

Alliance Care (Dales Homes) Limited

The Branksome 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

The Branksome Care Home is a care home with nursing providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 34 people. The home is located close to the centre of Buxton.

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

The provider had not done all that was reasonably practicable to mitigate the risks to people's safety and welfare. Information about risk was not always up to date. Some people had lost significant amounts of weight and were not monitored more closely in response to this.

Governance and performance management were not always reliable or effective. The management team had not always followed the provider's governance policy and had not identified themes and trends in order to recognise how to prevent recurring incidents.

The provider had effective safeguarding systems and there were enough suitably trained or qualified staff on duty. Staff were recruited safely and were subject to appropriate pre-employment checks and competency assessments before working independently.

The home had a positive culture that was person-centred. Relatives told us they were happy with their relations care and were comforted by regular communication during the Covid-19 pandemic

Rating at last inspection

The last rating for this service was Good (published May 2018).

Why we inspected

We received concerns in relation to staffing levels, weight loss, end of life care and care for people with sore skin. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

After the inspection the provider contacted us to explain what improvements they had made and why they had assessed these to be effective.

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

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 ●

The Branksome 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the managing director, regional manager, registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included nine 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. We spoke with two social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not done all that was reasonably practicable to mitigate the risks to people's safety and welfare. Information about risk was not always up to date.
- Some people had lost significant amounts of weight. Although referrals were made to dieticians, the registered manager was not aware of people's weight loss and had not increased their safety monitoring in response. People losing weight were not always weighed more frequently and alternative options such as measurements were not used when people did not want to be weighed. Some people were not weighed for seven weeks because the scales were broken, the provider did not replace these scales in a timely manner.
- People's weights were recorded on two separate documents which were kept in different places. When we reviewed and compared both, there were times when the different documents showed different weights for some people. This meant the recording was not effective.
- Where people were losing weight, their food and fluid intake was monitored, however, this wasn't completed effectively. Staff did not always record what type or what quantity of food people had eaten. One person's chart stated they had not eaten or drunk for a full day. We discussed this with the registered manager who concluded this was a recording issue and was confident people had been supported to eat and drink more.
- There was no guidance for staff about how much people should aim to drink in a day, therefore, although fluid intake was recorded, there was no response for the occasions where their fluid intake was documented to be low.
- Risks to people's safety were assessed and reviewed. However, the documentation completed was not presented in a way that made it easy for staff to recognise people's risks or how to mitigate these. Risk assessments were completed when people moved in and rated low, medium or high. When people's risks changed, the rating documentation was not updated, so the information was included but to find it staff would need to read through pages of writing. This meant it was difficult for new staff, agency staff, or staff who did not know people well to identify the best way to keep people safe from harm.

The provider had not done all that was reasonably practicable to mitigate the risks to people's safety and welfare. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they were confident their relation was kept safe and well, especially during the Covid-19 pandemic. One relative said, "The staff understand [Name's] needs here and they do all they can to keep [Name] safe, we're happy."

Learning lessons when things go wrong

- The provider had a system for recording and investigating accidents and incidents. However, there had been an issue with reporting procedures as these had to be completed on-line and only nurses had access to the on-line reporting system. The registered manager had identified this and introduced paper documentation shortly before the inspection. This meant the staff member who was present at the time was able to complete the documentation. However, we did review recent accidents and incidents where reviews had commenced but no outcome was recorded to guide staff how to prevent the same thing happening again.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems, policies and procedures. The registered manager sent safeguarding concerns promptly and adhered to local safeguarding procedures.
- Staff understood safeguarding and whistleblowing policies and told us they would feel confident to raise concerns with the management team.

Staffing and recruitment

- There were enough suitably trained and qualified staff on duty to meet people's needs. The registered manager used a systematic approach to identify the numbers of staff that were needed to keep people safe. Staff we spoke with told us there were always enough staff, one staff member said, "It's a nice place to work and there's always more than enough staff."
- Staff were recruited safely and pre-employment checks such as references and criminal records were sought, reviewed and verified.

Using medicines safely

- Staff managed people's medicines consistently and safely. Good practice guidance and nationally recognised guidelines were followed. People received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider had implemented safe procedures to detect and prevent the spread of Covid-19, this included providing personal protective equipment, social distancing, temperature checks and the requirement for people to isolate when they moved in or returned from hospital.
- Throughout the inspection the home was seen to be clean and free from malodours.

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 now deteriorated to 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.

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

- Governance and performance management were not always reliable or effective. The provider's risk assurance strategy detailed that people's weight would be audited quarterly, this had not been done which led to people's weight loss not being identified or addressed.
- The falls audits and incident audits did not identify themes and trends which would enable the registered manager to implement preventative measures.
- People's care plans were audited monthly, however, only 10% of them were selected for audit. As there were 26 people living there, this meant it could be more than a year before a person's care plan was audited. We found evidence of outdated information in some people's care plans, this meant the audit system was not effective.
- At the time of the inspection the provider had implemented a new governance and audit system. The registered manager did not have access to all the required audits on this system. This meant they were not able to retain oversight of the audit process.
- The registered manager was not able to locate the governance and audit policy, they were guided where to find it by the area manager. This meant the registered manager was not able to easily review the policy to ensure they were adhering to it.
- Some policies we reviewed contained outdated guidance.

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 did not always adhere to the duty of candour. People and their relatives were not informed when people had lost significant amounts of weight. One relative told us they were happy their relation had gained weight, though when we reviewed their care plan, we saw this person had lost a significant amount of weight.

The provider did not operate an effective system to assess and monitor the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Some actions to implement improvements had not proved to be effective. For example, the registered manager not having full access or understanding of the new governance system. After the inspection the area manager told us they had scheduled training on the new system, and this would be completed within a week.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a positive culture that was person-centred. Relatives told us they were happy with their relations care and were comforted by regular communication during the Covid-19 pandemic. One relative said, "I do talk with the staff there and feel [Name] is well cared for. A different relative said, "The staff give me full updates about [Name's] days and I feel well informed."
- Staff felt people were safe and happy living at The Branksome Care Home. One staff member said, "People are safe and happy and appear to enjoy living here, we do our best." Another staff member said, "The home is much better now the [registered manager] is here, she really wants to do her best for people and make sure the home runs properly for them."
- Staff felt the management team operated an open door policy and we saw evidence of times when staff had raised concerns and the registered manager had implanted change in response to this.
- Staff were aware of people's individual preferences and cultural beliefs and knew how to make sure these were respected and promoted.
- People and their relatives were informed and updated when someone had an accident.

Working in partnership with others

- The local authority and safeguarding teams told us they had clear and transparent communication with the registered manager and staff at The Branksome Care Home.
- The registered manager is legally required to inform us when certain incidents happen and clearly display their latest CQC rating and report on their website and in the premises. We saw all of the above had been done.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to mitigate the risks to people's safety and welfare. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate an effective system to assess and monitor the service.