

RBS Care Limited

Brandon House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brandon House is a residential care home providing personal care, but not nursing care for up to a maximum of 42 people. There were 39 people using the service at the time of the inspection. The service is registered to support people with their mental health needs.

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

People received safe care from knowledgeable and caring staff. Staff understood their responsibilities to identify and report any concerns. The service had recruitment and selection processes in place designed to recruit only staff suitable to work in providing care. The registered manager assessed people's needs and used a dependency tool to calculate the number of staff required to be on duty to support people. Medicines were managed safely and people received their medicines as prescribed.

Each person had a care plan containing a risk assessment and people's choices of how they wished to be supported with their needs. The staff were provided with supervision and on-going support including training. Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. 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 told us that their personal care and support was provided in a way which maintained their privacy and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

Complaints were handled and responded to in line with the provider's complaints policy. People and their relatives could give their views on the service and this information was acted upon.

The registered manager had a clear oversight of the service and had quality assurance checks in place which enabled them to organise the service delivery. The service worked closely with other professionals to support the people living at the service.

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 good (published 21 April 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brandon House

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

The inspection was carried out by one 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care.

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

This inspection was unannounced.

What we did before the inspection

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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experiences of the care provided. We spoke with six members of staff including the registered manager, area manager, a senior carer, two care assistants

and activities co-ordinator. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit people at the service and two relatives.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe living here and I like the staff."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "We have had training on safeguarding and I know exactly what to do."
- The service had safeguarding policies in place and the registered manager worked with the local authorities safeguarding team and reported any concerns appropriately. Records were kept of any reported concerns to ensure there was a clear audit trail of action taken.

Assessing risk, safety monitoring and management

- Risks to individuals had been assessed, and there was clear guidance for staff to follow to support people who required support with mobility and medical conditions..
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).
- The service had a system in place to record and analyse any accidents or incidents. This helped to identify any trends or themes.

Staffing and recruitment

- The service had sufficient staff on duty to keep people safe and meet their needs. The registered manager used a dependency tool to assist them to determine the number of staff required to be on duty to support people. One person told us, "There's enough staff, there is always someone around if you want them, same at night."
- People had developed positive relationships with care staff who knew them well and were able to respond to their needs.
- The service followed safe recruitment practices designed so that people were protected against the employment of unsuitable staff to work in care.

Using medicines safely

- Medicines were stored safely as per the service medicines policy. The medicine room was checked daily for being at the correct temperature as was the medicines fridge. We saw records of any medicines that needed to be returned to the pharmacy had been clearly recorded.
 - Regular checks and audits on medicines and medicine administration records (MARS) were carried out by the registered manager to identify any issues and to check the service was working safely.
 - People received their medicines as prescribed. One person said, "I get my meds everyday."
- Where people were prescribed 'as required' medicines there were protocols in place to guide staff when the

person may require their medicines.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- We saw staff cleaning during the inspection and the cleaning staff explained to people using the service what they were doing and engaged in polite and positive conversations.
- The registered manager explained how they had organised for the service to be kept clean and we saw the cleaning records.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The registered manager reviewed all incident and accident forms, so they were fully aware of what had occurred in the service.
- Lessons were learned when things went wrong. The registered manager held meetings with senior staff and implemented actions as necessary to improve the service and to keep people safe.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to the service to ensure those needs could be met and individual care plans put in place. A health professional informed us that the service staff carried out detailed assessments to ensure they could meet people's needs and respond to their choices. Our observations confirmed this.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance.
- People using the service took part in reviews with the staff from the service and other organisations to determine their progress.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. One member of staff told us, "The training is detailed so we know what to do." On the second day of our inspection, we saw training being delivered.
- Staff were supported through regular staff meetings and supervisions. Records showed that staff had the opportunity to discuss any concerns.
- New staff having completed the induction training received support from experienced members of staff and were gradually introduced to the service by being given time to meet people and read care plans.

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

- The staff had identified people's preferences of food with them and the menu was varied from day to day offering different choices for people to enjoy.
- People told us they enjoyed their meals and it was a pleasant occasion. One person said, "There is always a choice, I particularly like sandwiches so there is always something nice to eat." A relative informed us that their relative had been supported with choosing healthy eating options and as a result their weight had remained stable.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to see a range of health and social care professionals. Appointments were recorded so staff could monitor any changes to people's health needs. One person told us, "We have a chiropodist come here, that is really good."
- Relatives confirmed they were informed of any changes to the people's needs. One relative said to us, "They always let me know about any health appointments for [my relative] and the outcome."
- A health care professional informed us that they were always made welcome at the service and the staff

kept them informed about people's health and sought advice appropriately.

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

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- There were plans in place to further develop the service for the people living at Brandon House and we were assured by the registered manager and area manager that people living at the service would be involved in the developments and be kept fully informed.

Supporting people to live healthier lives, access healthcare services and support

- Care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- A health care professional informed us that since supporting a person at the service, they had no concerns about the person's well-being and the staff had encouraged the person to actively seek healthcare support.

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.

- Staff respected people's choices and their rights to make decisions. We observed staff seeking people's permission to support them and respecting their wishes.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.
- We saw staff talking to people about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- The registered manager had worked with people to understand and determine their capacity and to ensure people were involved in the decision-making process of how they lived their lives. The registered manager explained to us how the process was used to arrange and record best interest decisions.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the care they received and told us staff were understanding and caring. One person said, "We do get looked after by the staff. They do our laundry and help me shower and change my shirt every day,"
- People felt the staff had time to support them and they were not rushed. One person told us, "Never rushed and the staff have time to talk with me."
- Staff communicated with each person in the way that the person preferred. We could see that people had good relationships with the staff and enjoyed their company.

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

- People informed us that they were offered choices about how they spent their day and staff listened to them to support with fulfilling those choices.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.
- Staff were knowledgeable about people and skilled with regard to how they approached people in order that the people could express their views verbally especially when they were upset.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People's appearance demonstrated they were supported to dress how they wished and appropriate support around dressing and grooming was provided to each individual. People informed us their privacy was respected.
- People were encouraged to be independent with their daily living tasks. It was noted in people's care plans what they could do for themselves and what they needed support with to achieve.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff understood people's needs and knew them well. One person told us, "I am very happy here, staff are very friendly and help me to make decisions."
- Staff supported people in a professional and person-centred way. One relative described how the staff supported their relative and considered the staff did a good job and were pleased with how settled their relative was at the service.
- People's care records noted ways staff needed to support the person to ensure staff followed people's preferences. For example, in one person's records it noted how the person liked to be actively involved and enjoyed cooking.
- People's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- The service provided consistent staff which helped to develop positive relationships between the people using the service and staff members.

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 were provided with information in a format they could understand, and signage helped people to locate their way around their home.
- We observed staff taking time to speak with people and checking that they understood what had been said.
- Advocates had been appointed to support people when it was deemed necessary to help them with any communication and support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans recorded in detail their life histories, responses to events and how to support the individual to pursue their interests and hobbies.
- The service had dedicated activity staff. The registered manager had arranged a programme of events for each day but this would vary upon people's feelings at the time. We saw events were planned and people told us they particularly enjoyed cooking and baking.

- People told us they were content using the service, and they received care which met their needs. One person told us, "I have been on holiday with the staff." Another person informed us about how the staff supported them to access resources in the local community.

Improving care quality in response to complaints or concerns

- People and relatives knew who to raise any concerns with. All of the people we spoke with informed us they were confident to speak with the registered manager about any concerns.
- The service had effective systems to manage complaints and records showed how complaints and concerns raised were recorded, fully investigated and responded to as per the service policy.

End of life care and support

- There were no people receiving end of life support at the time of our inspection.
- The registered manager informed us that they were confident that by working with other professionals they could support at the service should the person wish to be at the service at such a time.
- Staff received end of life training so they felt confident and able to support people with their end of life care wishes.

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 has remained the same. 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 living at the service and their relatives told us the service was well led. They considered the senior staff were understanding and approachable. One person told us, "The manager is very lovely and approachable." A relative informed us that they considered the staff to be highly understanding of people's needs to work at Brandon House and tried their best to support and empower people.
- Staff were happy with the support they received. One staff member said, "The senior staff work alongside you and help you."

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 organised meetings with the people using the service, relatives and staff. This was an opportunity to speak and listen to people about the service and be transparent about the way in which the service operated.
- Service policies and procedures provided guidance regarding the duty of candour responsibility.

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

- The service was well-organised and there was a clear staffing structure. The staffing rota was organised in advance, so staff were aware of when they were required. One member of staff told us, "I enjoy working here more than anywhere else because of the people and the manager organises the rota and training for us."
- Staff understood their roles and responsibilities and found the management team supportive. A member of staff told us, "The manager or a senior staff asks each day how we are."
- Staff felt valued and well-supported by the registered manager and senior staff because they were available to support at anytime through the on-call process.

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

- Staff engaged with people on a daily basis and meetings were also held for people so they could hear news about the service and give their views.
- Satisfaction surveys were conducted in order that people, relatives and staff were consulted for their views and the registered manager acted upon the feedback.
- Staff had daily contact with the registered manager and good communication was key to ensuring people

were well supported. One staff member said, "The manager is very good at supporting us with advice and will always help."

Continuous learning and improving care

- Quality assurance systems were in operation and information gathered from the audits was considered by the management team and used to improve the service. Such as collecting information about meals and activities.
- Audits were carried out every month and these included audits of medicines to check people were receiving their medicines and appropriate ordering arrangements for medicines were in place.

Working in partnership with others

- The registered manager and staff team worked in partnership with external professionals. One health care professional informed us they enjoyed a positive working relationship with the staff.