Care Quality Commission

Branksome Park Care Centre Limited

Branksome Park Care Centre

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

Overall summary

This was an unannounced comprehensive inspection which was carried out by two inspectors on 26 and 27 November 2015. This was the first inspection of the home since the provider changed the registration of their service to a limited company in May 2015.

The home had a registered manager who registered as manager at the same time as the home's registration in May 2015, prior to this they had been deputy manager under the old registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Branksome Park Care Centre provides care and treatment for a variety of needs, including complex needs associated with chronic and acute medical illness, as well as short term and convalescence or terminal care for up to 59 people. The service also provides day care and respite care to people locally. The home has also developed a younger person's area in the building, meeting the needs of people aged 19 years and over.

Summary of findings

Staff were knowledgeable and trained in adult safeguarding with the home having appropriate procedures in place.

There were systems in place to make sure that care and treatment of people was provided in as safe a way as possible. Risk assessments had been completed for identified risks or hazards and these were used in development of care plans and minimise risk of harm to people.

The premises were in good repair and decorative order. Each room has individually controlled underfloor heating, and automatic lighting in the en-suite bathrooms to assist with safety. The home has specially built and equipped rooms to care for bariatric patients.

Steps had been taken to ensure the premises were safe through risk assessment and ensuring equipment was serviced to required timescales.

Accidents and incidents were recorded and monitored to make sure there were no trends where action could be taken to reduce the risk of harm to people.

Sufficient numbers of staff were both employed and on duty each shift to meet people's needs. There were also robust recruitment procedures followed to make sure suitable and competent staff were employed at the home.

There were systems in place to make sure staff were trained to meet people's needs. Training included adult safeguarding to make sure people were protected from abuse.

Medicines were stored, administered and recorded in line with best practice with staff trained and their competence assessed. A full time trained pharmacy technician was employed at the home and was responsible for the management of medication.

Staff were well-trained and there were systems in place to make sure they received update training when required. Staff had received additional training to aid effective communication through specialist communication aids for communicating with people with a brain injury. The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate applications made to the local authority for people at risk of being deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs met.

People were positive about the staff team and the good standards of care provided in the home. People felt their privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met. The home had achieved a 'Beacon' status home under the Gold Standards Framework. This is the highest possible grading, demonstrating outstanding end of life care and that people experience a comfortable, dignified and pain free death.

The home provided a full programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and when a complaint was made, they were logged and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
People were protected from risks to their safety.

Sufficient staff were employed and on duty each shift to meet people's needs.

Medicines were managed and administered safely.

Checks were undertaken before staff started employment to ensure they were safe and suitable to work there.

Premises and equipment were maintained in good order to help ensure people's safety.

Good

Is the service effective?
Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

The home was well-designed with equipment and adaptations to meet people's specialist needs.

Good

Is the service caring?
People spoke positively about the staff and the quality of the care provided.

People's privacy and dignity was respected.

Good

Is the service responsive?
People received personalised care and up to date care plans were in place to inform the staff of people's needs.

A full programme of activities was provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Good

Is the service well-led?
The service was well-led with positive leadership from both the registered manager and also the provider.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Good

Branksome Park Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 27 November 2015 and was unannounced. Two inspectors carried out the inspection over both days. During the inspection we met with the majority of people and spoke with nine people in depth about their care and experience of the home. We also observed interactions between the staff and people.

The registered manager and one of the owners assisted us throughout the inspection. We spoke with 11 members of staff, three visiting friends and relatives, and commissioners of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and commissioners of the service.

Good

Is the service safe?

Our findings

No-one we spoke with expressed any concerns about their health or safety in the home and generally people were very positive about the home and the staff who supported them. People told us they felt that staffing levels were suitable to meet their needs and they received the support they required to manage their medicines.

All the staff we spoke with were aware of how to respond to and report concerns of abuse, including outside agencies they could contact. Information about safeguarding adults was displayed in the home to inform both staff and relatives. Records we looked at showed that staff had all received training in safeguarding adults and that they received refresher training when this was required. Staff were also knowledgeable regarding the provider's whistleblowing procedures and felt confident in using them if they needed to.

The provider had systems in place to manage risks, both environmental and in the delivery of people's care.

An up to date fire risk assessment was in place and personal evacuation plans had been developed for each person to ensure their safety in the event of fire. The registered manager was also able to show that the fire safety system had been tested and inspected to the required timescale. Certificates for the testing of the home's boilers, wheelchairs and hoists, the lift, electrical wiring and water systems were also in place. Portable electrical equipment had been tested to make sure equipment was safe to use.

The premises had been risk assessed and action taken to minimise the risks posed by any potential hazards, such as the covering of radiators to prevent people from receiving burns and the fitting of the thermostatic mixer valves to regulate the temperature of a hot water.

On touring the premises we identified two windows above ground floor that did not have a window restrictors fitted. However, when we brought this to the attention of the provider they had these fitted before the end of inspection. Overall, the home has been built with thought for the safety of the people living there. There is a laundry chute for the safe management of soiled linen. The kitchen and laundry facilities are modern and laid out to minimise the potential for cross contamination and the home was described as "highly compliant" at the most recent environmental health inspection. There was evidence of continual refurbishment and improvement of the physical environment. For example, we saw an audit carried out to see if everybody's mattress was suitable and in a good repair.

Risk assessments had been completed to make sure that the delivery of people's care was managed as safely as possible. We saw examples of risk assessments that had been carried out concerning topics such as malnutrition, development of pressure sores, risk of falls and risks of choking. People who had bedrails in place, to prevent their falling from bed, had a risk assessment completed to make sure that the rails were fitted correctly. Risk assessments were regularly reviewed to make sure they were up to date and reflected the current risk to a person. Care plans then identified the actions staff should take to minimise risks in delivering people's care.

There was a system in place for monitoring and reviewing of accidents and incidents. The registered manager showed us that at the end of each month accidents and incidents were reviewed overall, to look for any trend or a particular hazard where action could be taken to reduce further such occurrences.

Overall, people and relatives said there were enough staff to meet people's needs. People told us that their call bells were answered within a reasonable period of time and that if they needed assistance staff were available to assist them. People told us there was a core of staff who had worked at the home for a number of years and they knew people and their needs well. The registered manager told us that when agency staff were needed, they tried to use one agency to provide consistency of staffing for people.

The registered manager told us that staffing levels were under constant review from feedback from people and staff and a baseline level of staffing provided. Some people with higher care needs however, were provided with additional staffing. For example,1 to 1 staffing had been commissioned to meet their needs of a few individuals. Other people had been set exercise programmes by physiotherapists as part of their rehabilitation and they told us that staff were available to assist them with their exercise programmes. The registered manager told us that dependence tools were not currently used to help determine staffing levels but agreed that they would look to using these tools in the future to help assist in determining staffing levels.

Good

Is the service safe?

We looked at three staff recruitment records and found that recruitment practices were safe with relevant checks completed before staff worked with people. These included up to date Disclosure and Barring Service check, fitness to work questionnaires, proof of identity and right to work in the United Kingdom, and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in their employment history were explained. These procedures made sure people were protected as far as possible from individuals who were known to be unsuitable.

There were organised and audited systems in place for managing medicines in the home, ensuring people had the medicines administered as prescribed by their GP. The home has a full time trained pharmacy technician responsible for the management of medication within the home. They carried out audits as part of their role and from these findings identified areas for further in- depth audit. The most recent of these identified that liquid medications were not being measured accurately using graduated pots so the home now uses syringes and bungs for all liquid meds. This shows that staff took action in response to the findings from audits, to improve the care that people receive.

Suitable storage facilities for storing medicines were in place with people having their own medicine cabinets within their rooms, a small fridge for storing medicines requiring refrigeration, and lockable cupboards for storing other medicines and dressings. Medicines were stored safely and correctly and there were regularly audits to make sure that unused medicines were destroyed and storage areas not overstocked. Records were maintained of the temperature of the small fridge ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used by beyond their shelf life.

We looked at medication administration records for a sample of people and found that these were well recorded with no gaps in the records. A system had been put in place to look into any recording errors, as an audit of medication was carried out each month when new medicines were being ordered.

There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy.

Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Good

Is the service effective?

Our findings

Staff told us that there were well managed systems for making sure staff training was up to date and appropriate. The home had a training room that also doubled up as a staff room, so that training could be brought into the home.

Records the training coordinator showed us confirmed that staff had completed core training in areas such as, basic life support, infection control, moving and handling, safeguarding, fire safety, health, safeguarding adults, health and safety, mental capacity and food hygiene. Trained members of staff had received training in more specialist areas such as wound care, end of life care, epilepsy and diabetes. Staff were trained to use specialist equipment and communication aids for communicating with people with a brain injury. The training coordinator told us that future training was being looked into for emotional and psychological support for long term conditions, Huntingdon's disease and acquired brain injury. Competency assessments were completed for staff who administered medicines and for moving and handling training.

New members of staff received induction training undertaking the Care Certificate, the industry standard for inducting new staff. This was confirmed by a member of staff we spoke with.

Staff said that they felt well supported by the registered manager and also by their line manager. They also told us that they received regular one to one support supervision sessions and an annual appraisal to review their knowledge and skills. Records we looked at confirmed that staff received 1 to 1 supervision at least four times a year in line with the home's policy.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being met.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two authorisations had been granted and the home of was meeting the requirements of these orders.

Overall, we found that people's consent was always sought about how people were cared for and supported where they had capacity to make specific decisions. Some people however, did not have capacity regarding specific decisions. For example, some people required their medication to be administered covertly as a 'best interest decision'. Records were in place to show that, a mental capacity assessment for this decision had been completed, the GP's authorisation had been obtained, relatives or relevant people consulted in the decision and the pharmacist checked that the medication could be covertly administered.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People were provided with a choice of meals each day and were able to choose their meals. Comments we received included, "very good", "overall very good but sometimes a bit stodgy" and "They do their best and generally it is very good". We spoke with the chef who was aware of each individual's needs, for example one person who very much enjoyed curries. The chef told us that they could make alternative meals for people who did not like the main choices, for example an omelette. Specialist diets, such as a soft diet for people who had swallowing difficulties or people with allergies. A nutritional assessment had been completed with each person and people's care plans detailed any assistance a person required. We saw that everyone's weight was monitored each month and action was taken if people lost weight, such as the fortifying of meals and drinks or a referral to their GP. Some people had difficulty in swallowing with a risk of choking and had been referred to the speech and language therapists. We saw that where people had been prescribed a drink thickener, these people were only served drinks of the required consistency.

Good

Is the service effective?

We observed the lunchtime period and found that people were supported appropriately. Throughout the day we saw that drinks were available to be called and staff served drinks to people throughout the day.

People's needs were met through the adaptation, and design of the building. Each room had individually controlled underfloor heating, and automatic lighting in the en-suite bathrooms to assist with safety. The home also has a fully equipped neuro gym. This provides a service to people living in the home by providing equipment to enable them to lead a fuller life and improve their well-being. The gym is also accessible by community physiotherapists who bring people from their homes.

The home can provide care to bariatric patients in specially built and equipped rooms that include double width doorways into the room and wet room, overhead hoisting and bariatric equipment.

Everyone was registered with a GP and within people's records we saw that appointments were made when people needed to see a doctor. There were arrangements were in place for people to receive chiropody, dentistry, physiotherapy, occupational therapy and other health care services. The home provided care to people with the most complex of needs, and reported they had excellent links with health and social care services.

Good

Is the service caring?

Our findings

A relative commented in a returned survey, “I would want to be a resident here if I ever needed nursing care.” A GP in a returned comment card wrote, “I have already booked my bed”. One person told us, “Fantastic, the care is great here.” Another person commented, “They don’t just care for people, they care about them: I cannot fault it in any way”.

At the time of our inspection the home was providing care and treatment to people with diverse needs both in terms of their treatment and age. For example, one younger person was provided with 1 to 1 care so that they could be supported with a lifestyle commensurate with their age. This person had a full programme of activities and on the day of the inspection was taken out for the day. There was also an additional lounge area for younger people where they could play games and spend recreational time.

The management team told us staff sometimes came in on their days off to take people out to social events, to go shopping or to accompany them on family outings.

Throughout the inspection we observed interactions between staff and people. It was clear that their staff and people had formed good relationships based on trust. We saw staff assisting people appropriately at lunchtime and throughout the day. All interactions were friendly and any support was provided sensitively. When people required personal care this was offered discreetly and people taken to their room.

People we spoke with told us that their privacy and dignity were respected by the staff.

The service operated a ‘champions’ scheme, where staff took responsibility for particular topics of interest so that the team could actively support people to improve their quality of life.

The service has achieved a 'Beacon Status' home under the Gold Standards Framework. This is the highest possible grading and demonstrates that the service aims for outstanding end of life care so that people experience a comfortable, dignified and pain free death. The home has designated quiet areas, and uses a system to discreetly alert staff to when people who are receiving end of life care and their families may require additional care and support.

Good

Is the service responsive?

Our findings

People received personalised care as people had been involved in how their care and treatment needs were managed and relatives consulted in the process. A visiting healthcare professional told us, "It is the little things that are important which staff address, like the way someone is seated in their wheelchair". We discussed examples of how the home had responded to people's personal preferences. For example, one person at risk of developing pressure sores, after discussion with staff about the risks involved in managing their pressure areas, chose to attend outside activities away from the home. This was well-recorded and showed that people were at the centre of care planning with their wishes respected.

There were procedures in place to make sure the home could meet the needs of people they admitted. Comprehensive assessments of people's needs had been carried out before being offered a placement at the home.

Once a person moved into the home assessment tools were used to further assess a person's needs. Some of the assessment tools included the Malnutrition Universal Screening tool (MUST), risk of skin ulceration assessments, a falls risk assessment and mental capacity assessments. From these assessments, care plans had been developed with people to inform staff on how to support each individual. The management team told us that care is based on an ability led assessment focusing on people's abilities rather than on deficits which encourages an ethos of "can do" rather than a negative approach.

We looked in depth at four care plans and found that these were up to date and reflected the needs of the people concerned.

Some people with high care needs had equipment in place to meet their individual needs. For example, some people were cared for in bed and required the use of pressure relieving mattresses. We found these were in place and there was also a system to make sure that mattresses were set up for the person's corresponding weight. We also found that where people required repositioning to alleviate pressure areas, records were in place to show staff had acted accordingly.

People who required the use of equipment for moving and handling needs had their own slings appropriate to their build.

Activities were arranged to provide meaningful occupation for people based on their interests. Information about people's life histories, personal preferences and interests had been assessed and recorded so that staff knew how to support people better. The home employed a Social Care Coordinator, one of whose roles was to arrange activities for people. Activities were arranged daily in the home as well as outings. For example, two people were taken out to go swimming each week, each year a small group of people were taken to a local holiday park for a short break, people were taken to watch the Bournemouth Airshow, some people attended local clubs and societies and musicians form the Bournemouth Symphony Orchestra visited the home. People's birthdays were celebrated and arrangements had been made with people to celebrate Christmas.

People and relatives told us they could raise concerns with any of the staff and managers and they felt confident these would be addressed appropriately. There was a written and well-publicised complaints procedure displayed in the home. We looked at the record of complaints received in the last year. The registered manager had responded to all complaints in line with the policy.

Good

Is the service well-led?

Our findings

People and relatives told us there was good leadership of the home. They said they had good relationships with the registered manager and also with the owner/director. The home has developed a specialist service, over17 years with a stable management team. Relatives told us they were always kept informed of any changes in their relative's health care needs and felt appropriately involved. One relative told us, "Ten out of ten for everything."

Staff raised no concerns and were positive about the service, making comments such as, "It is a nice home to work at", "We always try and do our best for people here."

They told us that staff meetings were held regularly, which was confirmed by minutes of staff meetings we looked at. Overall, staff had a positive commitment to providing good care and support to people.

Quality assurance surveys had been carried out earlier in the year involving relatives, people living at home and stakeholders. The return surveys had been analysed looking for areas where improvements could be made.

Regular staff meetings were held so that staff could contribute to the running of the home and to receive feedback from management.

The registered manager showed us a range of audits regularly carried out for the purpose of monitoring quality of service provided. These included audits of medication, care plans amongst others.