

HC-One Oval Limited

# Branston Court Care Home

## Inspection report

Branston Road  
Burton On Trent  
Staffordshire  
DE14 3DB

Tel: 01283510088

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16 April 2019  
17 April 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Branston Court provides residential and nursing care and is registered to accommodate up to 45 people. At the time of this inspection the service was providing personal and nursing care to 25 people.

People's experience of using this service:

At our last inspection in March 2018, the manager had not registered with the Commission. After the inspection they submitted an application and registered with us.

At this inspection the provider did not have a registered manager in post but appropriate arrangements were in place to ensure the service provided to people was not affected.

At our previous inspection people had raised concerns about insufficient staffing levels. At this inspection people were supported by sufficient numbers of staff who had been recruited safely.

People who made decisions on behalf of their relative did not always have power of attorney. People were supported by staff to make their own decisions. People were assessed to ensure they received a service specific to their needs.

People were cared for by staff who were skilled and supported in their role by the manager. People were provided with a choice of meals and were supported by staff to eat and drink sufficient amounts to promote their health. Access to relevant healthcare services ensured people received the appropriate treatment when needed. The environment was suitable to meet people's needs.

People could be confident that staff would know how to safeguard them from the risk of potential abuse. Risk assessments were in place to mitigate the potential risk of harm to people.

People were assisted by skilled staff to take their medicines as directed by the prescriber. Medicines were stored and recorded appropriately to ensure the safe management of medicines. Appropriate systems and practices promoted good hygiene standards to reduce the risk of people contracting avoidable infections. Lessons were learned when accidents occurred and corrective measures were taken to reduce the risk of a reoccurrence.

People were supported by staff who were kind, compassionate and attentive to their needs. Where possible people were encouraged by staff to be involved in planning their care. People's right to privacy and dignity was respected by staff.

The assessment of people's needs ensured they received the appropriate care and support. People were supported by staff to engage in social activities of their choice. People could be confident that their complaints would be taken seriously and acted on. At the time of our inspection no one was receiving end of life care.

The provider had systems in place to review and monitor the quality of service provided. The provider worked with other agencies to ensure people received a seamless service.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in March 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. More information is in Detailed Findings below.

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

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Branston 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in caring for a person who has a learning disability.

**Service and service type:** Brantson Court Care Home provides residential and nursing care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a manager from one of their other homes to manage the service until a new manager was appointed.

**Notice of inspection:** The inspection site visit was unannounced. It started on 16 April 2019 and ended on 17 April 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service such as previous inspection reports and statutory

notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would assist our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At the inspection visit we spoke with five people who used the service, three relatives, one care staff, a staff member who was responsible for social activities and two nurses. We also spoke with the chef, the support manager, deputy manager, turnaround manager and the area director. We looked at two care plans and risk assessments. We looked at records relating to the management of medicines, staff training, complaints and quality assurance monitoring.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At our last inspection in March 2018, people had raised concerns about insufficient staffing levels. At this inspection we found that the provider had taken action to address this. The manager told us that staffing levels were determined by people's dependency levels. They said during the pre-admission assessment the staffing levels were reviewed to ensure people's needs were met effectively.
- We observed that staff were always available to support people when needed.
- A relative told us, "People don't have to wait a long time for support."
- Staff were recruited safely to ensure their suitability to work in the home.

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

- People could be confident that staff would know how to recognise potential abuse and how to safeguard them from this.
- A relative told us, "(Person's name) is safe here because staff treat them well."
- Staff were aware of other external agencies they could share concerns of poor care practices and abuse to safeguard people from the risk of further harm.

### Assessing risk, safety monitoring and management

- Staff told us they had access to risk assessments to support their understanding about how to care and support people safely.
- One risk assessment showed the person was unsteady whilst walking. The assessment informed staff that the person required the use of a walking aid to reduce the risk of falls.
- Records showed routine safety checks were carried out to ensure the safety of the environment and equipment.

### Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- The manager said medicine competency assessments were carried out and we saw evidence of these assessments. These assessments promoted safe medicine practices.
- Fridge temperatures were regularly monitored and recorded to ensure medicines were stored in accordance to the pharmaceutical manufactures directions.
- We looked at a random selection of medication administration records (MAR). These were signed to show when medicines had been administered. The MAR showed people had received their medicines as directed by the prescriber.

### Preventing and controlling infection

- People were protected from the risk of avoidable infections because the provider had effective hygiene systems in place to reduce the risk of cross infection.
- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and we saw these in use. The appropriate use of PPE helps to reduce the risk of cross infection.
- Audits were carried out to monitor the cleanliness of the home.
- We observed that the home was clean and tidy.
- The provider was rated the maximum five star rating at their last environmental health inspection. This meant people could be assured of the cleanliness with regards to food preparation and the kitchen.

#### Learning lessons when things go wrong

- We saw lessons were learned when accidents had occurred to reduce the risk of it happening again. For example, records showed that a person had sustained a number of falls. The person had been referred to a falls clinic. The person was provided with a low bed and a crash mat to reduce the risk of injury if they fell out of their bed.
- The manager told us if things went wrong they would carry out an internal inspection. Where it is identified that staff require further training, this would be provided to enhance their skills. Information of concern would be shared with the staff team and an improvement plan would be in place which, would be regularly audited.



# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The manager told us that the majority of people who used the service lacked capacity to make certain decisions. We noted that in some care records, people's relatives made decisions on their behalf. However, some relatives did not have Power of Attorney (PoA). PoA gives one or more people permission to make decisions on the person's behalf. The manager acknowledged PoAs were not always in place where relatives had made decisions on people's behalf. They assured us that action would be taken to address this.
- Staff were aware of the importance of people making their own decision. A staff member said, "I offer people a choice but not too many because this can confuse them."
- A care record showed the person was able to make a decision by their facial expressions and body language and the staff we spoke with were aware of this. A staff member told us they showed the person two items to enable them to point at their preference.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager told us that three people had an authorised DoLS in place. This was because they lacked capacity to make decisions about their care and treatment and were under constant supervision.
- We saw that a mental capacity assessment had been carried out to ensure that the DoLS was appropriate.

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

- The manager told us that an assessment of people's needs was carried out before they moved into the home and the care records we looked at evidenced this.
- Care records contained a number of assessments to ensure people's specific needs were met. For example, assessments to ensure people were provided with the appropriate equipment to assist them to mobilise safely.

Staff support: induction, training, skills and experience

- The manager told us that all new staff were provided with an induction and staff confirmed this. Induction is a process to support new staff into their role.
- A staff member told us their induction involved training and working closely with an experienced staff until they felt confident to work alone.
- People were cared for by skilled staff. A staff member said, "I have the opportunity to learn a lot of new things."
- Another staff member said, "We have access to lots of training. I have just received catheter training."
- To ensure that skills learned are embedded into daily practices, the manager told us staff competency was assessed and a staff member confirmed this.
- A relative told us, "The staff are very good and appear skilled."
- The manager told us that staff were provided with one to one supervision sessions and staff confirmed this.
- A staff member told us, "During my supervision I receive feedback on my work performance." Another staff member said, "Supervision provides me with support and advice."

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

- People were supported by staff to eat and drink sufficient amounts to promote their health.
- We observed staff supporting people with their meals and this was carried out at the person's pace, with the occasional gentle prompt to eat a little bit more.
- A person who used the service told us, "The food is brilliant and we have a choice."
- Staff told us they had access to information about suitable meals with regards people's health condition, allergies, likes and dislikes.
- The chef told us they were provided with relevant information relating to people's dietary needs.
- Staff told us that people had access to special equipment to assist them to eat and drink independently, such as drinking beakers, straws and rimmed plates. We observed these equipment in use.
- Staff told us and the records we looked at confirmed that people had access to a speech and a language therapist and a dietician when needed. These professionals provided people and staff with advice about suitable meals for the individual.

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

- The provider worked with relevant healthcare agencies to promote people's physical and mental wellbeing. We observed staff assist a person to attend their medical appointment.

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

- The environment was suitable to meet people's needs.
- We observed grab rails were situated around the home to assist people with reduced mobility.
- The home was situated on two floors and was accessible by stairs and a passenger lift.
- People had access to an assisted bath to aid people who have difficulty mobilising.
- Nurse call alarms were installed in every bedroom. This allowed people to request support when needed.

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

- Staff and relatives told us people who used the service had access to relevant healthcare services when needed.
- A relative told us, "(Person's name) has been assessed by a physiotherapist and an occupational therapist." They continued to say, "The staff are very prompt to obtain medical intervention when needed."
- We saw that records were maintained of professional healthcare visits and the person's prescribed treatment.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- A person who used the service told us, "The staff are lovely."
- A relative described the staff as 'fantastic.' They continued to say, "The staff are really good."
- We spoke with another relative who said, "Not only do staff look after (Person's name) well, they have also been very supportive to me and that has been invaluable."
- A different relative said, "(Person's name) is well looked after and I have confidence in the care provided."
- We observed that staff were kind and attentive to people's needs. For example, we observed a person living with dementia holding a photograph. A staff member took the time to sit with them and talked with them about the photograph. Another staff member sat with a person to find out how they were feeling.
- A relative told us, "The staff speak to people very gently and in a sensitive manner."
- A staff member said, "I would be happy for my loved one to live here because all the staff are kind and very caring."
- Staff told us they had access to care plans that provided them with information about people's care needs and how to meet them.
- A staff member said, "Having access to care plans helps to understand how to communicate with people."

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

- Discussions with the manager and staff confirmed where people have capacity they are encouraged to be involved in decisions about their care.
- A visitor told us their relative was unable to make decisions about their care. They said staff involved them in their relative's care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected by staff.
- Care records showed people's preference regarding the gender of staff they wish to work with them.
- A relative said, "The staff always respect (Person's name) dignity."
- We observed a person remove a piece of their clothing which compromised their dignity. A staff member encouraged and assisted the person to dress appropriately to ensure their dignity.
- People were able to maintain contact with people important to them.
- A relative told us, "Staff are welcoming and I can visit anytime."

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were encouraged to be involved in planning their care and we saw that care plans were person centred to identify people's specific needs and how to meet them.
- Visitors told us they were actively involved in planning their relatives care.
- The provider had appointed a staff member who was responsible for exploring people's interests and assisted them to take part in their chosen social activity.
- A staff member told us, "I do a lot of one to one social activities with people." These included reading and memory games.
- The manager told us that electronic tablets will be introduced in the near future to allow people access to the internet and to maintain contact with their family and friends.
- A person who used the service showed an interest in beauty therapy. We heard them ask to have their finger nails painted. We later observed their nails had been painted.
- We asked how equality, diversity and human rights were promoted in the home. A staff member told us, "Everyone is treated fairly. We make sure no one is excluded because of their gender or ethnicity."

Improving care quality in response to complaints or concerns

- The provider had not received any recent complaints.
- The relatives we spoke with told us they were confident to share any concerns they may have with the manager.
- A relative told us, "When I have shared concerns, they listened to me and acted on it."
- The provider called complaints a 'gift.' This was because complaints gave them the opportunity to review the quality of service and to make improvements where needed.

End of life care and support

- At the time of our inspection visit no one was receiving end of life care.
- We observed that care plans contained 'end of life wishes.' This enabled people to tell the provider their wishes when they approach the end of their life.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our previous inspection in March 2018, the provider did not have a registered manager in post. After the inspection the manager registered with us. The registered manager has since resigned and at this inspection the provider did not have a registered manager in post.

- A registered manager from one of the provider's other locations was managing the home until the appointment of a new manager.
- The manager told us they were supported in their role by the area director and the turnaround manager.
- The area director told us they would be interviewing candidates for the manager's post in a few days.
- Discussions with the turnaround manager demonstrated their enthusiasm to improve the quality of service provided to people. This included staff training and support, to enhance communication with the introduction of electronic tablets and to ensure staff had access to clear detailed care records to support their understanding of people's needs.
- Staff told us they were aware of the changes in the management team and continued to feel supported in their role. A staff member told us, "The managers are all lovely."
- Another staff member said, "The management support is very good and they are all approachable."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The turnaround manager told us, "I will be looking at care plans to ensure they are person centred to meet people's specific needs."
- Discussions with the turnaround manager demonstrated they had a good understanding of people's needs. We observed them engaging with people and relatives in a kind and professional manner.

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

- The turnaround manager and staff told us about 'blue marshmallow.' This where people who use the service, relatives and staff can share ideas with senior management about how to improve the service. The area director told us that people's ideas were listened to and taken seriously.
- The area director told us that meetings were carried out with relatives and this was confirmed by the relatives we spoke with. A relative said, "At the last meeting we were informed about the changes in the staff

team." They continued to say, "I don't have any concerns about how the home is run."

- Meetings were carried out with the staff team. This gave staff the opportunity to have a say in how the home was run.
- A staff member told us, "Staff meetings are very beneficial, we can discuss any issues and we are listened to."
- A computer located in the main entrance of the home enabled people to 'Have your say' about the quality of service provided.
- The area director said they had future plans to involve people and their relatives in staff interviews. This would give people the opportunity to have a say who worked with them.

#### Continuous learning and improving care

- We saw that the provider had systems in place to assess, monitor and improve the service provided to people.
- The turnaround manager told us that routine, internal inspections were carried out to review the care and support people received.
- Records showed that routine audits were carried out to review staff's training to ensure they had the up to date skills to provide an effective service.
- We saw audits that reviewed the safety of the environment and equipment in use.
- Systems were in place to monitor and review the management of medicines, to make sure people received their prescribed treatment as directed by the prescriber.
- 'Flash meetings' were carried out each morning. This meeting involved the head of each department. For example, catering, housekeeping and nurses. During this meeting discussions were held about arising issues and where improvements may be needed.

#### Working in partnership with others

- Discussions with the managers and the care records we looked at confirmed joint working with other agencies to ensure people received a seamless service. These included healthcare services and independent mental capacity advocate (IMCA). IMCA is an advocate who has been specially trained to support people who are unable to make certain decisions for themselves.