

The Brandon Trust

Brandon Trust - 261

Passage Road Care Home

Inspection report

261 Passage Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16 March 2017 and was unannounced. The service was last inspected in January 2015 and met with legal requirements.

261 Passage Road is a care home that is registered to provide personal care for up to 5 people. There were 5 people at the home on the day of our visit.

Two people told us a staff member was "bossy" in their manner towards them. Some action had been taken to address these concerns after people had raised their views to senior staff in the home. At our inspection these concerns were repeated to us. We brought this matter to the attention of the registered manager who took action to ensure that people were safe.

Fire drills had not been regularly carried out. This put people at risk as in the event of a fire it would not be clear if people knew what actions to take to be safe.

The governance system that was in place for auditing and monitoring quality and safety was not being used effectively. The failings identified at our visit had not been picked up by recent audits.

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.

There were systems in place to minimise risks to people and to protect them from abuse. People who lived at the home engaged in a positive and warm way with the staff that provided them with personal care and other support.

People were assisted with their care by staff that understand their needs and knew how to provide effective support. The staff we met had a kind and caring manner toward the people they supported. The staff also knew how to ensure that privacy and dignity was maintained when they were supporting people with their care.

People were well supported to eat and drink enough for their health needs. Menus were planned with choices available which reflected the likes and preferences of each person at the home.

People were supported by a team of staff who were properly trained to provide effective care. The staff had been on regular training and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Staff were properly supervised in their work and this helped to ensure they were competent in their work. Staff spoke positively about working as a team and the team support that existed among them.

There was a system in place in the home so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions.

People were being well supported to take part in a variety of social and therapeutic activities both in the home and the community. These activities were planned based on what people wanted to do each day.

There were recruitment and training processes in place that helped to ensure that staff were properly checked and were knowledgeable. This meant staff were able to support people effectively.

The staff told us they could address any concerns or raise any matters informally with senior staff and the registered manager. The staff had received formal supervision meetings. At these meetings areas for improvement were regularly addressed with them.

Care records were detailed explained what to do to effectively assist people with their personal care needs. People were well supported with their physical health care needs. Staff consulted with external healthcare professionals to get specialist advice and guidance when it was needed.

The provider had systems in place to support people to make their views known and to make complaints about if they needed too.

Staff understood the provider's visions and values that they expected staff to follow. One key value was to provide personalised care. The staff told us they put these into practice in the way they supported people at the home.

We found two breaches of Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not fully safe

Some people felt a staff member could be harsh in their manner towards them. This meant there was a lack of assurance that people were safe.

People were supported with their medicines safely.

Staff were trained to understand their responsibility to safeguard people from abuse.

Checks were undertaken to ensure potential new staff were safe to work with people.

The staffing arrangements were regularly reviewed so that people received safe support.

Is the service effective?

Good 

The service was effective

People were properly supported so that their needs were met.

Staff were supervised in their work. Training was provided for staff to make sure they were able to provide effective care and support.

People told us they enjoyed the food and drinks provided at the home.

Staff understood about the Mental Capacity Act 2005 and how this was used to support people when they may not have the capacity to make decisions.

Is the service caring?

Good 

The service was caring

People told us they were happy at the home and we saw that staff were kind and caring.

People's privacy was respected by the staff in the home.

People were encouraged to make choices in their life.

Is the service responsive?

Good ●

The service was responsive

The staff team knew the preferences, likes and dislikes of the people they supported and care plans reflected these preferences.

Care was planned in a flexible way and showed how people wanted to be assisted. The provider had introduced an online system for planning and recording care.

There were systems in place to support people to make their views known about the service.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led

There was a quality assurance system in place to monitor the service and to drive improvements. However this was not fully effective. It had failed to pick up shortfalls in the service

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

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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 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.

The inspection took place on 16 March 2017 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 spoke with five people who were living in the home. The staff we spoke with included the registered manager, a team leader and two support staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records for two people, and medicines records for five people. We looked at staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Is the service safe?

Our findings

Two people said that a staff member was "bossy" towards them. A staff member had also said that they had witnessed another staff member speak in a harsh tone to people. The registered manager and team leader told us they had taken action after a previous allegation. The matter had been raised at a supervision meeting. The registered manager reported the allegation that we were made aware of to the Local Authority safeguarding team on the day of our visit.

When we checked the record of fire checks and tests we found that a fire drill had not been carried out for 11 months. This put people at risk as it meant people may not know what they should do in the event of a fire to stay safe.

This was a breach of Regulation 4 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was free from any immediate hazards and risks in all of the areas we checked. People told us they felt the environment was safe for their needs. Environmental checks were also carried out regularly to help ensure the premises were safe. These checks included, fire safety equipment, emergency lighting electrical testing, as well as fridge and freezer checks and hot water checks.

The staff understood about the different types of abuse that could happen to people. The staff knew how to report concerns about people at the home. The staff told us they were able to approach the team leader or registered manager if they had concerns about someone. Staff told us they had been on training about the subject of safeguarding adults from abuse. The team leader told us that this subject of safeguarding people was always on the agenda at staff meetings.

Staff we spoke with also knew about the different legislation used to protect rights and keep people safe. There was a copy of the procedure for reporting abuse on display on notice boards in the home. The procedure was written in an easy to understand style to help to make it easy for people to use. There was also information from the local authority advising people how to report abuse.

Risks to health and safety were managed and staff supported people to stay safe. There were Individual risk assessments in place to support each person and to guide the staff to keep them safe. The staff told us they read the assessment information regularly to ensure they knew how to manage risks people may experience. One person for example, was supported to safely take part in meaningful activities in the community that were important to them. The person's risk assessment clearly explained how staff were to support them. We saw that the staff followed what was written in the risk assessments each time they went out with people. When risks were found changes to the care and support people received were put in place if this was needed. There were procedures in place in the event of an emergency at the home. The staff had been trained to know how to safely manage and respond when people in the home may pose a risk of harm to them or others.

Care plans included clear actions to follow to deal with difficult situations that could arise due to the nature of some people's needs. One person for example, often shouted and could upset others. A care plan was in place that we saw staff follow to safely defuse situations in order to avoid any confrontation.

Medicines were managed by staff and given to people safely and at the times they were needed. We saw the staff follow safe procedures when they were giving people their medicines. The staff gave each person an explanation and showed them their medicines pointing out what they were for. This was to help ensure the person understood what their medicines were. The provider's medicines policy was followed by staff as they followed up and checked that people had taken their medicines. Medicine records included a photograph of the person and the records were complete, accurate and up to date. The staff signed the medicine charts after they had given each person their medicines. There was guidance in place that clearly set out when to give people 'give when required' medicines. Medicine systems' were regularly checked and reviewed by the registered manager and senior staff. If medicines required additional security they were regularly checked by staff. There were accurate stock checks and remaining balances of medicines which had been administered. There were also daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness.

There was a recruitment procedure in place to try to reduce the risk of unsuitable staff being recruited. New employees were taken on after a number of checks had been undertaken. These checks included references, proof of identification and Disclosure and Barring records checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable. Staff we spoke with told us they had undertaken these checks the staff. We found proof of identification in the form of passports, were also checked for all staff.

People had their needs met by enough suitably trained and competent staff to provide safe care. This was evidenced in a number of ways; we saw staff provide prompt one to one support to people who needed extra support with eating and drinking. Staff were also readily there when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation. The registered manager explained that the numbers of staff that were required to meet the needs of people at the home were regularly increased whenever required. If people were physically unwell for example or required extra support and care then extra staff were on duty. The numbers of staff needed to meet the care needs of each person were worked out by taking into account each individual's needs. Where there were staff shortages this had been planned for and cover was in place. This meant people were supported by a consistent team of staff who they knew well.

There were systems being followed in the home to try to reduce risks of cross infection. The staff helped maintain a hygienic environment. There was a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. The staff wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection.

Is the service effective?

Our findings

People we spoke with were mostly positive about how they were assisted at the home. One person told us "My keyworker takes me shopping." Another person said, "They take me out" A further comment was "Most of the staff are very nice".

Staff had an understanding and awareness of the needs of people they assisted at the home. The staff knew about people's preferences and daily routines. The staff were able For example, what time people liked to get up, what meals they liked, and how they liked to spend the day. We saw staff assist people with their care in the ways that they explained to us.

People were provided with effective and skilled support with their care needs. This was evident in a number of ways. Staff used a calm voice with people and communicated in a way that they could understand. The staff also talked with people when they were anxious to reassure the person when they supported them. We saw staff assisted people to have a shower or a bath and to get up .We saw that staff sat people in a comfortable position before they had meals and drinks. Staff checked on people regularly and helped people who needed support to move to be comfortable. We saw that staff were following what was written in each individuals care plan.

People were supported by health and social care professionals when needed. The staff had identified for example that one person had specific dietary needs, they contacted the GP and professional guidance was followed. Each care records also showed that people regularly saw medical professionals when needed for their health and wellbeing.

Staff told us they worked very well as a team and were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small teams was a good way of ensuring they received an individualised service.

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 at three applications had been made.

The staff understood how to obtain consent and the importance of ensuring the rights of people were

upheld 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 proposing to carry out care. We also saw staff asking people before they carried out any part of their care. Care records showed people had signed consent to care where able to do so.

People were happy with the food and told us they were always offered choices at each mealtime. The staff understood the different nutritional needs of people and told us special diets were properly catered for. They said they were given information from staff when people required a specialised diet. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in to help people make a choice from the meals to be served. We observed a choice of water other soft drinks. People were also offered tea and coffee and other drinks throughout the day.

There was information in care records that set out how to support people with their nutritional needs. An assessment had been completed using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. The care records also clearly showed how to assist people with their particular dietary needs. For example, certain people needed a diet that was low in sugar and this was provided for them.

The staff told us and training records confirmed, that there was regular training provided for staff. Sessions staff had been on included nutrition, mental health, health and safety and medicines management. This helped ensure that staff had the skills and knowledge to effectively meet the needs of people at the home. People were cared for staff that were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the staff and their performance and development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work.

Is the service caring?

Our findings

We saw that the staff were friendly in manner and were discreet when offering support to people. The staff took the time to speak with people as they supported them. There were numerous positive interactions between staff and people at the home. We saw members of staff gently engaged in a good humoured but still respectful banter with people. People joked and teased the members of staff back in a gentle and good humoured way.

Staff supported people in a respectful manner that maintained their dignity and privacy. Staff told us they ensured people's privacy whilst they helped them with personal care. For example,

Staff said they prompted people and encouraged them to be as independent as they were able to be. People told us they liked living at the home and liked the staff. People who lived at the home were observed being supported with their needs staff who were attentive in their approach.

The staff demonstrated in conversation that they understood how to support people with their needs in a caring respectful way. The staff were aware and understood how learning disabilities can impact on people in their daily life. The staff for example stressed the need to be patient with people and to communicate in a clear way that people understood.

Confidentiality was properly maintained and information held about people's health, support needs and medical histories was kept securely in the home. 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.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Care records included information for some people about end of life care wishes. These plans were reviewed regularly. People's preferences and wishes for preferred place of care and specific funeral arrangements were included. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff understood how to provide care to people at this time in their life.

The home environment had been made to seem warm and welcoming for people who lived there. Three people kindly showed us their bedrooms which were personalised with items they chose. These included pictures and small items of furniture.

Is the service responsive?

Our findings

Care plans set out how to support people with their needs. They included for example, guidance and strategies for staff to implement 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 the care plans provided detailed guidance about what approaches were effective ways to support people. They said there was also guidance about how to support people when their mood and behaviours changed. Care plans also showed that people were encouraged to maintain independence and undertake what they could. 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. Care plans also included information about the interests and preferred daily routines of people. 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.

People were supported and encouraged to take part in activities that they enjoyed in the home and in the local community. The staff told us this was seen as a key part of the care and support that people were provided. People we met went out shopping with the support of staff to buy food from a supermarket. The people we spoke with told us about some of the other activities they enjoyed. 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 took part in included going out to a local farm to see the horses, going on holiday and spending time with family and friends.

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.

To help people 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 folder and saw complaints had been dealt with promptly in line with the provider's policy. There were 'service user meetings' held at the provider head office. Staff told us some people went to these meetings and they supported them to go to them. There were also meetings in the home and we saw that recent topics that had been raised included dates of planned outings and holiday, menus and new staff joining the service as well as any birthday celebrations.

A service user and relatives survey was carried out on an annual 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.

Is the service well-led?

Our findings

There was a system to ensure that the quality and safety of the service people received was monitored. However audits that had been carried out had failed to fully pick up shortfalls in how the home was run. Specifically they had not picked up that certain people felt a staff member was "bossy" towards them. The registered manager was aware of a previous allegation that a staff member could be allegedly "bossy" in manner towards people. They had raised the matter with their own manager. The team leader had raised what people had said with the staff member. However there was no evidence of any further action taken to address how people felt. The failure to carry out fire drills regularly had also not been identified as part of the provider's audit processes. This meant the provider's audits process had not ensured suitable action had not been taken to keep people safe from abuse or harm. This also meant the system for auditing the quality and safety of the service was not fully effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 around Good Governance

The provider had a quality checking system in place to monitor the quality and the service people were receiving. There were audits undertaken looking at the quality of care people received and how the home was run. Areas that had been checked and audited included care records, the views of people about the quality of care, management of medicines, health and safety, and staff training.

Throughout our visit we saw people and staff approach the registered manager and team leader. People were relaxed and comfortable to see both senior staff at any time. Both staff responded attentively to people who wanted to see them and we saw warm and friendly interactions between them. The staff also were relaxed to speak to the registered manager and team leader. Staff told us they felt supported by senior staff. The team leader was given responsibility and accountability by the provider as the registered manager also ran four other locations.

Accidents and incidents that had occurred that involved people living at the home were analysed and learning took place. The registered manager acted when any trends and patterns were identified and we saw that actions were then implemented if needed to reduce the risk of re-occurrence. For example, we read about one person who could experience extreme anxiety and mental distress. There was guidance in place from other health and social care professionals to offer the person specialist advice.

The staff said that staff meetings held regularly. Recent meeting minutes showed that a range of subjects including safeguarding people, the way the home was run and peoples care needs were raised as items for discussion. Staff told us that they felt they could make their views known to the registered manager and have team leader. Staff told us they had good communication with each other, as there was a handover at each shift and a communication book in use to record important information. This meant that staff could quickly gain access to information when needed.

The staff understood the values of their organisation. The values included being respectful, being inclusive

and working with people in a way that was person centred. They were able to tell us how they took them into account in the way they supported people at the service. One key value staff told us was important was to care for people in a person centred way as unique individuals who are able to live freely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Fire drills had not been carried out on a regular basis.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality audits had not identified a shortfall in the service, .Specifically in relation to the frequency of fire drills and in seeking and acting on the views of people who use the service.