

Esteem Care Ltd

Brandon House

Inspection report

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Date of inspection visit:

20 July 2020

21 July 2020

22 July 2020

23 July 2020

24 July 2020

27 July 2020

28 July 2020

29 July 2020

03 August 2020

Date of publication:

11 August 2020

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

Brandon House provides nursing and personal care for a maximum of 42 older people, some of whom are living with dementia. At the time of our inspection there were 15 people living at the service. The home provides single room accommodation with most rooms having en-suite facilities.

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

Improvements had been made following the previous inspection in July 2019. People and their relatives told us they or their family members felt safe and well supported at the service. People were protected from abuse and avoidable harm and were treated with respect and dignity.

Overall, the provider maintained safe staffing levels to meet people's needs. We have made a recommendation that the provider continues to monitor sufficiency of staffing. Risks to people's health and safety were managed well, although some improvements on the completion of records to monitor people's fluid intake were needed. Improvements had been made to medicines management with clear records showing people received their medicines and topical creams as prescribed.

The registered manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. They knew how people preferred to receive their care and support. This included activities, which had been tailored to try and meet people's needs in the current circumstances of the Covid-19 pandemic.

There was positive leadership in the service. People, their relatives and staff spoke highly of the registered manager. They were described as approachable. Improvements had been made to governance systems. Audits and monitoring procedures were used effectively to monitor the service and to make improvements. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

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 inadequate (published 27 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out a comprehensive inspection of this service on 15 and 18 July 2019. Breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which refer to those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brandon House on our website at www.cqc.org.uk.

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 not always 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 ●

Brandon House

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met legal requirements following the inspection in July 2019 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Staffing, and Good Governance. Two key questions were inspected; 'Is the service safe?' and 'Is the service well-led?'

Inspection team

The inspection was carried out by two inspectors, a medicines 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

Brandon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity started on 19 July 2020 and ended on 3 August 2020. We visited the service on 21 July 2020.

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, 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke face to face with two people who used the service and one relative about their experience of the care provided. We spoke by telephone with four other relatives. We spoke face to face with the regional manager and registered manager and by telephone with five members of staff. We spent time observing the care and support people received. We reviewed eleven people's medicines records.

After the inspection

We reviewed a range of records. We reviewed most of the documentation remotely by asking the registered manager to send us key information after our site visit. This included six people's care records. We looked at three staff records in relation to recruitment and reviewed the staff training overview. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We continued to seek clarification by telephone from the registered manager to validate evidence found.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

Staffing and recruitment

At the last inspection the provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Overall there were enough staff to meet people's needs. One person told us they occasionally had to wait longer than they expected to when they rang their call bell. They said, this was particularly troubling if they needed the toilet.
- Relatives said they had no concerns about staffing levels. One relative said, "There is always someone around and I have never had a problem finding staff. It has improved since the last inspection."
- The provider used a dependency tool to provide a guide as to the number of staff needed on each shift. This was regularly reviewed in response to any changes in needs of people who used the service.
- Completion of a random call bell response time audit ensured call bells were answered in a timely manner.
- Staff provided mixed feedback about staffing levels. They said they met people's needs but they did say they were stretched at times.

We saw no evidence people's needs were not met. However, we recommend the provider continues to monitor sufficiency of staffing in line with people's assessed dependency and layout of the building to ensure safe staffing levels are sustained.

- Staff were recruited safely, with all pre-employment checks completed before a new member of staff commenced work.

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

At the last inspection we found people's risks were not always well managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Risks to people's health and safety were assessed and managed. A range of risk assessments were in place which covered areas such as skin integrity, nutrition and falls prevention. These were clear and gave staff specific instructions on how to support people safely. However, records reviewed, showed two people had not fully achieved their target fluid amounts on most days in the last month. The registered manager assured us this was an oversight with the records and took immediate action to put systems in place to prevent this happening in the future.
- Staff understood the needs of the people they supported. This gave us assurances risk assessments were followed to keep people safe.
- Regular checks were undertaken on the fire alarm system and firefighting equipment in the service.
- Incidents and accidents were recorded and reviewed by the registered manager. A summary of all accidents and incidents was used to identify any trends and ensure action was taken to prevent re-occurrence. For example, the introduction of falls sensor equipment or pressure relieving mattresses.
- The registered manager, regional manager and staff told us lessons had been learnt from the previous inspection and improvements had been made. These included improved medicines management, risk management and systems for audits and checks

Preventing and controlling infection

At the last inspection we found infection prevention and control systems were not effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Overall, there were effective systems in place to reduce the risk and spread of infection. Staff and the management team had a good understanding of the required COVID-19 infection control guidance and said there was enough personal protective equipment (PPE) in stock. On a small number of occasions, we observed the correct guidance regarding the wearing of PPE was not followed. We discussed this with the registered manager who said they would rectify this.
- The provider had introduced guidance and ensured staff completed training on infection prevention control and safe working practices during the COVID-19 pandemic. Staff were able to describe the correct circumstances for wearing their PPE.
- The environment was clean and there were no malodours. Some of the furnishings and décor were looking tired and worn. The provider was aware of this and the registered manager said discussions on redecoration and renewal of furnishings were currently underway. A relative told us, "Last time we went it was very clean and tidy and smelt nice too."
- Staff worked hard to maintain cleaning standards in the service. There had been recent shortages of housekeeping staff and all staff within the service had stepped in to share the workload. The registered manager completed regular audits on the cleanliness of the service.

Using medicines safely

At the last inspection, medicine management was not always safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Medicines were stored safely and at the right temperature.
- Records showed people received their medicines in the right way.
- Medicines that are controlled drugs were managed appropriately.
- Agents used to thicken drinks were kept safely and records made of their use.

- The home had effective policies and procedures for managing medicines. The registered manager carried out regular audits to check these procedures were followed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found people were not treated with dignity. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- A relative spoke highly of the kind and caring support their family received. They said, "It is all done in such a lovely way the staff are so great with her they don't rush, and she is completely respected. The staff talk her through everything; even though she may not understand, they will say exactly what they are doing and guide her all through it."
- Staff interactions were positive, and people were supported by kind staff. They were given time, and no-one was rushed, for example when walking with supervision or eating their meals.
- People were protected from the risk of abuse. People and their relatives told us they or their family members were happy and safe at the service. They said they felt listened to and any concerns raised were acted upon. One person said, "They are very nice, very kind here. I like all the staff and they like me."
- Staff were trained in safeguarding and understood how to identify abuse and report concerns. They said they would have no hesitation in reporting any abuse or neglect and were aware of the provider's whistleblowing procedures.
- All safeguarding procedures had been followed in line with the provider's safeguarding policy and referrals were appropriate.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

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

At the last inspection the provider did not have effective systems in place to assess, monitor and improve the quality of service provided. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider had improved the effectiveness of their quality assurance systems and processes. There was a programme of audits and checks focused on different aspects of the service. This included care planning, management of medicines, risk, and cleanliness. Audits had identified continuous concerns with the completion of records to document care given such as fluids. The registered manager had plans in place to address this.
- The quality assurance procedures had resulted in improvements in the quality and safety of people's care. For example, a person at risk from falls had equipment introduced to prevent falls and records showed they had reduced. Some action plans produced as a result of audits were not fully signed off to show actions were complete. The registered manager was aware of this and provided assurances all actions had been addressed.
- The provider had introduced daily meetings to ensure effective procedures were in place to communicate information about important issues in the service, such as changes in people's needs. Staff said they found these extremely valuable.
- The registered manager sent us notifications in relation to significant events that had occurred in the service.

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

At the last inspection the provider did not design care and treatment with a view to achieving people's preferences and to ensure their needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The registered manager was approachable and understood people's needs as individuals. They were committed to providing good quality care and promoted a person-centred culture.
- There was a variety of activity for people. This was tailored to meet people's needs during the current COVID-19 pandemic. The activity programme was now based on what could be provided within the service. One person said they missed how things had been before and were looking forward to a time when they could have concerts again. A relative said, "They have worked extremely hard to put things in place to improve and one of the big things is the activities lady who has been putting things together to engage with residents. There would be different things on different days and sometimes a concert [family member] loved that."
- People gave positive feedback about the management of the service. One person said, "The manager walks round, says hello, checks on us." They also said they felt confident to raise any concerns with the registered manager. Relatives told us they found the registered manager approachable. One said, "I can talk to her [registered manager] about anything and they are very supportive." One relative did not think they had been introduced to the registered manager so would not feel as comfortable approaching them.
- Staff spoke about their work and the service with enthusiasm. They said they had confidence in and felt well-supported by the registered manager. They frequently spoke of the improvements made by the registered manager and provider. This included better communication, care records and teamwork.

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

- The provider and registered manager sought feedback to help maintain and improve standards at the service. Surveys were undertaken which indicated overall satisfaction with the service. Suggestions for improvement had focussed mainly on the need to modernise and update the décor and furnishings in the service.
- 'Residents and relatives' meetings had been taking place but had been paused during the recent COVID-19 pandemic. A person who used the service told us they would like to see these happening again. The registered manager had introduced more surveys during this time to try to gain feedback in other ways.
- The provider asked staff for their views through meetings, surveys and individual staff supervision meetings. Staff enjoyed working at the service and would recommend to others. One member of staff said, "This is a great place to work."
- The registered manager and staff worked effectively with partner agencies. This included commissioners from the local authority who told us the service had been working effectively with them to improve the service.