

The Brandon Trust

Brandon Trust - 261

Passage Road Care Home

## 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

The inspection took place on 31 May 2018 and was unannounced. At our last inspection we had found two breaches of the regulations. We had found that some people told us a staff member was "bossy" in their manner towards them. Action had been taken to address these concerns. We had also found that fire drills had not been regularly carried out. This put people at risk as in the event of a fire as they may not know what actions to take to be safe. Finally we had found that the governance system for auditing and monitoring quality and safety was not being used effectively. The failings identified at this visit had not been picked up.

261 Passage Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 261 Passage Road care home accommodates five people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There was a registered manager for the service. 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.

People told us staff were not 'bossy' and were kind and caring towards them. We also saw that the staff we met were kind caring and respectful towards everyone who lived at the home. This showed that people felt safe at the home and with the staff who supported them. People were protected from abuse and the risk of harm. This was because staff were properly trained and knew how to keep people safe.

The provider's system for the management of people's medicines ensured they were looked after properly. When people wanted to be, they were supported to be responsible for their own medicines.

Fire drills had now been regularly carried out. This helped minimise risk in the event of a fire as it meant people knew what actions to take to be safe.

People were supported to make choices and have control of their lives. The staff team supported them in the least restrictive ways possible. There were policies and systems in use that supported staff to do this.

People were well supported with their physical health needs and their overall well-being was monitored. If it was needed the staff supported people to see health professionals promptly.

People were supported to choose what they wanted to eat and drink to maintain good health. Menus were put in place based on each person's likes and dislikes. People were encouraged by the staff to maintain their

independence. The staff team respected people's privacy and dignity. People were cared for by a consistent team of staff. The staff knew and understood people's individual needs well. People looked relaxed talking with staff members and raised any issues or concerns with them.

Care and support was flexible and staff responded to people's individual needs or wishes. Activities were personalised to people's preferences and interests. Care plans contained useful information to help staff provide the care people need in the ways they preferred.

The quality checking system in place for auditing and monitoring quality and safety was now being used much more effectively. Failings and shortfalls in the service were swiftly picked up and addressed. For example, staff performance issues were identified as well as shortfalls in some record keeping. Actions were being put in place around both these areas.

## 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 has improved to good

There were systems in place to keep people safe from harm and abuse.

Risk assessments minimised risks to people's safety and welfare.

Staff understood safeguarding principles and protecting people from harm.

Staff were supported to follow clear procedures to manage people's medicines safely.

### Is the service effective?

Good ●

The service remains good

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Good ●

The service remains good

### Is the service well-led?

Good ●

The service has improved to good

Staff understood the values of the organisation they worked for and how to put them into practice.

There was a quality assurance system in place to monitor the service and to drive improvements. This was now effective as it picked up shortfalls in the service

Staff and people at the home felt well supported by the team leader and the registered manager.

# Brandon Trust - 261 Passage Road Care Home

## **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 checked whether the provider is 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.

This inspection took place on 31 May 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We met four people who were living in the home. The staff we spoke with included the registered manager, a team leader and two support staff. We saw how staff engaged with people they supported.

We viewed two people's support plans, medicine records and risk assessments. We checked staff training and employment information, supervision records and staff duty rosters.

We also viewed a number of other records relating to the way the home was run. These included survey feedback, quality audits, complaints information and health and safety records.

# Is the service safe?

## Our findings

At our last inspection concerns had been raised about a staff member. Two people said that they were "bossy". At this inspection we found that suitable action had been taken so that people felt safe with staff. People told us that staff were not "bossy" towards them. The staff team had also been reviewed and some newer staff now worked at the home. People told us they liked the staff and felt safe with them.

Certain fire checks had not been carried out regularly at our last visit. At this inspection we saw these checks were now being regularly completed. This helped ensure people were helped to stay safe in the event of a fire at the home.

Systems were in place that helped protect people from the risk of abuse and avoidable harm. People were supported with their needs by staff who knew what the different types of abuse were. The staff were able to tell us how to report concerns about people at the home. The staff also explained they could approach the team leader or registered manager if they ever had a concern about anyone. Staff told us they had been on courses about safeguarding adults from abuse. The staff told us the subject of safeguarding people was always on the agenda at staff meetings.

The staff also knew about the different laws in place to protect rights and keep people safe. We saw a copy of the procedure for reporting abuse on display on a notice board in the home. The procedure was written in an easy to understand way. This helped to make it easy for people to use. There was also guidance from the local authority that told the reader how people could safely report abuse.

People were supported with their care by enough suitably competent and trained staff. This meant people were supported safely with their needs. We saw how this was apparent in a number of ways. We saw staff offered attentive one to one time to people. We saw this was offered to people who needed extra support with their care needs and with other aspects of daily living. The staff numbers meant people were able to take part in activities on a one to one basis with staff in the home and the community.

People were supported to manage their medicines safely. Staff went on training and had checks to ensure they managed medicines safely. Staff knew how to report a medicines error. There were checks in place to ensure any issues were identified without delay and action taken as a result. There was also up to date guidance which was accessible for staff who managed medicines.

Staff gave people medicines safely and took the time to fully explain to people what their medicines were for. Staff checked that people were happy to take them. Medicines were stored, documented, given and disposed of safely. This in turn meant people received their medicines as prescribed. Risks from the environment were identified and actions put in place to minimise them. Risk assessments records showed that detailed assessments were completed. For example how to support people to safely use the kitchen and kitchen equipment was clearly set out in risk assessment records.

Care records contained emergency information and contact details for key people. Each person had a

personal emergency evacuation plan (PEEP) which contained information on how to support them to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and the provider had a contingency plan in place. This meant people would be reassured and supported safely if there was an emergency.

The provider continued to ensure people were protected from the risks of unsuitable staff being employed. People who used the service were involved in the recruitment process of new staff. People were as far as possible always invited to meet new candidates to work at the home and give their feedback. Staff had completed application forms to show their employment history. Any gaps in employment were explored with the person who was applying for a job. Each person's records contained evidence of a Disclosure and Barring Service check. These checks provided details of any criminal convictions. They also included any inclusion on lists of staff who were unsuitable to work with vulnerable people.

# Is the service effective?

## Our findings

People we spoke with were very happy about how they were supported at the home. One person told us "They are all very nice and my keyworker takes me shopping". Another person said, "I really like X (the team leader). A further comment was "The staff take me to the charity shops and I enjoy them."

We saw that staff were effectively meeting people's needs, and providing them with proper care and support in the different areas of their daily life. For example, staff discreetly prompted people who needed support with personal care. Staff prompted and offered choices to people at mealtimes. Staff also had a clear understanding of people's likes and preferences in relation to how they chose to spend their day. Staff supported people to go to the shops and to different places such as out to a Shopping Mall that people liked to visit.

We observed that the staff on duty worked well together. Staff were allocated people to support with their daily needs. Staff explained they had got to know people well and how they liked to be cared for. They also told us caring for people individually like this was a really effective way of ensuring they received person centred care.

People were well supported by health and social care professionals when needed. Each person had their own health passport. This set out in very clear detail information about the person and how they liked to be supported. This guidance was to be used for staff to better support a person with a learning disability if they had to go to hospital or similar health setting.

The staff also monitored closely each person's health and wellbeing. For example, when one person had been identified as having certain dietary needs, they contacted the GP. Professional guidance and advice was given and acted upon. Each care record also showed that people regularly saw medical professionals when needed for their health and wellbeing.

People told us they liked the food and menu choices. People were always offered choices at each mealtime. We observed that staff understood the different nutritional needs of people. We also saw that special diets were properly catered for.

Staff had the information they needed when people required a specialised diet. We heard staff talk with people and ask people what meals they would like. The staff were organised and they ensured everyone had their meal at times that they wanted to eat. We observed a choice of water and other soft drinks. People were now also able to make tea and coffee and other drinks throughout the day.

Care records and support plans set out how staff were to support people with their nutritional needs. A detailed assessment had been completed using a recognised assessment tool. This is a five step process used to identify people who could be malnourished or at risk of malnutrition or obesity. The care records also clearly set out how to assist people with their specific dietary needs. For example, certain people required a diet that was lower in sugar and this was provided.

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 or authorisations to deprive a person of their liberty, were being met. We saw records that an applications had been made to the 'supervisory body' for a DoLS and that three applications had been made.

We observed that the staff knew and always fully obtained consent. Staff also understood about the importance of ensuring the rights of people were respected. This was very important they told us before they offered care and support to them. The staff we spoke with said they asked, and then explained what they were about to do before giving care or support. Care records showed people had signed consent to care where they could.

People were supported by a staff team who were being properly supervised and supported in their work. Staff told us they were supported to go on a range of regular training and updates. Courses and sessions staff had been on included understanding learning disabilities, healthy eating, mental health, health and safety, fire safety and medicines management. These training opportunities helped ensure that staff had the skills and competency to properly meet the needs of people they supported at the home.

There was an up to date and effective system of staff supervision for monitoring the staff and their performance and development. The staff told us they met with the team leader or registered manager to review how they were performing and share how they were feeling. At every meeting we saw that the needs of people were discussed with them. Strategies to better support people were considered and talked about in detail.

## Is the service caring?

### Our findings

People told us how kind and caring the current staff team were that supported them at the home. One person told us how much they liked the team leader "She's like family, we get on very well and we have fun together." Another person told us "I should give them 20 out of 10."

People were very relaxed with the staff on duty. This was apparent in the good humoured, gentle interactions that took place between them. There were numerous positive interactions between staff and people at the home. We saw members of staff gently engaged in a good humoured respectful banter with people. People joked and teased the members of staff back in a gentle and fond way. It was also apparent in the ways that people approached the staff whenever they wanted to see them.

Staff supported people using a respectful approach. Staff engaged with people in ways that maintained their dignity and privacy. Staff told us they ensured people's privacy whilst they helped them with personal care. For example, staff encouraged people to make choices around how they wanted to spend their day. Staff also very discretely prompted people who needed support with personal care. This approach helped to maintain people's dignity.

Since the last inspection the home environment had been made even more warm and welcoming for people who lived there. The main dining room had been adapted to now include a discreet seating area. There was now a separate television lounge room as well that had been adapted from its previous use. People had chosen the colour schemes for new paintwork and new curtains. These were very homely and welcoming in style.

People told us they had a keyworker on the team who gave them extra support. Each person had their own identified keyworker. This was a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and for spending extra quality time with people individually.

As we had found at the last inspection confidentiality was properly maintained. Information held about people's health, support needs and medical histories was kept securely.

Information about how to access local advocacy services was available for people who may want to seek independent advice and support. People and staff said that their relatives and friends were encouraged to visit at any time and on any day.

## Is the service responsive?

### Our findings

People spoke positively about the care and support they received "The staff are kind my keyworker takes me out "and " I get on very well with the team leader ". Another comment was, "The staff do try their best to help me."

Staff were supported to provide flexible care because care plans showed clearly how to support people with their needs. They included for example, guidance and strategies for staff to be able to support people in activities of daily living. There were care plans in relation to personal care, social needs as well as finance management and household activities such as cooking and personal laundry.

The staff told us care plans provided detailed guidance about what approaches were effective ways to support people. Care plans showed each person's level of independence and what mattered to them for a high quality of life. Care plans also included goals and aspirations for people. One person had photos of all they had achieved in their care plan. This helped the person to fully see how positively they were doing at the home. For example they now undertook chores and helped with meals. The person was also able to be much more independent in their daily life. Information was also clearly set out in care plans about each person's personal history, individual preferences, interests and goals. Relevant information about important relationships for each person was clearly included. This was to help ensure staff assisted people in the ways that took account of their differing needs. There was information about people's religious and cultural needs. For example, people were supported to practise their faiths at local venues.

Care plans also showed that people were encouraged to maintain independence.. Care plans explained how staff were to prompt people to undertake certain tasks rather than doing it for them. This showed how people were being well supported to be independent in their daily lives and in activities of daily living.

Each care plan set out what activities and interest the person had and how to support them with these. A plan of flexible activities was in place for each person .People chose with the support of staff a variety of activities that they enjoyed. People went out to community activities during our visit. There were social trips and holidays being planned for the near future. Other activities included going to church services regularly which helped to ensure certain people's spiritual needs were respected. There were photos on display of recent social events that had been held at the home.

People at the home went out shopping with the support of staff. People we spoke with told us about some of the other activities they liked to do. One person told us they often went to a café, to local shops, the cinema and to a social drop in club. Other activities people continued to take part in included going out to a local farm to see horses, going on holiday and spending time with family and friends.

People were supported to make a complaint or raise a concern. A copy of the complaints policy was displayed in the home. This contained guidance for people in an easy to understand form on how to complain. We looked at the complaints records and saw complaints had been dealt with promptly as per the provider's policy. There continued to be 'service user meetings' held at the provider head office. Staff

told us some people went to these meetings. There were also meetings in the home. We saw that recent topics that had been raised included dates of planned trips and holidays, meals and any changes in the staff team.

The provider continued to send a service user and relative's survey out on a regular basis. The results were analysed by the provider. The most recent result had been positive. However action plans were prepared to improve the overall service. For example plans were in place for further redecoration of people's bedrooms. People were going to be fully involved in choosing the colour schemes that they would like.

## Is the service well-led?

### Our findings

At our last inspection we had found that the system for checking the quality and safety of the service people received was not effective. This was because it had failed to fully pick up shortfalls in how the home was run. At this inspection we found that the quality checking system was being used effectively. The quality checking process had picked up shortfalls in the service. We saw that suitable action was then taken to ensure the service was safe. This also meant the system for auditing the quality and safety of the service was fully effective. For example medicines checks showed that medicines were being safely managed. Audits had also ensured that all care plans and risk assessments were up to date and regularly reviewed.

The registered manager acted when any accidents and incidents occurred that involved people living at the home. Information was analysed and learning took place. Trends and patterns were identified. We saw that actions were then put in place if needed to reduce the risks of reoccurrence. For example, we read about one person who could become very anxious and angry. This had the potential to lead to an incident that could impact on their mental wellbeing if they were not supported safely. There was guidance in place to offer the person the best support to keep them safe.

The registered manager had been in post since March 2018. Before this they were a registered manager for other services run by the same provider. The registered manager was supported in their role by a team leader. They took some day to day management responsibility for the service. The team leader had previously worked as a support worker at the home and knew people very well.

During our inspection we saw how people and staff approached the registered manager and team leader. People were relaxed and comfortable to approach them at any time. The registered manager and team leader were attentive and warm and friendly with people. There were numerous warm and positive interactions between them. The staff were also comfortable speaking to the registered manager and team leader. Staff said they felt supported by senior staff and the registered manager.

The provider's values included being respectful and always engaging with people in a way that was totally person centred in approach. The staff told us how they put these values into practice when they supported people at the home. The staff on duty clearly followed these values in the approaches they used to support people at the home. For example staff spoke to people with the upmost respect, they encouraged people to make choices, and they also understood people's need to have some 'space' and time on their own.

Staff were able to make their views known to the registered manager. Staff meetings were held regularly and meeting minutes showed that a range of matters were raised and openly discussed among the team. These included how to keep people safe, any changes to how the home was run, and how to care for people more effectively.

Staff told us that they felt they could make their views known to the registered manager and the team leader. Staff also told us there was a handover at each shift and a communication book in use to record important information. This meant that staff had access to up to date information about people and their

health and wellbeing when they needed it.

The registered manager understood their legal responsibility to inform us via a notification of any key events at the service. Notifications are legal forms that must be sent to CQC by a service. These are to tell us about key events that may impact on people and how a service is run.