and shared guidance with staff on how to prevent incidents reoccurring.
- Staff were kept informed about incidents and what changes were needed to improve the service. One staff member said, "Yes, it is discussed, and if something happens (accident or incident). One example is, we have just had urine tract infection (UTI) training and had an incident about UTI."

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 did not ensure people had consistently good care. People felt the service was good in parts, however most people felt there was a lack of consistency in the delivery of care when agency staff were on shift. One person said, "The carers, well the regular ones are very good and caring, especially with my repositioning, but at weekends particularly it can be a nightmare if there are lots of Agency workers on, if you get an Agency worker you keep on having to explain everything to them and tell them what to do". The registered manager said they offer agency staff an induction and support from a permanent member of staff and with their new care planning system, information will be easily accessible to all staff with vital information about people's care.
- The management team needed to make further considerations as to how to ensure where people were being supported in bed, they provided support to meet their wellbeing needs. Some people fed back to us that at times they felt isolated and there lacked the opportunity to speak with other people or staff. One person said, "The activities here are minimal now, on an average day I sit in here and I hardly see a living soul."
- Within the home the provider supported people with learning disabilities. The provider still needed to develop their knowledge around best practice and offer staff specific training in this. One professional said, "Although the staff team do aim to be person centred it appears that they struggle to provide the consistency in approach. This may be due to a lack of training/experience of learning disabilities and perhaps shortage of staff." The management team confirmed they were arranging specific training for the staff team.
- The providers paperwork for care plans did not always allow the opportunity for people and staff to detail information about how they wanted to be supported and what was important to them. The provider had recognised this and implemented a new care plan software. At the time of the inspection the home were transferring information over to this system and staff were familiarising themselves with this.
- Staff reported the morale of the staff team had fluctuated over the past months. This was due to staffing changes. One staff member said, "Sometimes it is stressful and some of the staff are still anxious coming in to work. If we are short you cannot work properly. We are being told to carry on and do what they can."

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

- Quality assurance systems were in place and identified areas of improvement, however we found a number of examples where these were either not identified with in the action plan or lacked detail as to if these had been completed. For example, call bell responses had been raised as an area of improvement over a number of months and continued to be highlighted without consideration as to how to improve this.
- The provider completed audits which included management of skin integrity and noted there had been increases during the months. Despite this there was not any clear indication as to the action they were taking to mitigate this.
- People gave mixed views of their knowledge of who the registered manager was. One person said, "Yes, I have seen the Manager. If I had any problems or needed to complain I would take them to the Senior Nurse, they are great". Another person said, "I know the Nurse here well- I don't know the (Home) Manager though- I expect she is on the Ground Floor most of the time".
- Staff said they felt supported by the management team. One staff member said, "I do see the management, [Registered manager] is very easy to approach. The [Deputy manager] does a lot of things around the home and you seem them more."
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

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

- People and relatives were encouraged to be involved in the development of the service.
- Staff had the opportunity to share their views and discuss issues within the service.

Working in partnership with others

- The service worked in partnership with organisations, other health and social care organisations, one professional said, "The home makes new referrals based on someone's reports of swallowing/ communication difficulties or because they dislike their current recommendations." Another professional said, "They identify people's deteriorating needs. Overall, the homes go up and down in terms of communication and responsiveness to actions. Particularly when there is staffing blips."