

Brandon Care Limited

Brandon House

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

Brandon House is a residential care home providing personal care for up to 35 older people, some of whom are living with dementia. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were 32 people living in Brandon House.

At the last inspection in December 2016 the service was rated Good overall. At this inspection we found the service remained Good.

Why the service is rated Good.

Brandon House had a registered manager who was also the provider. They had oversight of three local homes, including Brandon House. There was a day to day manager who worked in the home and undertook daily monitoring and management tasks. They were in the process of registering with the Care Quality Commission.

The people who lived in Brandon House were provided with high quality; caring support which was person centred and met their individual needs. During our inspection we identified some concerns relating to the management of records but found these issues had been identified by the day to day manager and were being responded to.

We received positive feedback about the staff at the home and the quality of the care provided. Some of this feedback included comments like, "I honestly feel that the residents are well looked after and receive excellent care", "(Brandon House) has a warm caring atmosphere, nice staff, it's where I would put my nearest and dearest if they needed looking after" and "The staff are always friendly and professional."

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

People who lived in Brandon House had a variety of needs and were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

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 remains Good

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 remains Good

Brandon House

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.

This comprehensive inspection took place on 6 May 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

We conducted a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us.

We spoke with 10 people who lived in Brandon House and two relatives. We spoke with three members of care staff, the activities' coordinator and the service provider during our inspection. We spoke with the registered manager following our inspection. We requested feedback from a number of external healthcare professionals and received information from four of them.

We looked around the home, spent time with people in the garden, in the lounge, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over lunchtime period.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to four people, looking at their files and other records. We reviewed information about the recruitment and supervision of three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe. People made comments to us including; "I feel safe, definitely. I don't really think about it" and "Oh yes very safe." One relative said "I'm sure he's safe here." A healthcare professional said, "I feel that they offer a safe, caring environment."

Policies in relation to safeguarding and whistleblowing reflected local procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. The registered manager confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. People confirmed there were enough staff to meet their needs. Comments included; "If you ever want to see someone you just have to call the bell. They are good and come quickly."

People who lived in Brandon House had a variety of needs relating to their mobility, their skin integrity, health conditions, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them.

Accidents and incidents were recorded and where these had taken place the management and staff had discussed these and taken action in order to ensure they did not reoccur.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies checked regularly. Where people wanted to manage their own medicines this was encouraged and supported.

The home was clean, pleasant and met the environmental needs of people living with dementia. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in

infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at Brandon House. Comments included, "I think they're doing a good job", "It's a good home" and "They look after you very well." People's relatives expressed their confidence in the care provided by the staff with comments including, "It's very good" and "You couldn't ask for better." External healthcare professionals also made comments including, "I honestly feel that the residents are well looked after and receive excellent care" and "Regarding Brandon House, I have always recommended it to my patients as I think it is the best in the area."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff also undertook training which specifically responded to the needs of the people who lived at Brandon House. Courses including, dementia care, diabetes, Parkinson's and supporting people with Dysphagia (swallowing difficulties). One person who lived in Brandon House required support with stoma care. The registered manager had provided staff with training in this area and had involved the person in developing a personalised stoma care competency test that all staff took before being able to care for this person. This ensured this person's specific needs and preferences were responded to by staff who knew how best to care for them. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said, "We've got our own training person and we're kept up to date. We also have people coming into the home to train us. Recently we had a course about wellbeing. It touched on dementia and nutrition and was really interesting."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. At the time of our inspection, nobody living in Brandon House required a DoLS authorisation. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this.

There was a strong emphasis on the importance of people eating and drinking well. People spoke highly of the food and commented, "The food is good" and "It's very nice." One relative said, "The food is excellent." The home was also effective at meeting people's individual needs as described by one person, "I am a celiac. The chef remembered me from the last time I was here on respite and came to see me. He asked me

about each meal and whether it would work for me. They are really good." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms or the dining rooms, depending on their choice. Mealtimes were sociable and we saw people chatting together in a relaxed way.

People were encouraged to maintain their independence as much as possible and the registered manager had organised for a drinks table to be set out in the main dining room. People could help themselves to hot and cold drinks whenever they wanted.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

The registered manager had taken steps to improve the environment for the people living in the home. The registered manager told us they were "making the place more sensory aware." They had recently organised for the edges of doors and handrails to be painted in order to make these easier for people to distinguish. People's opinions and wishes were taken into account in the decoration of Brandon House. People had been asked to help choose colours for paints used and had been fully involved in decorating their bedrooms.

Is the service caring?

Our findings

The service continued to be caring.

We received very positive feedback from everyone we spoke with about the caring nature of staff at Brandon House. People made comments which included, "The staff are very nice" and "They are great." We looked at some cards that had recently been received by the home. These included the following comment: "The staff at Brandon House are really outstanding." External healthcare professionals praised the staff with the following comments: "(Brandon House) has a warm caring atmosphere, nice staff, it's where I would put my nearest and dearest if they needed looking after" and "The staff are always friendly and professional."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

The registered manager told us staff often went the extra mile for people and worked hard to make them feel special. We saw one person had written a thank you card to the staff at the home following their birthday. This read: "Thank you to all the ladies and girls of the home for my lovely party they gave me yesterday on the occasion of my birthday. It was a lovely way to spend my birthday. Lovely cake and candles, quiz and a cup of tea. Thank you." The manager told us about one member of staff accompanying a person to their grandson's wedding on their day off to enable them to attend. They also told us about two members of staff giving up their personal time to accompany two people to bingo in town each week because they knew this was something they truly enjoyed doing.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. For example, we observed one person getting upset during the lunchtime meal. A member of staff crouched down beside them, took their hand and spoke in a way that provided the person with comfort. The conversation ended with the person and the member of staff laughing together. This demonstrated caring, concern and good use of distraction techniques to increase a person's wellbeing.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices. Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

The registered manager felt people's privacy and respect was paramount and these views were shared by staff. During our inspection we observed staff ensuring they were out of earshot of others before talking

about people's individual needs. This demonstrated respect for their privacy. People commented on the respect staff showed towards them with comments including, "They are always kind and respectful."

Is the service responsive?

Our findings

The service continued to be responsive.

People and staff told us they were confident people living at Brandon House were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

The registered manager had put in place clear guidelines for the manager and staff to follow with regards to people's care plans and the information these should contain. However, the care plans we reviewed did not contain sufficient information about people's needs, risks and preferences. The manager told us they had identified this issue and were working towards reviewing and completing each care plan. During our inspection we found clear evidence staff understood people's needs well, knew how to respond to any risks and knew people's histories and preferences. The manager understood the importance of this information being accessible to any new staff or potential agency staff should the regular staff not be available and were working towards improving in this area.

We recommend the service review their auditing systems to ensure people's care plans are regularly reviewed and meet the standards set by the provider.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

People had access to activities which met their social care needs. Brandon House employed an activities' coordinator. They told us they were encouraged to come up with ideas to improve on people's opportunities for socialising, stimulation and enjoyment. They told us they and the wider staff team encouraged people to be as active and independent as possible. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. We saw people were encouraged to be as active as possible with regards to the general running of the home and their personal needs. People took part in making their own drinks, helping to clear tables after meals, folding laundry and gardening. A member of staff told us how one person enjoyed dusting and therefore the activities coordinator had gone out to buy them their own duster which was kept in the living room for easy access.

People took part in activities which increased their social lives and their sense of wellbeing. The activities coordinator told us a number of people were part of a knitting club which made blankets for orphans. They told us people loved knowing they were knitting for a good cause. A number of events were held in one of the three homes owned by the provider where people from all these homes were invited and encouraged to

socialise and enjoy themselves. There were regular outings, afternoon teas and BBQs.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to.

People told us the staff and the management encouraged them to share their views and that regular meetings were held in order to enable people to express themselves. These meetings enabled people to voice any concerns they may have and to suggest any ideas they had to improve the service provided and the activities available.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

Is the service well-led?

Our findings

The service continued to be well led.

The service had a registered manager. 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. The registered manager for Brandon House was also the provider and oversaw the management of three homes in the local area. The day to day management of the home was being performed by the home's manager, who had taken on the role the previous year.

People, relatives, healthcare professionals and staff spoke highly of the registered manager and the manager. Comments included, "They're always there. They're very supportive towards their staff", "The manager is very approachable. She's very nice" and "In my opinion Brandon House is extremely well led."

Although the registered manager had set some clear standards for the manager to follow with regards to records and care plans, these had fallen short. The manager told us they had identified this was an area they needed to focus on and had let slip. We found information missing from care plans and other records, such as falls chart. Although this information should have been accurate and complete in order to ensure people received safe and effective care, we found this had not had a direct impact on the people who lived in Brandon House. This was due to the staff members knowing people very well and communicating effectively amongst themselves. We spoke with three members of care staff and the activities coordinator and they were all able to tell us about people's histories, preferences, needs, risks and how they responded to these in order to ensure people received safe care that met their needs.

We recommend the management review their auditing systems to ensure gaps in records are identified sooner and action is taken to ensure up to date, accurate information is available at all times.

The registered manager and the manager were always looking to improve and regularly sought ideas from forums and other published reports. They also ensured they regularly sought ideas and feedback from the staff, people who lived in Brandon House and their relatives. One member of staff told us how they had been encouraged to share an idea for improvement. They had made a suggestion relating to people's personal care. They told us the registered manager had listened and had implemented this idea in all three of their homes.

The culture of the service was caring and focused on ensuring people received person-centred care. The registered manager, the manager and the senior staff team ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed. The registered manager told us they ensured their ethos and values relating to providing people with person centred care which promoted independence was demonstrated by the manager and by the wider staff team. An external healthcare professional said, "There is a strong leadership with a culture of

caring and respect."

The registered manager held their staff team in high regards and nominated members for various awards in order to show them how much they valued their contributions. Where staff members had been selected or won, the registered manager had framed their certificates and displayed them in the home. The catering team at Brandon House had recently been nominated for catering team of the year 2018 in the outstanding care awards for Devon and Cornwall. One staff member had recently won the Healthcare Apprentice of the year award from Exeter College and another was a current nominee for the South West outstanding care awards.

A programme of audits and checks were in place to monitor the safety of the premises, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve. The manager was also working towards completing an improvement plan which included issues identified with records and care plans.

The registered manager and the manager were aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.