

Branch Court Limited

Branch Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Branch Court Care Home is a residential care home providing accommodation and personal care for up to a maximum of 30 people in one purpose built building. The service specialises in providing care for older people and people with dementia. There were 17 people living in the home at the time of the inspection.

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

We found shortfalls during the inspection in respect to the management of risk and the governance and record keeping systems.

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider had an appropriate procedure for the recruitment of new staff. There were shortfalls in some people's care plans and risks to people's health, safety and well-being had not always been assessed and recorded. The home had a good standard of cleanliness throughout. People's medicines were handled safely but on occasion supporting written information was not personalised.

People were supported to eat a nutritionally balanced diet and to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Whilst there were appropriate policies and systems, mental capacity assessments had not been carried out. We made a recommendation about this. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were well supported by the manager.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. We observed positive interactions between staff and people who lived in the home. However, people were provided with limited opportunities to express their views about the service. People's dignity was not always promoted due to the condition of the bathroom flooring and uneven surfaces in some corridors and bedrooms. We made a recommendation about this. We received assurances from the provider's representative that all necessary improvements would be made to the building.

People's care plans had not always been updated in line with changing needs. The deputy managers were in the process of updating the plans during the inspection. People were given the opportunity to participate in activities, however, there were limited planned activities and the manager had identified this as an area for development. People told us they were confident any concerns would be resolved quickly. The manager had maintained detailed records of a complaint investigation, however, there were no records of complaints received during 2022.

Whilst some audits and checks had been carried out, others had not been completed for some time. People had not been given the opportunity to complete a satisfaction survey or participate in residents' meetings.

The manager was new in post and was working hard to make improvements to the service. All people, their relatives, staff and visiting professionals praised her open and honest leadership style. The manager was committed to making the necessary improvements to the service and had made notable progress in a short space of time. Following the inspection, the manager sent us a detailed action plan to address the issues found at the inspection.

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

Rating at the last inspection

The last rating for the service was good (published 8 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the management of the home, the management of medicines, person centred care and staffing. A decision was made for us to inspect and examine those risks.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks and the governance and record keeping systems. We also made recommendations about the implementation of the Mental Capacity Act and the environment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Branch Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

An inspector and an expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector and specialist medicines inspector visited the service on the second day.

Service and service type

Branch Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Branch Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information, we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 7 people living in the home, 6 relatives, 9 members of care staff, the cook, the head housekeeper, a housekeeper, 2 deputy managers and the manager. We also spoke to 2 visiting healthcare professionals and 1 social care professional during the visit and a representative of the provider over the telephone.

We had a tour of the building with the manager and reviewed a range of records. This included 3 people's care documentation, 2 staff files and 7 people's medicines records. We also reviewed a range of records relating to the management of the service as well as policies and procedures.

Is the service safe?

Our findings

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

At our last inspection, this key question was rated as good. At this inspection, the rating has changed 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

- Risks to people's health and wellbeing were not always assessed and monitored.
- We found risks had not always been identified and assessed including choking risks. We also found risk assessments had not always been updated to reflect people's current needs and circumstances. This meant risk management strategies were not always available to provide guidance for staff.
- There were some environmental risk assessments including an up to date fire risk assessment, however, not all people had a personal emergency evacuation plan. We also found the risks associated with uneven surfaces in bathrooms and corridors had not been considered.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date.

The manager had identified shortfalls in the risk assessment process and work was underway to review and update all risk assessments. Following the inspection, the manager sent us an action plan setting out their actions and plans to further improve the management of risk.

Using medicines safely

- People received their medicines as prescribed and a sample of medicines checked demonstrated that records were correct.
- Individual written guidance was mostly in place to support the safe administration of 'when required' medicines. Homely remedies were available to support the prompt treatment of minor ailments.
- People who were both able and wished to self-administer medicines were supported to do so. However, we found that one self-administration care plan and risk assessment did not fully reflect the person's current needs.
- Medicines were securely stored but we raised a concern about the medicines fridge during the inspection. The manager told us that this would be promptly addressed.
- Prior to our inspection, concerns had been raised about the oversight of medicine handling at the home. Refresher training had been booked for care staff who handled medicines and medicines audits recently restarted. Action plans were in place where areas for improvement were identified.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of the reporting procedures.
- People told us they felt safe in the home. One person told us, "I feel safe because the staff are always there to hold my hands", and another person commented, "I couldn't ask for more from the staff. Moving into this home has been the making of me. I am very well cared for."
- Staff had maintained a record of accidents and incidents however, there was no section on the form to indicate what actions had been taken. There were also no monitoring charts seen following an accident.
- Whilst we saw a chart analysing the accident and incidents, there was no evaluation to check for patterns and trends. This meant it was difficult to determine any lessons learned to improve the service.

Following the inspection, the manager set us an action plan to assure us a new system of recording and analysing accidents and incidents would be introduced.

Staffing and recruitment

- There were suitable arrangements for the recruitment of new staff. Appropriate checks had been carried out before new staff started work in the home.
- There were sufficient staff to meet people's needs in a timely way. One relative told us, "The staffing levels have definitely improved over the last 6 weeks which gives me confidence in my [family member's] safety."

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. All areas of the home had a good standard of cleanliness.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in the home during the inspection.

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 our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support. However, people had not signed consent forms to indicate their agreement to the care provided.
- Whilst 10 people had legal authorisations to deprive them of their liberty, there were no recorded mental capacity assessments or best interests decisions. The manager confirmed there were no conditions attached to the DoLS.

We recommend the provider seeks advice and guidance from a reputable source to ensure all appropriate records are maintained in respect of the MCA.

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

- The service is located in a purpose built detached building set in its own grounds. Some areas of the home looked worn or damaged and would benefit from redecoration and refurbishment.
- The tiles in the bathroom and shower rooms were unsightly and uneven. There were also problems with water drainage in one shower room as well as stretched carpets in some corridors and ripped lino in one bedroom.
- There were limited adaptations for people living with dementia in order to support their wellbeing and independence.

We recommend the provider seeks advice and guidance to ensure improvements are made to the environment.

We spoke with the provider's representative during the inspection, who assured us the necessary work on the environment would be completed. Following the inspection, the manager sent us an action plan which included their intended actions to improve the environment.

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

- People were supported to eat and drink in line with their dietary requirements.
- People were satisfied with the variety and quality of the food. One person told us, "The food is of a good quality and always looks presentable", and another person said, "The food here is lovely. Tasty and the sort of food I enjoy eating."
- Staff maintained records of people's food and fluid intake; however, the records were completed retrospectively and there was no evaluation of the amounts.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and staff closely monitored their health.
- People were satisfied with the service provided. One person told us, "The staff do check my health and medication regularly. Each morning a staff member always asks how we are feeling" and another person said, "Without a doubt my health has improved at the home. I put it down to good food, correct medication and great staff caring for me."
- The manager and staff worked with other agencies and shared information when people moved between services such as admission to hospital or attendance at health appointments. We spoke with 2 healthcare professionals during the inspection, who provided us with positive feedback about the service.

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

- People's needs were assessed before they moved into the home. However, information on one person's preadmission assessment was brief and was not signed or dated.
- The manager explained people were welcome to visit before making the decision to move in.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate training and support.
- People and their relatives were complimentary about the staff team. One person said, "The staff here are wonderful" and a relative told us, "The staff are great. They know their job and appear well trained."
- Staff confirmed they were provided with appropriate training which was relevant to their role. The manager explained there were plans for staff to complete a range of training provided by the local authority.
- All staff told us they felt supported by the manager. One staff member commented, "The manager is brilliant. She is so approachable and supportive, and she cares deeply for the residents. All the staff want to work here, she has made such a difference."

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 our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's rights to dignity and respect were not always promoted and maintained due to the condition of the bathroom flooring and uneven surfaces in some corridors and bedrooms. Some bedrooms also needed redecoration.
- People were afforded privacy in their bedrooms and rooms had ensuite facilities.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and current regulations.

Following the inspection, the manager sent us an action plan which confirmed a full environmental audit would be undertaken, prior to the necessary work being completed. We also received assurances from the provider's representative that all necessary work will be completed.

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

- Whilst staff were kind and respectful, people were not always supported to express their views on the service.
- Staff consulted people about their day to day choices, however, we saw no evidence to demonstrate people were involved in making decisions about their planned care.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

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

- People were well treated, and staff were caring. People and their relatives praised the staff team. One person told us, "I feel the staff genuinely do care about how I feel. They spend time with me. They don't get better than the staff here." A relative said, "The group of staff at the home are excellent and do a wonderful job of caring for my [family member]."
- We observed sensitive and caring interactions between people living in the home and the staff throughout the inspection.
- Staff spoken with during the inspection, understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's needs and had built positive relationships to support them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care was not always planned to ensure staff had up to date guidance about their needs and preferences.
- The provider had arrangements for developing individual care plans, however, the plans had not always been reviewed and updated in a timely manner. The deputy managers were working to update people's care plans at the time of the inspection.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

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 were provided with varied activities, however, there was limited planned activities and the manager had identified this as an area for development.
- Staff supported people to maintain relationships to avoid social isolation. Visitors were made welcome in the home.
- People told us staff had time to sit and chat. One person said, "I have had lots of chats with staff while I have been here. It's a great help for me to be able to discuss my problems."

End of life care and support

- In circumstances where people required end of life care, the staff worked closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.
- People were offered the opportunity to discuss their end of life wishes, if they wished to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or in a pictorial format.
- People's care plans included a section on their communication needs. This information was being

updated during the inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- People told us they were confident any concerns would be resolved promptly. One person said, "If I have any problems, I just tell the staff. They are great. Things just get sorted out."
- The manager had investigated a complaint and had maintained detailed records, however, there were no records of previous complaints during 2022.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, this key question was rated as good. At this inspection, the rating has changed 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; Continuous learning and improving care

- The provider had systems and processes to assess and monitor the service; however, these were not always effective.
- We saw some audits and checks had been carried out, however, others had not been completed for several months. During the inspection, we found shortfalls in the management of risks, the environment and record keeping.
- We noted there were two incidents which had not been notified to the commission. The incidents occurred prior to the appointment of the manager.
- People's care plans and risk assessment documentation had not always been updated to reflect their current needs and circumstances.
- Given the findings of the inspection and the absence of effective audits it was difficult to determine continuous learning and ongoing improvement at the time of the visit.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These findings constituted a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was new to her role and assured us she was committed to making the necessary improvements to the service. The provider's representative also spoke of their commitment to improve the service and standards of care.
- Medicines audits had been recently implemented to support continued improvement in medicines handling.

Following the inspection, the provider sent us details of visits to the home and a copy of an audit. The manager also sent us a detailed action plan which set out the planned improvements to the service. She also submitted the two outstanding statutory notifications.

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

- People were not always provided with opportunities to be engaged and involved in the operation of the service.

- People told us they were consulted and involved in daily aspects of their care. However, we saw no evidence of any residents' meetings during the last 12 months. This meant people had limited opportunities to express their views about life in the home.
- We saw no evidence people and their relatives had been invited to complete a satisfaction questionnaire.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of the service. We spoke with a social care professional during the inspection, who provided us with positive feedback about the service and the management of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- People living in the home, their relatives and staff were complimentary about the manager and told us she was approachable and supportive. A staff member told us, "The new manager has made a massive difference in a short space of time. Morale has improved out of all proportion", and another staff member commented, "The manager has made all the difference. We have a great team and we are all determined to make improvements to the home."
- The manager understood her responsibility under the duty of candour.
- The provider's representative and manager were open about the areas requiring improvement at the service and the work they were doing and planning to address shortfalls.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks.(Regulation 12 (1) (2) (a) (b))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person.(Regulation 17 (1) (2) (a) (b) (c))