Parkcare Homes (No.2) Limited

St Brannocks

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

Summary of findings

Overall summary

About the service
St Brannocks is a residential care home providing personal care for up to six people. At the time of the inspection four people were using the service. The service is registered to provide support to people living with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People told us they were happy living at the service. One person told us, " I am very happy, the staff are nice and kind." Another person commented, "Best house in the world, it's a very happy house."

People continued to be supported to remain safe. Risks to health and safety were well managed. Staff knew how to protect people from abuse and when and how to raise concerns. Medicines were managed safely and people received these on time and as prescribed. Incidents and accidents continued to be reported appropriately and were used as learning opportunities to improve people's support.

People's needs continued to be assessed before they moved into the service. The assessment was used to plan people's support, staff training and staffing levels. Staff were well supported and supervised, they had the skills and training needed to support people. Staff were motivated and said they enjoyed their roles. Staff continued to be recruited safely to make sure they were suitable to work with vulnerable people.

People were supported to access healthcare services, including dental care and specialised support for specific conditions. People had enough to eat and drink, they were encouraged to use the kitchen to prepare meals with staff support where needed.

People were involved in decisions about their care and were supported to make choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and offered people emotional support when this was needed. People were encouraged to express their views about their care and support. People said they were listened to by staff. Staff respected people's privacy and people were treated in a dignified manner.

People had the opportunity to feedback about their support or any concerns through surveys, house meetings and one to one meetings. People knew the registered manager and staff well and interacted readily with them throughout the day. People and their relatives knew how to complain if they chose to do so. Care plans and support was person-centred and staff knew people well.

There were systems in place to check and maintain the quality of the service to ensure people received a good standard of care. The service continued to work in partnership with other service to improve outcomes for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes which include control, choice and independence.

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

Rating at last inspection
The last rating for this service was Good (published on 27 March 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

St Brannocks

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
St Brannocks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the support provided. We spoke with five members of staff including the registered manager, deputy manager and support workers. We spent time observing people being supported in communal areas.

We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at one staff file in relation to recruitment and staff supervision as well as a variety of records relating to the management of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There continued to be systems and processes in place to protect people from abuse.
- Staff had a good understanding of what the signs of abuse were and how to report these. People told us that they felt safe at the service. One person commented, "The staff are all kind, I don't have anything that worries or concerns me."
- The registered manager had developed a good working relationship with the local authority and had raised any safeguarding concerns when needed.
- Potential safeguarding incidents were discussed during staff meetings. They were used to adapt working practices and risk assessments to reduce the risks of recurrence. For example, about the levels of supervision some people needed.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and there was information for staff to enable them to reduce risks. For example, where people lived with epilepsy there was information about this condition in their care plan, including what staff needed to do to keep people safe, the availability of rescue medicines and what to do in an emergency.
- There was information in people's care plan about how to support them if they had behaviour which could challenge. This included information about what potential triggers were and how to support the person at these times. During the inspection we observed staff followed these guidelines.
- There was a need for some people to wear equipment to protect their head from injury. Staff were aware of the potential risks to the person and how they needed to be supported.
- People were protected from risks from the environment. Checks such as electrical and gas safety checks continued to be carried out. There were personal evacuation plans in place and there was easy read information for people on what to do in the event of a fire. People were involved in testing fire alarms, checking fire extinguishers and people and staff took part in fire drills.

Staffing and recruitment

- There continued to be enough staff to support people safely and provide people with support to go out in to the community and attend activities.
- Recruitment checks continued to be carried out effectively to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed, which helped prevent unsuitable staff from working with people who could be vulnerable.
- Agency staff were sometimes used. Where possible, they were the same staff from the same agency, which meant they were familiar with the people who needed support and the layout of the service. All agency staff

received an induction training, they were introduced to people before they supported them and usually worked with established staff. This helped to maintain consistency.

Using medicines safely

● People continued to receive their medicine on time and as prescribed. Medicines continued to be ordered, stored and disposed of safely. Regular reviews of medicines ensured they were still needed and the dose was correct.

● People's support needs for medicine had been assessed. There was information about how people wanted to be supported with their medicines and what they wanted to do for themselves. One person was working towards administering their own medicines. They told us, "I want to do my own medicine."

● Medicines administration records were complete. Medicines were regularly audited and the stock of medicines kept at the service matched their records.

● People told us they were happy with the support they had with medicines. Where one person required rescue medicines, staff made sure these were available to be used at all times. When people were away from the service, there was a system to make sure they had enough of the right medicines with them.

Preventing and controlling infection

● Staff supported people to keep their home clean. One person did most of the hoovering and cleaning and had negotiated a wage for doing this with the registered manager.

● Staff continued to have access to appropriate equipment such as gloves and aprons to use when needed. We observed that staff were using these and followed best practice guidelines.

● Staff had received appropriate training to learn how to minimise the risk of infection spreading. This included food hygiene to enable them to assist people to prepare food safely.

● The service had introduced precautions to reduce risks about Covid 19. They had spoken with people about the increased need for hand washing and hand sanitiser was available staff and visitors. Staff had reconsidered the potential risks of some activities and agreed alternatives with people. For example, an in-house disco, rather than going out to large event. The risks and restrictions on other events, such as foreign holidays and trips to the theatre had also been discussed with people and postponed.

Learning lessons when things go wrong

● When things went wrong lessons were learnt and learning was shared with staff.

● People's support plans had been updated where this was needed to reduce the risk of incidents re-occurring.

● Incidents and accidents were analysed. Any trends were monitored and information was shared with the provider, this enabled them to monitor any concerns and actions taken to reduce them.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be appropriately assessed; preadmission assessments were completed by the registered or deputy manager. Assessments included what support people needed with areas such as personal care, medicines, health, accessing the community, communication, and managing their finances.
- Assessments included making sure support was planned for people's equality and diversity needs such as their religion, culture, sexual and gender identity.
- People were supported by staff to maintain their oral health. Support plans included how people liked to look after their teeth and what support they needed from staff to maintain healthy teeth.
- Assessments of people's needs had been used to plan people's support and staffing levels. Assessments also considered compatibility to ensure any new people moving in would get on well with the people who lived at the service.

Staff support: induction, training, skills and experience

- Staff continued to have the skills and training they needed to support people well. Most training was face to face and included a wide range of topics which enabled staff to support people well. One member of staff told us, "The training has been really helpful. We did Makaton training recently as that is one person's main method of communication. One of our service users also attended the training so they can communicate with [named person]."
- New staff were supported to complete the Care Certificate if they were new to the health and social care sector or did not have an appropriate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff continued to be appropriately supervised and supported. Staff received regular supervision and appraisals. The induction staff received prepared them to undertake their role safely and effectively.

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

- People had access to the kitchen and made themselves and others drinks. One person particularly enjoyed making drinks for visitors to St Brannocks.
- People planned their menu and were supported to cook meals and snacks. On the day of our inspection, one person had cooked themselves a curry. They had a great sense of achievement and proudly told us their meal was, "Bloody gorgeous."
- One person had been supported to understand how to keep themselves well through healthy eating. They went to Healthy Living group meetings to promote their understanding about eating well, sugar consumption and exercise. Staff provided support about meal choices, portion size and encouragement to

exercise.
● Where people ate too quickly, staff were on hand to encourage them to slow down which minimised any risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had the support they needed if they had to go in to hospital and had hospital passports. These are documents people could take with them when they went to hospital and provided useful information for healthcare staff. For example, about methods of communication and sources of anxiety.
● Staff worked very closely with healthcare professionals and others to make sure people received an effective, joined up service. For example, community mental health teams, neurology and speech and language therapists.
● Staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations. This helped to deliver effective care, support and treatment. People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf and supporting them to attend appointments.
● People had oral healthcare plans and were supported to access the dentist for regular check-ups.

Adapting service, design, decoration to meet people's needs
● The building layout and design continued to be suitable for the needs of people who lived there. The garden was accessible and there were quiet spaces for people to go if they wanted to. The was also a summer house in the garden which people used this for activities and larger craft projects.
● People's bedrooms were personalised to suit their tastes and people told us that they were happy with the environment.
● The provider had recently surveyed the home and plans were in place to improve the summer house and refit the bathrooms in the main house.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Where people were deprived of their liberty DoLS were in place.
● Capacity assessments were undertaken for specific decisions where these were appropriate. Where people were unable to make decisions themselves these were made in their best interests and were recorded.
● Staff had a good understanding of the MCA and supported people to make day to day decisions for themselves.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People told us they were happy living at the service and that staff were kind. One person said, "I couldn't be happier," another person told us, "The staff are my friends." The atmosphere was relaxed. Staff and people chatted happily, people often led the conversations about things they wanted to talk about. Interactions between people and staff were positive and jovial, with staff providing encouragement and prompting when needed.
- People's equality and diversity needs were respected and met by staff trained to understand these needs. This was evident in how staff communicated with people and supported them as set out in their care plans.
- People were provided with emotional support where this was needed. Staff listened to people's concerns patiently and responded in ways to suit each person. For example, one person was touching their hair. Staff knew they could become anxious about future plans, but usually responded positively to spontaneous ideas. Staff asked the person if they wanted to get their hair cut, when they agreed, staff left with them immediately so this could be done. The person was visibly happy with the support from staff and enjoyed the experience of having their hair cut.

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

- People continued to meet with their keyworkers regularly. Keyworkers are staff members who take the lead in coordinating people's care. People knew who they keyworkers were. Keyworkers spent time with people asking them about their views on support and helped people to make decisions such as what goals they wanted to work towards.
- There were regular meetings for people where they could express their views on the service and their support.
- One person had recently chaired the 'your voice' monthly meeting, which is when people have an opportunity to talk about the service and put forward any ideas or concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy had been discussed at the last 'your voice' house meeting. Some people said although staff knocked on their door, they did not always wait to be invited before coming in. Since this had been raised with staff, people were happy that their privacy was respected.
- People were encouraged to be as independent as possible and participate in all aspects of daily living. Staff consistently encouraged people to do things for themselves as much as possible. For example, making drinks, cleaning and doing their laundry. One person told us, "I enjoy doing the cleaning and I get paid for it."

● Staff spoke to people in a kind respectful way. For example, staff reminded a person to get themselves a drink so it was ready for when they were given their medicine.
● The management team were aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. Computers were password protected to ensure only those authorised to do so could access them.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● Support plans continued to be person centred and contained detailed information about how people liked to be supported their likes, dislikes and preferences. Staff knew people well and knew what was important to them. There continued to be well developed detail in people's plans about what they wanted to do for themselves and where they needed support. For example, during personal care.

● Staff involved people in writing their own plans and records such as daily notes and goals and aspirations. People's goals were relevant, regularly reviewed and staff worked hard with people to afford them every opportunity of meeting their goals. For example, people had sat with staff and planned outings, family reunions and life milestone events. Many of these were broken down into individual steps. This helped to ensure people were happy with them and could work towards reaching them in manageable steps.

● People planned their own time and were supported individually; some preferred structure and routine, others preferred to be flexible and spontaneous. One person was supported by staff to do their own medicines. Staff had prepared detailed written and pictorial guidance for them. They told us, "I wanted to do my own medicines, the staff are helping me to do this, it makes me happy." Other people had become more independent with their personal care. One person now recognised when they needed to use the toilet; this had improved their independence, confidence, dignity and quality of life.

● People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. Staff recognised and responded to people's social and recreational needs by enabling them to do tailored activities and meet people in similar situations and within the community. One person praised the staff team for their commitment to involve them to help them pursue their interests. They told us, "Being able to spend time with my family was only something I had wished for, now I see them a lot. It's wonderful."

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 supported to maintain relationships with relatives, friends and people close to them. For example, one person was supported to contact and spend time with their siblings, who they had not seen for years. Staff supported the person to find contact details and plan each detail of their visit. They now had regular meetings with their siblings and wider family, including days out and lunch in pubs and restaurants. This had impacted positively upon the person and their family. Other people were supported to see and telephone their relatives.

● Another person wanted to lose weight. Staff supported them to go to healthy living group meetings, join a slimming club and helped them in their understanding about healthy meal choices and exercise. Their initial goal was to lose a stone in weight. They quickly reached their goal. They told us, "I am very happy." They

continued to go to the meetings and have kept in contact with the friends they made there as well as continuing to make decisions about maintaining a healthy lifestyle and meal planning.

● People told us they led active lives and accessed a wide range of activities. One person belonged to some local clubs, they had a key to the clubhouse and could go there when they wanted to, the same as the other members. People enjoyed holidays and city breaks. One person told us about how they had enjoyed a recent trip to London. They had planned where they would stay and what they would like to do. Staff had supported them, helping them to manage any difficulties or anxiety. They told us, "London was brilliant."

● People received support with daily living skills, for example, managing money and cooking. One person wanted to cook a meal from scratch, without help from staff. Staff initially supported them so they were safe in the kitchen and helped them plan recipes. During our inspection, the person was proud and excited to have independently cooked their own lunch. They next planned to cook a meal for the other people at the home. Staff had worked hard to enable the person to reach this goal; they were encouraging and proud of the person's achievement.

● Another person had very limited speech when they arrived at the service, only communicating using single words. With the support of staff, using written and pictorial prompts, they were now able to talk fluently. They were able to tell staff what they wanted and knew staff by their names. A member of staff told us, "Their mum calls every other day, before this could not have done that." Their relative had also noticed the person now sat at a table to eat their meals, they commented, "[Person's name] could not sit at table to have dinner before."

● One person communicated using Makaton. Makaton is designed to support spoken language using signs and symbols with speech in the spoken word order. The registered manager had arranged Makaton for all staff as well as a person living at St Brannocks to receive Makaton training. As observed during the inspection, this enabled staff and the two people to communicate often with humour and mutual further learning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed and documented in their care plan. Where people had more specialised communication needs, staff were adept at meeting these.

● Information was provided to people in suitable formats. For example, there was a wide range of information in picture format and large print which staff used to help explain things to some people. This included steps towards meeting personal goals as well as other information, such as information about safeguarding and what to do if people wanted to complain.

Improving care quality in response to complaints or concerns

●There had been no complaints about the service since our last inspection.

●There continued to be a complaints policy in place and people told us they knew how to complain if they needed to do so. People were happy with the service. One person told us, "I can't think of anything that happens that I would want to complain about." Another person commented, "I am very happy, it is good here."

End of life care and support

● No one at the service was currently being supported with end of life care.

● Staff had supported people to develop end of life support plans. These included information about how people wanted to be supported at the end of their life and after their death. This included people's

preferences for their spiritual, cultural and practical needs. These were personalised. For example, there was information such as what music people wanted at their funeral, who they wanted to be there and what they wanted to happen with their personal belongings.

● Where people identified with religions, they were supported to go to places of worship. Their religious preferences were reflected in their end of life support plans.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture at the service. Staff were positive about the management and leadership of the service and how they were supported and developed. Staff told us they were happy and felt listened to and supported. Staff comments included, "The manager is supportive. Their door is always open, they are constructive, helpful and easy to talk to." Another member of staff commented, "It's really lovely here. I am feel well supported, it's a nice place to work."
- People knew the registered and deputy managers well. The registered manager and the deputy manager had the skills, experience and support needed to successfully manage the service.
- A charter of support set out a positive culture pledge. These were the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by all staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had an effective quality monitoring process in place to make sure people were receiving a safe and good quality service. Regular audits included, support plans, medicines, health and safety, maintenance and infection control.
- The registered manager had a well-organised plan to make sure audits were completed regularly. They had delegated staff to complete some audits, supporting their personal development. The registered manager continued to maintain oversight. Audits were detailed, showing where issues had been identified and comments made by the auditor. Improvements needed were recorded, including action taken.
- The registered manager kept up to date with best practice and developments. For instance, they attended local events to learn about and share best practice. They accessed information and professional updates regarding good practice and passed these on to staff.
- Staff competency continued to be assessed to ensure that they had the knowledge and skills they needed to undertake tasks, such as administering medicine.
- There had been no incidents at the service since the last inspection which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the

incident. There was an effective system to manage and investigate other incidents which occurred.
● The registered manager had informed CQC of significant events that happened within the service, as required by law. The rating was on display at the service and on the website for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's keyworkers supported them to identify any issues or concerns that they wanted to feedback about the service. There were meetings for people where they could raise issues and express their views. One person living at the service had recently chaired the house meeting. Where issues had been identified, they had been resolved and working practices changed.
● There were annual surveys for people, relatives and professionals. At the time of the inspection these had not yet been received back by the service. Staff received quarterly surveys and the results showed they were positive about working in the service. The registered manager was in regular contact with people's relatives; this reflected good communication practice and they felt listened to.
● People had been supported to be part of their community. People were well known in the community which they regularly accessed using public transport. For example, people went to clubs, local pubs and church if they chose to do so.

Working in partnership with others
● The registered manager worked closely with health and social care professionals and funding authorities. This helped to ensure people continued to receive good quality, joined up care to achieve their potential and remain well.
● They worked closely with a range of local providers of services to make sure people received individual support to suit them. For example, community resources, independent advocates and employment and vocational advisory groups.