

HC-One Limited

# Brandon House Nursing 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

Brandon House is a residential care home providing personal and nursing care up to a maximum of 35 people. The service provides support to older people living with dementia. At the time of our inspection there were 30 people using the service. Accommodation is spread over two floors.

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

Quality assurance checks had not always identified areas needing improvement. For example, we found improvements were needed in regards to medicine management, including storage as well as environmental risks linked to infection prevention and control. The provider took the necessary steps to address areas of improvement we found either on the day of our inspection visit or immediately following this.

People's care records were not always sufficiently detailed to show risks associated with people's care were effectively managed and responded to in a timely way to keep people safe. There were sufficient numbers of staff to support people's needs and staff were recruited safely. Staff felt supported by the management team. People and their relatives spoke positively of their experiences of the service. Relatives spoken with felt their family members were safe living at Brandon House.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 30 January 2019).

### Why we inspected

We received concerns in relation to the management of nutrition and care. As a result, we undertook a focused inspection to review the key questions of Safe and Well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report. The provider responded to our findings by taking immediate actions to mitigate any immediate risks that could impact on people's care.

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

### Enforcement

We are mindful of the impact of 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 a breach in relation to Regulation 17 at this inspection.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Brandon House Nursing 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by two inspectors, a nurse specialist advisor 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.

Brandon House 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. Brandon House is a care home with nursing care. 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 the inspection

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

#### During the inspection

We carried out observations to assess people's experiences of the care provided as most people were living with dementia and were unable to provide detailed information. We spoke with the registered manager, the deputy manager, a nurse, two care staff, an activities co-ordinator, the chef and a housekeeper. We spoke with two people and five relatives to gather their experiences of the care provided.

We reviewed six people's care records and a selection of daily records for people. We looked at the medicines records for each person living at the home. We looked at a sample of records relating to the management of the service including health and safety checks, training records, accident and incident records, safeguarding records and management audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

### Using medicines safely

- Arrangements were in place to ensure people received their medicines how they wished and as prescribed. Some practices regarding medicine management did not follow safe practice and records were not consistently clear.
- Insulin stored in the trolley had not been consistently dated. One was dated when open but the other was not. Insulin when brought to room temperature only has a shelf life of 28 days so it is important it is dated so it is clear when it needs to be disposed of. This was brought to the attention of a senior staff member who said they would ensure this was addressed when it was next due to be administered. The risk of insulin being used beyond 28 days was managed as systems in place meant any left over at the end of the monthly cycle was not used.
- Pharmaceutical waste was not correctly managed. Clinical waste bags were found in an unlocked cupboard in a locked clinic room and were loosely tied and easily opened. Pharmaceutical waste should be disposed of in bins with tamper proof slots to prevent a hand entering the bin and removing the contents. We were told the company responsible for the waste removal had already been contacted prior to the inspection visit to collect this and this was not normal practice. Following our visit, we were also told a lock had been fitted to the cupboard.
- Records relating to the management of pain relief patches were not always clear. This included no records to show the patch was checked to make sure it remained in place. Records relating to the number of areas the patch could be placed on the body were also not clear. Information was subsequently submitted by the provider to indicate patch application areas to guide staff so as to avoid the potential of people developing any sensitivities and thinning of the skin.
- Containers for the disposal of needles or sharps were not always managed in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. They were not located at a suitable height position to enable safe disposal and prevent spillages. One of the containers was above the maximum fill level. Action was taken to address this at the inspection.
- A relative told us they were kept informed about their family member, they said, "Nurses I speak to a lot, probably because there is lots of new medications, changes in current medications, so I do get calls whenever there is something to tell me."

### Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures to keep people safe but there had been shortfalls identified in relation to these procedures always being followed to keep people safe.
- Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff

were confident reporting potential safeguarding concerns. One staff member told us, "First of all I would go to my deputy manager and if nothing was done, I would go to my home manager and from there I would go to our area director who is in the building today. She is very approachable."

- One staff member told us they would not hesitate to report poor practice by other staff to ensure people received safe care. They explained, "You always use the proper equipment. If not, you could end up injuring the resident or injure yourself."
- A relative told us, "My experiences are very good. I like that they keep keypads with codes, and they change them regularly. I have no concerns about safety of my relative. I have seen they do check people credentials and that in today's world is important."

#### Assessing risk, safety monitoring and management

- The provider used recognised risk assessment tools to identify risks to people's health and well-being. However, there were some areas of risk that required improvement. This included ensuring there were clear records.
- Care records for people living with diabetes were not sufficiently detailed. Blood sugar monitoring records did not indicate the frequency of testing required or the normal blood sugar range for the person to ensure this could be effectively monitored to keep the person safe. The amount of medication detailed to control blood sugar levels did not always correspond with what happened in practice. The nurse stated they would address this during our visit. The provider confirmed a lessons learnt exercise had been held with all staff following our visit, confirming this had been acted upon.
- Wound management records were not consistently clear to demonstrate effective monitoring and wound healing. For example, one person was to be repositioned four hourly at night and two hourly during the day. Records did not show this happened consistently. One person was to have their wound dressing changed every two to three days. The wound assessment and redress records for this person were not completed for a seven-day period. The nurse was made aware of this to ensure action was taken. They stated the person could refuse to be assisted with their dressings.
- Regular observations of people were carried out to identify any deterioration in health and staff were responsive to call bells. One person told us, "It is good, you ring the bell when you want someone to come and they come in."
- The provider had taken measures to minimise the impact of unexpected events. Each person had a personal emergency evacuation plan to ensure their individual needs for support in an emergency were known.
- The provider had contracts for regular safety checks and planned maintenance. Records showed contractors undertook regular checks of water, gas, electricity and equipment and identified when action was needed to minimise risk.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. DoLS that we viewed were not subject to



any conditions but were reviewed monthly to ensure they were renewed when appropriate.

#### Learning lessons when things go wrong

- The registered manager monitored the number and frequency of accidents and incidents and any clinical issues, to ensure people were supported appropriately to minimise the risks of a re-occurrence.
- Records demonstrated where things had gone wrong, investigations were carried out to identify where improvements could be made and changes in practice had occurred as a result.
- Prior to our inspection visit there had been a concern raised that a person had received delayed treatment in response to a wound. Records for the same person did not show the use of a thickening agent in fluids had been professionally assessed as required. These issues had resulted in a negative experience for the person. The provider had responded by investigating these concerns and changes in practice were introduced to help improve the service. This demonstrated there had been lessons learnt. At the time of our inspection thickening agents were not in use.

#### Preventing and controlling infection

- We were somewhat assured that the provider was meeting shielding and social distancing rules. A staff member responsible for infection, prevention and control was not aware one person had tested positive for COVID-19. Also, risks associated with the person had not been fully assessed. We were told signage to inform staff of the positive result had been removed by the service user. Prompt action was taken to address these matters at the inspection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some equipment included a ripped mattress was not sufficiently clean. Following our visit, action was taken to address this, and the provider told us daily mattress checks had been added to audit checks.
- We were somewhat assured that the provider was using PPE effectively and safely. The accessibility of Personal Protective Equipment (PPE) needed to be improved and the number of accessible and the number of hand sanitisers throughout the home were limited.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. However, the shortfalls we found showed the policy was not always followed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- People were able to spend time with their family. People had visitors come to the home and there was a visiting policy in place to help keep everyone safe. This included the use of PPE and testing.

#### Staffing and recruitment

- Staff felt there were enough of them on duty to keep people safe and meet their needs.
- A relative told us, "I believe my relative has the best staff possible. Most of residents are 1:1, many of them are like that, so they get a lot of attention every day. They can't make decisions so it's me who is very much involved around planning their care."
- We saw staff had enough time to support people, they were not rushed and there was always cover and support. Staff told us staffing levels always enabled them to maintain a presence in communal areas.
- Staff were recruited safely, which minimised risks to people's safety and welfare. The provider obtained references and checked whether the Disclosure and Barring Service (DBS) had any information about new

staff before they started working in the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and service 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 audit and check the quality of the service and ensure people received safe and effective care. These had not always been fully effective as they had not found issues we had found. However, actions were taken during or following our inspection to improve.
- Communication systems had not been effective to manage potential risks. For example, some staff were not aware of a person who had tested positive to COVID-19 within the home. This included the Infection Prevention and Control (IPC) lead for the service. There was also dirty equipment in use within the home that had not been identified as part of any cleaning checks. This had the potential to increase the risk of the spread of infection. Following our inspection visit, the provider took action to add additional daily checks to the audit processes in place to address this.
- An audit completed by the provider in February 2022 had not identified issues with the medicine storage and management that we had identified. The provider confirmed actions had been taken by the provider to address the safety issues around medicine management following our inspection visit.

There had been a failure to have consistent and effective oversight of the service. This was a breach of Regulation 17 (1) (2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After 12 months without a deputy manager, a new deputy manager had been appointed. A staff member spoke positively of the appointment and the added benefits to the management of the home. They told us, "[Deputy manager] is fitting in really well."
- A relative told us, I would say that Brandon House is a well led service, from my experience I can't fault them, they must be doing a hardest job in this world and it's not any easier in current situation. It is great relief for me that my relative is there and the way they are looked after. I am involved as much as I can, they do send us a newsletter.

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

- People were encouraged to make some decisions about their daily lives and their immediate surroundings to make them feel like home. We observed one member of staff speaking with a person about some changes they planned to make to their bedroom.
- People were able to choose what meals they wanted. People at risk of ill health due to not eating and drinking enough and were provided with fortified foods (calories added). However, we were told everybody

was provided with fortified food which increased the risk of weight gain and ill health to those not at nutritional risk. This was not person centred. Following our inspection, we were told action had been taken to ensure food was only being fortified for those who needed this.

- A relative told us, "Carers are good experienced people who are trained and knowledgeable to work with people with needs like my relative. I am more than happy with the level of care my relative has at Brandon House."
- Staff shared important and personalised information at handover meetings between shifts to minimise risks to people and help ensure they received the care they needed. Handover records contained a 'snapshot' of people's needs and risks such as mobility, eating and drinking and the support they needed to transfer safely. One staff member commented, "We always have a handover in the mornings and discuss what we can do better."

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 provider understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- Throughout our inspection visit the registered manager was open and honest and acknowledged areas where improvements could be made.

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

- Relatives felt that staff were dedicated to their role. One told us, "One day my relative was very agitated, so they had to call a paramedic. They really excelled my expectations that day, how they all worked together."
- Staff told us the registered manager was visible and supportive. A 'flash' meeting was held each day with the registered manager, senior staff including maintenance, chef, activities co-ordinator, housekeeping, admin, nurse and a senior care staff present. The meeting enabled the registered manager to be kept informed what was happening across the home.
- The registered manager knew people in the home well, understood their needs. One person said, "[Name of registered manager] is really good; I talk to her and ask for things and she will do them for me." A staff member commented, "[Registered manager] has time to listen to her staff and she will help staff out and she also has concern for her staff."
- People were encouraged to make decisions about their daily lives and their immediate surroundings to make them feel like home. We observed one member of staff speaking with a person about some changes they planned to make to their bedroom.
- Staff told us they were supported to study for nationally recognised qualifications in health and social care and invited to one-to-one supervision meetings with their line manager. One staff member told us how they and another staff member were being supported to complete their nursing assistant training. They said, "I did look at funding it myself, but my manager has been able to get funding through the [provider] company for me."

Working in partnership with others

- The registered manager had developed supportive relationships with other organisations. For example, one organisation had provided training to staff in continence care.
- Whilst working relationships with health professionals had been maintained, the impact of the Covid-19 had resulted in less visits from health professionals. Health advice had continued to be sought over the telephone where appropriate and referrals had continued to be made for visits where it was considered these were needed.

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 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes were not always effective in monitoring the quality and safety of the service.