

Complete Home Services Ltd

The Brandles

Inspection report

23-25 Birks Drive
Bury
Lancashire
BL8 1JA

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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 Brandles is a residential care home providing personal care and accommodation for up to 7 people with mental health difficulties and people who have a learning disability. At the time of our inspection there were 6 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to have choice and control over their lives. People were encouraged to remain active and chose the activities they engaged in. Staff understood people and their individual needs well. Staff communicated with people in ways that met their needs. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood people's cultural needs and provided culturally appropriate care. People's needs were assessed and reviewed, and their care was person-centred.

Right Culture

The provider checked the quality of care people received and plans were in place to update the governance framework even further. The manager agreed the service needed to be better informed around the guidance for COVID-19, but plans were implemented to improve oversight. 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.

We have made a recommendation about capturing people's health conditions within their care plans.

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

Rating at last inspection

This service was registered with us on 17 December 2021 and this is the first inspection. The last rating for the service under the previous provider was good (published 1 February 2020).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

This inspection also assessed whether the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Brandles

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Brandles is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Brandles is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Shortly before our inspection the registered manager resigned, however a new manager had already been identified.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local commissioners prior to our inspection. We reviewed information we had received about the service since the last inspection. This included notifications from the service and information shared by the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people, two staff, the new home manager and provider. We reviewed two people's care records and two staff files. We undertook observations of staff support and the care home environment. We checked medicines records and medicines storage and reviewed the provider's quality assurance processes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been re-assessed following a serious incident connected to one of the people. We found staff followed and understood the new and improved risk assessments to safely manage risks.
- Potential risks to each person's health, safety and welfare were identified and staff we spoke with were aware of these risks. Risk assessments were clearly documented and kept under review, so staff had up to date guidance on how to reduce risks and protect people.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were not always following national guidance in relation to wearing PPE effectively. We observed staff were not wearing face masks when we arrived at the service. In discussion with the provider and staff they thought the use of face masks were no longer required. Face masks were immediately re-introduced when we brought this to their attention.
- We were not particularly assured that the provider's infection prevention and control policy was in line with national guidance, given the shortfalls we found with the use of PPE. The provider confirmed this area would be addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- There were no restrictions placed on visitors at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained to safeguard people and to follow the provider's safeguarding procedures.
- Staff we spoke to were clear on potential signs that someone may be at risk of abuse and the importance of their role to report any concerns.

Staffing and recruitment

- There were enough staff available to support people safely and consistently.
- The provider followed safe recruitment processes to ensure staff were suitable to provide care and support. The provider reviewed employment references and confirmed the identities of prospective staff. The provider carried out Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely, and records showed that they received their medicines as prescribed for them.
- When medicines were prescribed 'when required', there was person-centred information available to guide staff when people might need doses.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Recent improvements had been made to the way medicines were managed. The service introduced electronic medicines systems in order improve oversight of people's medicines and provide helpful reminders to staff when people's medicines were due.
- There were suitable arrangements for ordering, storage, recording and disposal of medicines, including those needing cold storage or extra security.
- Staff received training and had competency checks to make sure they gave medicines in a safe way.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their assessments reflected their preferences. A new person was due to move to The Brandles and a number of get to know you visits and overnight stays were planned to ensure this was a smooth process for the person.
- Staff supported people and their relatives to participate in needs assessments. Where people had limited communication, staff used communication aids, people's body language and knowledge of people's likes and dislikes to plan care and support.

Staff support: induction, training, skills and experience

- People were supported by trained staff.
- New staff completed induction training when they began work at the home. Staff who were new to care completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a range of training, including enhanced training in understanding learning disabilities and autism. This was introduced as a legal requirement for all staff working in services registered with CQC in July 2022.
- Staff we spoke with felt supported by the new provider and were complimentary about the changes made to the service. Comments included, "I feel as a service we are progressing, [provider's name] has introduced new systems and it is making the job easier" and "I love the job and feel very well supported."
- Staff received regular supervision and appraisal to support them in their role.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff provided people with the support they required to eat enough and to eat safely.
- People ate well and the provider introduced a number of healthier options for people to choose from. Staff also promoted healthy eating and ensured healthy eating options were available for people to choose. One person told us, "I love the food, I can have what I want."
- Staff supported people when they requested help around meal preparation. The service also respected people's cultural dietary requirements and catered for their preferences.
- People's health needs were met. Staff supported people to access healthcare services when required.
- People were weighed regularly, and guidance accessed from the GP or learning disability team if people

needed support to lose weight or make changes to their diets.

- People were encouraged to maintain active lives, regularly walking around and accessing their local community to maintain health and wellbeing.

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

- Improvements to the condition and cleanliness of the care environment had been made since the last inspection. A number of rooms within the home had been refurbished and this also included people's bedrooms.
- The kitchen was no longer accessible without staff support, due to potential risks this may pose to people. However, the provider was keen for people to not lose their independence and a bespoke breakfast bar area outside the kitchen was installed so people could still make their own drinks and breakfast. One person told us, "It's taken time to get used to the kitchen being closed, but I am happy I can still make a hot drink."
- People and staff were positive about the environmental changes to The Brandles. One person said, "The home is much nicer, and I am very happy the provider has bought chickens, I love caring for them."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were encouraged to be as independent as possible, to ensure they chose how they wished to spend their time and who with.
- Where people were considered to lack a mental capacity, we found mental capacity assessments were completed.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for were detailed in care records.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received their care and support from kind and caring staff. One person told us, "I love my home and the staff are so kind."
- Staff supported people around their cultural needs. This included enabling people to experience cultural events, activities, music and food.
- Staff treated people with kindness. During the inspection we observed positive interactions between people and staff.

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

- People were supported to continuously express their views and decide how they received their care and support. For example, people chose what they ate, what they wore and what they did.
- People were supported to maintain high standards of personal hygiene and appearance to promote dignity and independence. Personal dress styles, preferences and individuality was encouraged to maintain their protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care records noted the daily activities people wanted to engage in and the support they required to do so. We observed people to be responsible for the completion of household tasks, including their own laundry, making their own sandwiches and drinks. One person also told us they developed new skills with the support staff caring for the chickens that had recently been brought to the service.
- People's privacy was protected. Staff only entered people's rooms with their permission. People's care records were kept in the office and out of sight to protect the privacy of people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 personalised care. Person-centred care and support plans were in place which provided information about each person's preferences, choices and the support they needed. A one-page profile was used to provide a brief overview of each person and their support needs. However, although people's care plans were person centred, we found people's long-term health conditions needed further detail in the care plans to ensure staff could closely monitor.
- People's bedrooms were personalised in their decoration. People proudly showed us items of personal importance, such as photographs, posters and memorabilia.
- Communal areas of the service contained photographs of important friendships, people taking part in activities and celebrating events.

We recommend the provider consider current guidance on person-centred care planning to ensure people's health conditions are captured within their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities under the Accessible Information Standard. When conducting initial assessments into people's needs, the provider asked questions about people's communication needs.
- People's communication needs were assessed and the individual support they required was detailed in care records.

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

- The provider supported people to access activities and spend time in a way they wanted. We saw both people using the service had weekly timetables in place. This included activities, household chores as well as any appointments they had.
- The provider sought people's feedback in relation to activities in order to ensure they spent their time as they wanted. Trips out in the community were now taking place more often and a day trip to Blackpool was due to soon take place.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints; however, the new manager and staff were aware of the provider's own policies and procedures in the event one was received.
- People's consistently told us they would feel comfortable speaking with the manager, deputy managers or people's allocated key workers if they needed to raise any concerns or a complaint.

End of life care and support

- No one living at the service was identified to be on the end of life pathway. However, the manager was confident that the service could continue to provide care and support should people require 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had positive relationships with the staff and the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about them and felt supported by them. One person commented, "The home is much better, it hadn't been decorated for a long time and now it's very nice." Another person told us, "I like it here."
- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "The home has come a long way since [provider's name] took over. I feel we do more with the clients such as trips out. Care records are much easier to complete now it's electronic and I feel the home is in a good place."
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider was aware of the need to be open and honest when things go wrong. The service had recently notified us of a safety alert, this was reported correctly to the local authority and the family involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective quality monitoring systems in place. This included regular checks to the health and safety, medicines and care plans.
- A range of new audits were due to be introduced by the new manager. It was clear that this process had identified new ways of working and the provider had implemented new systems shortly after our inspection to ensure there was better scrutiny and oversight of people medicines and care records. However, we found there was further scope for further improvements connected to infection control as staff were not adhering to government guidance. However, the provider was keen to learn from past mistakes and immediate plans were introduced to remedy these issues.
- Meetings with people who used the service and staff enabled the provider to find out about the service delivery and where improvements may be needed.
- There was a clear management structure in place and people who used the service and staff were aware of who was running the home. One person who used the service commented, "I am very happy. There have

been some new changes, but I think for the better."

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

- The provider engaged people in the running of the service. Separate resident's and staff meetings were held regularly, and minutes were kept of these. We read minutes of meetings and saw topics around the changes in the décor of their rooms was discussed. Where actions were needed, this was noted and followed up at subsequent meetings.
- People also had regular key worker meetings to provide people with in- depth, confidential, one to one discussion about how they were feeling, whether they needed additional support and how they were progressing with their individual life goals.

Continuous learning and improving care

- The provider promoted a learning culture for staff. Staff received regular training in a range of areas and afterwards were invited to share their views on the training session and how it could be improved for colleagues.

Working in partnership with others

- The provider worked in partnership with multidisciplinary professionals. People's care records included evidence of joint working with other professionals including people's psychiatrists, hospital professionals and their GP. Where advice was given by the professional, we saw this was recorded and the details were followed.