

Alliance Care (Dales Homes) Limited

# The Branksome Care Home

## 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

We inspected the service on 6 February 2018. The inspection was unannounced. The Branksome Care Home 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 Branksome Care Home accommodates up to 34 people in one adapted building. At the time of our inspection 34 people lived at The Branksome Care Home. The service registered with CQC on the 2 August 2016 and this was their first inspection.

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At the time of our inspection there was a registered manager in post, who was present at the inspection. The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was enough staff available to meet people's needs as well as spend time with people on an individual basis. Staff had been trained in safeguarding and understood how to raise any concerns. Recruitment processes were in place to ensure any new staff would be subject to pre-employment checks on whether they were suitable to work at the service.

Appropriate arrangements were in place for medicines management and these followed procedures designed to ensure safe medicines practice. People were offered their medicines as prescribed.

Processes were in place to ensure risks and people's health needs were assessed, managed, monitored and responded to. The premises had been adapted in ways to make sure it was suitable for people using the service.

People's needs and choices were promoted in a way that prevented and reduced the impact of any discrimination. People's communication needs were assessed and people were supported to communicate effectively with staff. The Accessible Information Standard was being met. Staff knew how to support people to make decisions and ensure their rights were respected, working in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained and were well supported. Staff were caring and delivered care in a manner that promoted people's dignity and independence. People enjoyed a variety of different interests and hobbies and had good contact with the local community.

People felt able to raise any issues or concerns. There was a complaints process in place to manage and respond to any complaints should they be made. The service had received many compliments.

The registered manager focussed on providing care that was centred on individuals; and open and transparent management style was promoted. The registered manager had audits and checks in place to provide assurances for the governance of the service. Policies and procedures had been updated to reflect the needs of the service.

## 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.

There was enough staff to ensure people were cared for safely. Medicines were managed safely and actions were taken to prevent and control infections. Risks were assessed and managed. Policies were in place to ensure any new staff would be subject to pre-employment checks. Staff understood how safeguarding procedures helped to protect people.

### Is the service effective?

Good ●

The service was effective.

People's health, including nutritional needs were monitored and responded to appropriately. People's needs and choices were assessed in a way that helped to prevent discrimination and the principles of the MCA were followed; people's communication needs were assessed and met. Staff received training, support and supervision. The premises were suitable for people.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, knew people well and were mindful of how people felt. Staff respected people's privacy and promoted their independence. People were involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People had a diverse range of interests, hobbies and preferences; People enjoyed the activities they took part in and stayed connected to their local community. The Accessible Information Standard was being met. People were able to raise issues and make complaints and there was a complaints process in place to ensure any complaints were investigated and responded to.

## Is the service well-led?

Good 

The service was well led.

A registered manager was in place and understood their responsibilities for the management and governance of the service. There was an open and transparent culture in the service and care was personalised. The service was focussed on achieving good quality outcomes for people. Systems were in place to monitor and improve the quality of the service.

# The Branksome Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 February 2018 and the inspection was unannounced. The inspection team consisted of one inspector, one assistant inspector, one specialist advisor in nursing care and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

As some people were living with dementia at The Branksome Care Home we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. The local authority commissioning team had completed a contract monitoring visit since our last inspection; they reported the registered manager had been receptive and had made progress in response to the feedback they had made.

In addition, during our inspection we spoke with eight people who used the service and one visiting relative. We also spoke with the registered manager, one nurse and two care staff.

We looked at three people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

# Is the service safe?

## Our findings

People were protected from avoidable harm because accidents, incidents and near misses were reported. Records showed accidents and incidents were reviewed by the registered manager so that any trends could be identified and actions taken to reduce reoccurrence. This included referrals to the falls clinic and a review of footwear.

People told us there was always staff around and people knew staff well. During our inspection we observed there were enough staff to meet people's needs as well as support people to follow their individual wishes. For example, some people chose to stay in their rooms and others used one of the communal sitting rooms. We saw staff had enough time to sit and talk with people and share interests and pastimes with people on an individual basis.

People told us they felt safe and had not experienced any discrimination whilst at the Branksome Care Home. One person told us, "I don't worry about a thing." Another said, "There is always someone around, so I always feel safe." The registered manager told us they talked with people about their safety and reiterated if they were worried about anything they could talk with staff. Staff understood how to recognise potential abuse and how to raise a safeguarding alert. Records showed staff had all been trained in safeguarding adults. The provider had systems and processes in place to ensure people were safe. For example, what steps were required to keep people safe around the home, or whether there were any healthcare associated risks and the actions needed to manage those such as referrals to a 'falls clinic'. Risks to people were assessed and their safety monitored and managed in a way that promoted their independence and involvement.

Staff told us they were familiar with people's care plans and risk assessments and these were kept under review. Records confirmed people had care plans and risk assessments in place and these enabled staff to understand what care was required.

People were kept safe because there were systems in place to ensure their safety. This included how people's medicines were stored and administered. People told us staff provided care to help them administer their medicines. They said they appreciated this. One person told us "When I need pain relief sometimes, I would receive this promptly." Another said, "It's such a relief not to have to worry that I am taking the right medicine at the right time. It is all done for me."

Some people knew what their medicines were for and records showed reviews of people's medicines had taken place with their GP. Medicines were stored safely and were in date. Staff provided people with medicines as and when they needed them.

Staff recorded the medicines that had been administered and the reason why. We checked other medicines administration record (MAR) charts and found these had been completed as required.

The staff member in charge of medicines administration was knowledgeable on the systems in place to ensure people received their medicines safely. These included the processes for ordering, storage and



disposal of medicines. Staff had been trained in medicines administration and management. In addition, regular checks on records helped to ensure the proper and safe use of medicines. These actions helped to ensure people received safe care around the management and administration of their medicines. Medicines were managed safely and people's involvement and independence was supported in the management of their own medicines when appropriate.

Records showed fire alarm systems were regularly checked and fire evacuation was practised. Personal emergency evacuation plans (PEEP's) were in place for each person and recorded what support people would require in the event of an emergency evacuation. Risks associated with fire and emergency evacuation were being managed. These were regularly updated and were stored safely by the fire alarm panel for easy access.

Checks on the premises were also in place to provide assurances the service was safe, for example regular maintenance logs showed any repairs needed were identified and completed. Actions were taken to improve safety; the service had systems in place to help identify when things went wrong and to identify learning from these incidents to implement further improvements.

Recruitment records showed pre-employment checks had been completed. We checked the provider's recruitment policy and discussed the recruitment processes with the registered manager. The registered manager provided assurances that all the required pre-employment checks contained in the Health and Social Care Act 2008 for people employed in delivering a regulated activity would be met. Procedures were in place to help ensure staff were suitable to work with people using the service.

The provider had taken steps to ensure people were protected by the prevention and control of infection. Staff completed cleaning duties during our inspection and we saw they used gloves and aprons, as appropriate, to help prevent and control infections. Staff had been trained in infection prevent and control as well as in food hygiene. We saw staff practiced good hand hygiene, for example before they assisted people with their medicines. People told us they were satisfied their home was kept clean. One relative had commented that The Branksome Care Home was always 'lovely and clean.'

# Is the service effective?

## Our findings

People received effective care because staff had the knowledge and skills to do so. Staff told us they received training in areas relevant to people's needs and records showed this covered areas such as first aid, health and safety and infection prevention and control. Staff told us they were supported to obtain training they had identified themselves as relevant to people's needs. For example, one staff member told us they had attended training in dementia awareness as they wanted to know more about dementia. The registered manager had a system in place to keep track of what training staff had completed and what date it needed renewing; we saw all training was up to date. The service had provided staff with the skills, knowledge and experience they needed to deliver effective care and support.

People had their rights protected because staff knew and worked within the principles of the Mental Capacity Act (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. When people lacked the mental capacity to make some specific decisions by themselves these had been made in meetings with other professionals and family members when appropriate. These meetings were to discuss what decisions were considered to be in a person's best interests. Where appropriate, applications for DoLS authorisations had been made. People's consent to their care and treatment was sought by staff in line with the MCA.

People's physical and mental health was promoted. Staff also told us if people wanted them to, they would accompany them at appointments with their GP or consultants, they told us this helped them to understand more about people's healthcare needs. During our inspection we saw staff were knowledgeable about people's needs, including any health conditions. People were supported with their health care and staff worked with other organisations and other professionals to ensure people received effective care. People who used the service and a relative told us the GP came regularly. One person told us, "There's a chiroprapist comes regularly as well as the optician, but I'm not sure about the dentist." Another person said, "I go to the dentist nearby."

People received care and support with their meals and drinks, where people enjoyed helping with meals and drinks this was promoted. People told us they really looked forward to lunch. Meals were brought ready plated to each individual person. A menu for the day was posted outside the dining room and the cook went round to each person during the morning to find out what residents would like for their midday and evening meal. This was done in a cheerful, friendly manner, and displayed knowledge of people and their

preferences.

People received a balanced and nutritious diet and any risks were identified and managed. Staff were knowledgeable about people who had special dietary requirements, for example what changes were made for a person who followed a specific diet. Staff monitored people's weights and had taken action when they identified one person had lost weight. Staff sought the advice of a dietician and the person now received a food supplement and staff were continuing to monitor their weight.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with their input. This helped to ensure people did not experience any discrimination. This helped to prevent and reduce the impact of discrimination and helped to meet people's needs under the Equalities Act 2010.

People had influenced how one communal area was decorated. They told us they really liked the colours. One person told us they really liked spending time in the room. We were told there were plans to extensively decorate the entire building. Adaptions, such as handrails to aid people with their mobility were also fitted when needed in the property. People's individual needs were met through the adaption of their premises when needed.

## Is the service caring?

### Our findings

People were cared for in a manner that promoted their privacy and dignity. One person told us, "The girls close my bedroom door and keep me covered when they wash me and if I'm busy they will go away and not bother me." Another person said, "The staff are brilliant, they are very good staff they treat me with respect, but then I treat them respectfully as well and it works both ways."

Throughout the inspection visit we saw staff interacting warmly with people often touching them gently and respectfully as they helped them with something and engaging them in cheerful conversation.

People and staff had a good relationship. Staff were aware of people's needs and wishes. Staff spoke with warmth and fondness for the people they cared for; throughout our inspection, there was an atmosphere of caring.

People were served their meals in a dignified and caring manner. Tables were set out in an inviting manner. People had the opportunity to chat and enjoy the occasion. In the dining room there was cheerful banter between staff and people who used the service. We observed one person who was dozing in their chair just before lunch, a carer bent down to their level and gently patted their arm to wake them. Other care staff touched people who used the service on the hand or arm as they chatted to them or came to give them something.

Throughout our inspection visit we saw people's privacy was respected. People spent time in their own rooms as they pleased. We saw staff knocked on people's doors and waited for people to answer before entering. People told us they saw their relatives regularly and they could visit freely or people were supported to visit their relative's at their homes. There was an area in the home where visitors could make themselves a hot drink. We saw visitors using this facility.

Our observations and discussions with people showed staff knew people well. People were involved in planning their care. One person said, "I think I was involved in planning my care. I saw my care plan but I'm not sure if they have reviewed it. Anyway I have no problems" Care plans we reviewed showed people and their relatives were fully involved in care planning. Relatives we spoke with confirmed they were consulted at all time on care planning. One relative we spoke with said, "I am here on a very regular basis, they ask me all the time, how else would they know what [relative's name] wants."

People told us about the many ways they were independent and how this was supported by staff. This included staff taking people were taken into the local town to do their own personal shopping.

## Is the service responsive?

### Our findings

Some people said they thought there should be more staff around sometimes, but all of them confirmed staff came quickly to help them when they called them and all said they didn't have to wait too long at night for their call bell to be answered at night. Our observations supported that staff attended to people's needs in a timely way.

People were assisted to pursue hobbies and interests and there were links with the local community. A group of small children from a local nursery visited The Branksome Care Home on a weekly basis. People told us they really enjoyed this and looked forward to the visits. A new cinema had opened locally and people told us they were looking forward to visiting it when the weather improved. The day of our visit was very cold and wintery.

People told us they enjoyed how they spent their time at the Branksome Care Home. They said they were supported to maintain their links with the local community and took part in activities they enjoyed. People told us there was enough to do, "One person said, "I like to go into the garden in good weather. Someone has to help me because of my (wheel)chair, but I can watch the birds from here and see what's going on." Another said, "There is an activities organiser who had been very good and they had organised all sorts of activities." A third told us, "I never get bored and there's a new activity man starting, which may be quite nice, but I can do what I want anyway."

People told us staff knew about people's lives. One person told us, "[Name of staff member] knows my [relative] really well, I'm here every day but they still tell me everything." People's care plans contained information on people's life histories and staff we spoke with, were knowledgeable about people's families and their interests and hobbies. We heard staff talk with people about their interests and hobbies. People were offered choice of male or female carers. One person said, "There are male care staff I can say no if I want but I don't mind."

Where people had communication needs identified, staff were knowledgeable on how to communicate with people. We saw staff communicate effectively with people. Staff we observed ensured they had eye contact and spoke in a manner the person understood. Staff gave people time to answer and they checked they had understood properly. The Accessible Information Standard (AIS) was being met. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given

People were supported at the end of their life in a manner that ensured they were as pain free as possible. There was information in care plans detailing how people wanted to spend the last days of their lives. Most people wanted to be in The Branksome Care Home rather than hospital at the end of their life. The service is supported by a local hospice and has regular input from an end of life specialist. We noted a number of people had end of life medicines prescribed which would be readily available when required.

People told us they knew how to raise any concerns or make a complaint should they need to. The provider

had a formal complaints policy in place, to manage any complaints should they be received. There were no outstanding complaints. Processes were in place so complaints and feedback would be handled in a transparent manner and used to inform improvements to the service.

## Is the service well-led?

### Our findings

There was a registered manager at The Branksome Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood when notifications were required and had submitted these as needed. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required.

The registered manager spoke highly of the staff team and said that they were very proud of them. Staff told us they received regular supervision with the registered manager where any training and development needs were considered. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. The registered manager had taken steps to ensure staff could approach them, be listened to and took steps to ensure an open and transparent culture.

Staff we spoke with were enthusiastic and positive about the quality of care they provided. Staff told us communication between different members of the staff team worked well. There was a meeting of all staff every morning to discuss the day ahead and any changes to people's needs, wishes or condition. More formal staff meetings were also held and we saw minutes were taken. Staffs' morale was high and staff we spoke with said they loved their jobs.

The registered manager had systems and processes in place that were effective at assessing and monitoring the quality and safety of services and mitigating risks. Records showed audits were completed on medicines administration record (MAR) charts, fire systems and any reported accidents or incidents. These governance arrangements helped to identify any trends, manage risk and provide assurances on the quality and safety of services for people.

People told us they had opportunities to be engaged and involved with how the service was provided. People and their families had been asked for their views on the quality and safety of the service. Records showed people's feedback had been positive. This included positive comments about the helpful and friendly staff and the availability of the registered manager. People and staff told us they found the registered manager easy to approach and talk with. Steps had been taken so that people and their families were involved in improving the service.

The service's aims were centred on the needs of people using the service. The service was focussed on achieving good outcomes for people and promoted a culture that centred on people's needs and promoted their care, dignity, independence and involvement.

People told us, and records confirmed where other professionals such as end of life specialists and social care professionals had been involved in their care and treatment. In addition, we saw links had been

established with the local church. Other social opportunities had also been explored with other agencies. The service worked in partnership with other agencies and the local community.