

Mr R & Mrs C Fagbadegun

The Brandles

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

This inspection took place on 2 August 2017 and was unannounced, which meant that the provider did not know that we were coming.

The Brandles is located in Bury, Greater Manchester. The service provides accommodation without nursing for up to seven people with mental health needs. At the time of our visit, there were seven people who lived in the home.

At the last Care Quality commission (CQC) inspection on 22 May 2015, the service was rated Good in all domains, apart from effective which was rated requires improvement.

At this inspection we found the service remained Good.

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 ethos of the home was to provide person centred care and support to each person who used the service by recognising and celebrating their individuality.

The provider continued to have systems in place to safeguard people from harm and abuse. Staff knew how to report any concerns related to abuse. The staff had risk assessments in place to identify risks when meeting people's needs. The risk assessments showed ways that these risks could be reduced.

There continued to be sufficient numbers of qualified, skilled and experienced staff to meet people's needs.

People continued to take part in a variety of social activities. People were encouraged to take part in activities and leisure pursuits of their choice, and to go out as they wished.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Staff knew each person well and had a good knowledge of the needs of people. Training records showed that staff had completed training in a range of areas that reflected their job role and enabled them to deliver care and support as appropriate.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The registered manager made decisions by liaising with social workers, health professionals, relatives and advocates. The registered manager continued to make Deprivation of Liberty Safeguards (DOLs) applications to local authorities as appropriate.

People said the food was good. People were offered variety and choice. People were provided with a well-balanced diet that met their needs and preferences. People had choices of hot foods each day. People's independent skills were promoted in food preparation.

People and their relatives told us that they were involved in their care planning, and that staff supported people with health care appointments and visits from health care professionals. Care plans were amended immediately to show any changes, and care plans were reviewed routinely.

People spoke positively about the way the home was run. The provider had a clear set of values, which we observed that both the registered manager and staff followed. The registered manager and staff understood their respective roles and responsibilities.

People knew how to make a complaint if they were unhappy. We found the provider had not received any complaints in the last 12 months.

The provider continued to have systems in place to monitor and review the quality of service they provided. Prompt action was taken to improve the home and put right any shortfalls they had found. Information from the analysis of accidents and incidents was used to identify changes and implement improvements to minimise the risk of them happening again.

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 was effective.

At the last inspection we saw people and their families had limited involvement in the written planning of their support. At this inspection we noted people were encouraged to be involved in reviewing their care.

People received effective care and support from staff who had received training, supervision and support.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

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.

The Brandles

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.

This inspection took place on 2 August and was unannounced. The inspection was carried out by one Adult Social Care Inspector.

Before the inspection we looked at the information we held about the service. We reviewed the provider's information return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make.

Before our inspection, we reviewed information we held about the service. We looked at notifications sent to us at the Care Quality Commission (CQC). Statutory notifications are notifications providers are required to send to us about safeguarding incidents, serious injuries and other significant events that occur whilst they are providing a service. We contacted Bury Council Commissioning team for information, who did not have any concerns about this service.

We spoke with seven people who used the service, and two people's relatives. We spoke to five staff, including the owner, registered manager, deputy manager and two support workers. We looked at the care records of two people and records which related to staffing, including recruitment procedures and the training and development of staff. We looked at a selection of records in relation to the management of the home including quality and monitoring audits.

Is the service safe?

Our findings

People's relatives and representatives told us they were confident their loved ones were safe living at The Brandles. Comments included: "I have been at other care homes, but nothing compares to The Brandles, it is a beautiful safe home", "Yes I do feel safe, the staff are champion" and "I do feel my aunty is safe, yes."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the time when our inspection took place.

People were supported by a dedicated and caring team. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People and their representatives spoke positively about staff and always felt there were enough staff available to meet people's needs. One person told us, "The staff are great here. They allow me to keep my independence, but if I need their assistance for any appointments they will help me." Another person said, "We have the same staff, which does help."

On the day of our inspection there were enough staff on duty to meet people's needs. We carried out observations and spoke with seven people who used the service. People felt there were enough staff on duty in the day and at night to support them safely. There was always one member of staff on duty and other members of staff available to attend if needed. If a person wanted staff in attendance for medical appointments, as an example, a staff member would be made available in addition to the staff member who was supporting people in the service that day. During the day of our inspection we noted an additional staff member was due to support a person to a hospital appointment.

We found staff had been recruited safely, were appropriately trained and fully supported. They had skills, knowledge and experience required to support people with their care and social needs.

People's medicines were managed safely. We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

During the inspection we noted the medicines cabinet stored in the office was located in an area accessible to people and had the potential to cause a head injury. We brought this to the registered manager's attention who immediately got padding material that was due to be attached to the cabinet to minimise this risk.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments

were enabling and were clear and outlined what people could do on their own and when they needed assistance.

The home environment was clean and clutter free. Staff had access to appropriate equipment to carry out their jobs. Staff had access to personal protective equipment, for example, gloves and aprons. Staff had access to these as required and helped them to reduce the risk of infection. We also reviewed information from the local NHS Trust's infection control lead; an infection control inspection had been carried out in July 2016 and the home had achieved a high rating of 96% compliance.

Records showed that staff recorded incidents and accidents that happened in the service. The registered manager used this information to monitor and review any incidents and take the appropriate action to reduce the risk of them happening again. Staff were then informed about any changes that had been implemented in consultation with the person.

Personal emergency evacuation procedures had been developed and reviewed and were kept in each person's file. There was clear instruction for staff to enable them respond appropriately to keep people safe in the event of an unforeseen emergency.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. We saw weekly and monthly tests were completed for the fire alarm and emergency lighting system. Fire drills were undertaken twice annually. This helped to ensure that people were kept safe.

Is the service effective?

Our findings

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff. Where others were acting in someone's best interest to make decisions on their behalf, such as people with lasting power of attorney, this was identified in their care file. Care plans contained guidance for staff about the choices and decisions people had made in relation to their support. Where people had been assessed as not having the capacity to make these decisions, they had only been taken after a best interest meeting and signed for by their relative or representative.

We found staff had received training in MCA / DoLS and were able to explain why restrictions currently in place were required, for example one person always had staff support when they accessed their local community. Staff were also able to identify people who were not subject to a DoLS as they were able to leave the service on their own.

We saw three DoLS applications had been appropriately made and any conditions were being followed. For example one DoLS authorisation stated that the person required an Independent Mental Capacity Advocate (IMCA). A referral had been made for an IMCA who had visited the person.

At the last inspection we found the provider had not always evidenced when people or their families had been involved in the care planning process. At this inspection the registered manager provided evidence of letters and emails confirming people's families had been encouraged to participate in care planning reviews when applicable.

The registered manager and staff involved relatives in the healthcare of people. People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Records we saw confirmed there were systems in place to monitor people's health care needs and to make referrals within a suitable time frame. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. Records were up to date and contained suitably detailed information. The records were informative and documented the reason for the visit and what the outcome had been. We saw one person who experienced swallowing difficulties had received a visit from a Speech and Language Therapist who was monitoring their condition. This meant that staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

Staff confirmed they had received a full and comprehensive induction. This involved online training and shadowing shifts with experienced staff, where they were able to observe staff practice and be introduced to people who used the service. Following this, they completed a probationary period which included monthly

supervisions. On successful completion of this, their suitability for the post was assessed and their position became permanent.

Staff told us they felt well supported and received opportunities to meet with their line manager to discuss their work and performance. Records showed that staff one to one supervisions happened regularly. Staff had either received their annual appraisal or it had been planned by the registered manager.

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required with the preparation of meals.

Each of the people who used the service were involved in this process equally and with varying levels of support, dependent on their individual needs. This meant staff were respecting and promoting each person's level of independence, ensuring they were involved in learning about and participating in everyday tasks.

We saw people were supported to do their own shopping, when required. People were supported to prepare and cook the meals they wanted. Staff encouraged people to choose a healthy balance of meals where possible. People were weighed each month; at the time of our inspection there were no concerns about people being under weight. This meant people were supported to have their nutritional needs met by following a healthy, balanced diet.

Is the service caring?

Our findings

People developed positive relationships with staff and people were treated with compassion and respect. People spoke positively about staff. Comments included: "The carers are super, I am very happy", "The care staff are beautiful" and "The staff will do anything they can to help you."

Throughout our visit we observed staff knocked on people's doors before entering, spoke with people in a caring and positive way, gave people choices and listened to their responses. The Brandles offered a warm family atmosphere and environment and a personalised service.

Support was individual for each person. People were encouraged to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. People were able to choose where they spent their time including in their rooms, in the communal areas such as the lounge or dining room and if and when they wanted to go out.

We saw there was a strong person centred culture apparent within the service. People who used the service were supported to take the lead in planning their day-to-day activities. Staff were trained to use a person centred approach to support and enable people to develop their person centred plans.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

Each person continued to have a named member of staff as their key worker. A keyworker is someone who co-ordinates all aspects of a person's care at the service. People knew their key worker and told us that they met with their key worker every month. The key worker meeting with people was used to facilitate one to one meetings with people. This promoted their ability to make independent choices about their lives. Staff told us that handovers between staff when they came on and off shift were useful. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns, which enabled them to offer consistent care.

People who used the service had access to a fully adapted kitchen, dining area and a communal lounge area. Each bedroom was personalised and decorated based on people's own tastes and preferences. The rooms were warm, clean and inviting and people indicated they were happy within their surroundings. People who used the service told us their families were welcome to visit at any time. The two relatives we spoke with during the inspection confirmed this.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said they had no complaints about the service. We noted from a recent questionnaire in July 2017 one health and social care professional commented, "I would not hesitate in recommending this residential home to my clients and other staff colleagues, due to the caring attitude and the ability to work with you and the residents to support their needs and aspirations."

The staff spoken with had an in-depth understanding of each of the people who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with.

Staff clearly knew people well which we observed from their interactions with people. Care plans contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. We saw each care record recorded people's healthcare, diet, personal hygiene needs, medications, background and mental health, finances, social contact and emotional wellbeing, and aims and goals. Each care plan identified clearly what the aims were and the steps staff should take to support the individual with this, in line with their personal preferences.

People who used the service had the opportunity to access a wide variety of different activities; some of these were structured whilst others were in place to pursue hobbies and interests, or for relaxation. We found three of the people could access the community independently and four of the people required assistance from a support worker. The provider recorded all activities and produced an activities file that contained photos of what people did. We found people had been supported on weekly activities in the community such as enjoying meals out, visiting museums and trips to Blackpool.

People were supported in promoting their independence. People's independence skills were promoted in the preparation of meals. For example, throughout our visit, staff guided people in how to make drinks and sandwiches for themselves. Staff knew what people could do for themselves and encouraged them to continue to do those things. Where people needed some support with daily activities staff did not take over. People were supported to use local community facilities and the home would arrange transport when this was required. We noted one person created a monthly newsletter that they designed using arts and crafts. We spoke to this person who was proud of their newsletter and commented that they appreciated the support they received from staff to complete it.

There was a complaints procedure which told people and relatives how they could complain and the timescales within which they could expect to receive a response. Staff were familiar with what to do if people approached them to complain and they understood the policy. No complaints had been received in the last 12 months.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by a deputy manager at The Brandles. We observed throughout the day the registered and deputy managers both had a positive presence throughout the home and engaged well with the people who used the service.

Communication within the home was facilitated through daily informal discussion between management and staff. The service had staff meetings where areas such as staff training, health and safety, people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff, the management team and the registered manager.

Throughout our visit the staff and management showed us that they were committed to providing a quality service. There were effective quality assurance systems in place to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed. Daily audits were carried out on areas such as infection control and medicines.

An annual survey was sent to each person who used the service. Surveys were also sent to other professionals involved in the service to gain their feedback. This meant the service sought the views of a range of people and professionals and explored ways to improve the service based on the responses received.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the registered manager took appropriate and timely action to protect people and ensured that they received necessary support or treatment.

Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

Residents' meetings enabled the registered manager and staff to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus, key working and people's goals. We saw that suggestions such as weekly menu were acted upon.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They submitted notifications to us in a timely manner about any events or incidents they were required by law to tell us about.