

Abdul Khan

# The Branches

## 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

The Branches is a care home providing accommodation and personal care for up to 24 people including people living with a dementia. At the time of inspection, 19 people were living at the home.

### People's experience of using this service and what we found

People told us they liked living at the home. Feedback from relatives and one visiting professional was very positive regarding the level of care and support people received.

People told us they received safe care. Appropriate environmental and personal risk assessments were in place to keep people safe. Medicines were handled safely by staff who had received appropriate training in this area. Staff were recruited safely.

People's needs were fully assessed by the registered manager prior to coming to live in the home. Staff told us they received training to support them in their role.

Staff told us they felt supported by the registered manager. They described them as approachable, honest firm and fair. Staff told us the registered manager listened to any concerns they had.

People were supported to maintain a varied, healthy and balanced diet. Feedback from people and relatives confirmed everyone enjoyed the home cooked meals which were on offer. People could choose what they wanted to eat from the menu or could ask for an alternative if they wished. People told us they had access to refreshments and snacks throughout the day. Where necessary, people were referred to healthcare professionals to support their health and well-being.

Without exception, people and relatives told us staff supported them in a very caring way. They also told us they felt comfortable talking to staff. Relatives told us the reason they had chosen the home for their loved ones was because the atmosphere was like one big family and staff got to know people inside out.

People were encouraged and supported to maintain their spiritual faith as well as longstanding friendships. People had access to activities within the home and could access the garden area as they chose. People's end of life wishes had been captured in their care plans.

The registered manager welcomed feedback through various sources. They sent out yearly questionnaires to gather people's and relative's opinions. This feedback was used to further improve the level of care provided. The registered manager carried out a range of monthly quality checks across all aspects of care and service provided.

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.

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

Rating at last inspection (and update)

The last rating for this service was good (published 4 May 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 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.

# The Branches

## 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 team consisted of one inspector and one 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.

#### Service and service type

The Branches 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with the registered manager, the deputy manager, and three carers. We spoke with seven people who lived at the home and five relatives.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff personnel file and records related to the management of the service.

#### After the inspection

We continued to speak with the registered manager to discuss and confirm the inspection findings.

# 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 good. This meant people were safe and protected from avoidable harm. Assessing risk, safety monitoring and management

Assessing risk, safety monitoring and management

- The provider had appropriate environmental risk assessments in place.
- Accidents and incidents were recorded and reviewed by the registered manager. Following this, people's care plans and risk assessments were reviewed and updated to prevent reoccurrence.
- People's care plans included appropriate risk assessments which supported people to be as independent as possible. They also supported staff to keep people safe.

Using medicines safely

- People's medicines were managed safely. People told us staff gave them their medicines and it was always on time. One person told us, "I take medication and staff have this well organised and don't leave me until I've taken my dose."
- Staff who administered people's medicines had received appropriate training in this area. Their competency was assessed.
- The registered manager completed regular audits. This ensured people's medication administration records (MAR) were complete and correct.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place. Staff had received training in safeguarding. Staff we spoke with told us they were very confident in their capability to identify and report any safeguarding issues. One member of staff told us, "Safeguarding - my role is to spot that, and raise any concerns!"
- People told us staff provided safe care. One person told us, "I feel safe very much so. Staff are there all the time. It's comforting to know that people are never very far away from you and you never feel lonely."
- Safeguarding incidents had been reviewed, logged, and notified to the appropriate authorities.
- Staffing levels were appropriate to meet the needs of people. Where there was a change in people's needs staffing levels were reviewed. One relative told us, "The staff are always in and out of her bedroom at least once an hour and the book is signed with the staff name and time of each check-up visit."
- The provider had a recruitment process in place to ensure only suitable staff were employed to work within the home. We identified a lack of formal interview notes within staff files. We spoke to the registered manager who agreed to amend this process going forward.

Preventing and controlling infection

- Infection control procedures were maintained. Staff had received training in infection control.
- Adequate amounts of personal protective equipment were available for staff to use. This included gloves

and aprons to help prevent the spread of infection.

#### Learning lessons when things go wrong

- The registered manager reviewed previous incidents as a point of learning. This helped them to recognise where a change in process or approach could be used to improve the level of care provided.



# 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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people. They carried out regular training. Any staff who were new to care were enrolled onto the Care Certificate programme of training. They also shadowed existing members of staff.
- People and relatives said staff had the right level of skills and experience to care for them safely. One relative told us, "I see as a relative, staff do a very effective job in the home overseeing that my family member is always looked after."
- Staff received regular supervision and appraisal.

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

- People needs were fully assessed prior to moving into the home. This was carried out in line with best practice guidance.
- People and their relatives (where able), had been involved in the creation of care plans. People's care plans included a great level of detail regarding how people wished to be cared for. For example, one person liked to have a drink and snack before bedtime, and they preferred to sleep with their bedroom light on and door slightly ajar.

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

- People's dietary needs were catered for. People were supported to eat a healthy diet and enjoyed a variety of home-cooked fresh food. One relative told us, "My father eats better now than he did when he was living at home. He likes his mince and dumplings."
- People told us they enjoyed the food staff prepared for them. One person told us, "We have a good cook who responds to my every day needs and I've liked all the food I've had to date. You always have alternative choices."
- Where required, people's weights were regularly checked. If any concerns were identified with people's eating and drinking, they were referred to the appropriate healthcare professionals for their input and guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received care which was consistent for their needs. The service had good links with healthcare and social care professionals. One visiting professional said, "Staff here are pro-active. The home has a low admission rate to hospital and this is down to staff knowing people and following people's emergency health care plan, thus reducing admissions."

- Where necessary people had been referred to various healthcare professionals. This included their dentist, GP and district nurses.
- Staff knew people well and recognised if people were poorly. They told us they would not hesitate to seek professional advice if needed.

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

- The home had been furnished and decorated to create a comfortable and homely environment. Comments included, "As far as a recommendation is concerned you might be put off by the overall look of the building from the outside, but don't judge a book by its cover. Look for the cherry inside, the staff more than make up for it." And, "The environment is a nice place to be in, but the walls are too white and rather bare." We spoke to the registered manager regarding the environment and they acknowledged the home would benefit from a scheme of decoration.
- People's bedrooms were comfortably furnished and held lots of personal items.
- People had access to an outside garden area which was sited to the front of the home. People told us they enjoyed sitting outside.

#### 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, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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.

- DoLS applications had been made when needed. Where people lacked capacity, records showed where decisions had been made in people's best interests.
- Staff had a good understanding of the mental capacity act.

# 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 good. 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

- Without exception, people, relatives and a visiting professional told us staff were genuinely very caring towards people. Comments included, "I feel very respected by staff, they treat you like a family member." And, "Staff are very caring and tolerant indeed. They always listen to me if I've got anything I want to ask them."
- Staff were seen to be very kind and caring during their interactions with people. We saw staff providing lots of positive support to people. One relative told us how during a visit one person had become upset, "Staff just got her up out of the chair and walked her around the lounge and she just stopped being upset all of a sudden."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted. This was evidenced during the inspection. One person told us, "Staff do encourage me to be independent with things I can do, and this stops me from giving up on things," Some people told us although they didn't mind, they felt there was set times for going to bed and getting up. We shared these comments with the registered manager and they assured us, people could choose what time they wished to retire to bed and get up on a morning.
- People's personal appearance was good. Staff were dignified in their approach to people. They were responsive when people needed assistance.

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

- People and relatives told us staff discussed their care with them. As a result, people felt involved in their care.
- Care plans included lots of information about people's likes and dislikes. For example, one person liked to meet friends regularly in town for a catch up and refreshments. Staff supported this person to do this.
- Information regarding advocacy services was available for people to access. Information was available in easy read format to meet people's needs.

# 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 good. 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

- People received care based upon their own individual preferences. This included their likes/dislikes along with details of what was most important to them.
- Care plans were reviewed on a regular basis with people. They were updated as and when people's needs changed. Relatives comments included, "My son gets involved with my relative's care plan and this is reviewed on a regular basis." And, "My relatives needs have changed drastically since they first came into this home. Staff have fully accommodated those changes."

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 which were important to them. This included receiving holy communion on a weekly basis and keeping in touch with friends and family.
- One person living at the home loved to feed wild birds who visited the home's garden. Staff supported this person with this activity by ensuring plenty of bird food was available for this person to access.
- The home provided a range of activities including quoits, puzzles, singing and beauty therapy. People also had access to a mini-bus for trips out. The majority of feedback from people and relatives regarding activities was positive. However, one relative did share it had been suggested staff would arrange for dogs to be brought in for people to 'pat' but they were still waiting for this to happen. We spoke to the registered manager about this and they told us, this activity was on their 'list' to action.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since the last inspection.
- People and relatives told us they had not raised any concerns or complaints. They said they would be confident to do so, and they knew who to speak to if needed.

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.

- Pre-admission assessments were used to recognise each person's specific communication needs.
- Documents were available in larger print for people to read. The registered manager told us where people received personal information for example health appointments in smaller print, staff would assist people (if needed) to understand the content of the document.

#### End of life care and support

- Care plans included very detailed information regarding people's end of life and funeral wishes.
- At the time of inspection, no one was receiving end of life care. Staff had received training in end of life care.

# 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 good. This meant 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; Working in partnership with others

- Audits to check the quality of care and service provided were regularly completed. They had identified areas for improvement which had been actioned.
- The registered manager had notified CQC of incidents in line with regulations and their legal responsibilities.
- Without exception, all of the staff we spoke with told us they enjoyed working at the home. Many staff, including the registered manager and deputy manager had worked at the home for a considerable number of years. They were proud of the level of care they delivered and the positive impact this had on people.
- The registered manager attended manager network forums hosted by the local authority. This allowed them to be part of any forthcoming initiatives including additional opportunities for staff training. The registered manager also had very close working relationships with a local GP surgery and various visiting professionals. A visiting professional was very complimentary about the level of co-working between the home and the GP surgery which had resulted in positive outcomes for people. They said, "[Registered manager's name], manages staff and residents very well. We have a good working relationship with them."

Continuous learning and improving care

- The registered manager shared with us their plans regarding various members of staff who were to undergo additional areas of training. This included care staff enrolling on NVQ level 3 training courses and the deputy manager enrolling on a formal management qualification.

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 registered manager reviewed any matters drawn to their attention. They worked in partnership with other agencies and ensured people and relatives were well informed. They were open and honest if things had gone wrong which included offering appropriate apologies.
- Staff, people, relatives and a visiting professional spoke very highly of the registered manager. Comments included "[Registered manager's name] is very approachable and visible in the home." And, "[Registered manager's name] is open and honest, firm and fair."

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

- The registered manager sent out annual surveys to people and relatives. Feedback received had been

mostly very positive. Relatives meetings were also held and people living at the home were also encouraged to attend these meetings.

- The registered manager held team meetings. Staff confirmed this and told us they were invited to share ideas for improvements to the home. The registered manager also attended shift handovers where important information and updates were shared.
- Local schools and nurseries were encouraged to visit the home. These visits included singing along with cakes being brought in by the children for people to enjoy. The registered manager told us people really enjoyed it when children visited their home.