

F.B.C. Care Homes Limited

# Branthwaite Care Home

## 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 2016 and was unannounced.

Branthwaite Care Home is located in the market town of Retford in Nottinghamshire. The home is registered to provide accommodation for up to 40 people who require nursing or personal care. The care provided has a focus on supporting people who have needs that are associated with memory loss and dementia. At the time of inspection 40 people were using the service, meaning that the home was full.

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 staff understood their role in keeping people safe. People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks were assessed and any accidents and incidents were investigated so that steps could be put in place to avoid reoccurrence. There were enough staff with the right skills and experience to meet people's care needs. Medicines were stored, administered and handled safely and people received their medicines as prescribed.

People were supported by staff who had received the training and supervision they needed to support people effectively.

People had consented to the care that they received. The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

People had sufficient to eat and drink and were able to choose what they ate. When needed, people's food and fluid intake was monitored so they could be assured that they had enough to eat and drink.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People were encouraged to be independent and had access to independent advocacy services. There were no restrictions on friends and relatives visiting.

Staff were responsive to people's needs. People were supported to participate in activities. People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was

conducted to ensure staff responded appropriately.

A complaints procedure was in place and people felt comfortable in making a complaint if needed.

There was a positive atmosphere within the home and people's views were considered when making decisions to improve the service. People spoke highly of the registered manager. Processes were in place to check on the quality of the service and the registered manager had clear processes in place to continually improve the quality of the service that people received. The service had recently won awards acknowledging this.

## 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.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

People were supported to make choices and were protected from harm by staff who were supporting them.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were supported to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs. They were able to participate in a range of activities which they enjoyed.

A complaints procedure was in place and people felt confident in making a complaint and felt it would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# Branthwaite Care Home

## 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 2016 and was unannounced. The inspection team consisted of one inspector and an 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider 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 made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with ten people who used the service and four friends and family of people who were visiting as well as two visiting health care professionals. We also spoke with the owner and registered manager of Branthwaite Care Home, deputy manager and nine staff including, the activities worker and a member of the domestic team.

We looked at all or part of the care records of four people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

## Is the service safe?

### Our findings

The people we spoke with told us they felt safe living at Branthwaite Care Home. One person we spoke with told us, "I feel safe." Another person also told us they felt safe and attributed their feeling of safety to the work of the manager and staff team. A relative explained how, in the past, they had shared their concerns about the safety of their family member with the staff and manager. They had received reassurance, and seen new measures introduced to keep their family member safe.

Staff we spoke with were confident that people were protected from harm. One staff member said, "People are safe here, yes 100%." Staff could describe the different types of harm which may occur. Every staff member was clear that they had a duty to report anything untoward that they saw or were told. We heard from staff that there were nominated "Safeguarding Champions" within the staff team who they could speak to if they had a concern. Staff were also confident that the management at Branthwaite Care Home would act to protect people if a concern was raised with them. We were also told by staff which agencies outside of the service, such as the local authority safeguarding team or CQC, they could speak to should they need to so that they could act to protect a person if needed.

Information was available for people on how they could maintain their safety and the safety of others. Training was provided to staff and a safeguarding adults policy was in place. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported because risks were assessed and managed. One person told us how staff looked after their money for them so that they could be sure it was safe. Another person told us how they were able to ask when they wanted to go into the garden and the staff would always go with them to make sure that they did not fall. Relatives we spoke with said that they felt that Branthwaite Care Home was a very safe environment.

Staff told us there were risk assessments in place which identified any risks that people may be exposed to and defined ways that staff were to work in order to minimise these risks. They also told us about the practical things that all staff did to ensure that they remained safe at work. For example, staff explained to us how they would always adopt safe moving and handling practices to prevent people, (or themselves), being hurt while enabling people to move between their chair and a bed. Other staff told us how it was important to maintain a tidy environment to minimise the risk of people tripping over. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people.

The care records that we looked at showed that risks to people's safety had been assessed. Where needed, steps had been put in place for staff to follow to assist them in maintaining people's safety, for example when someone required lifting using a hoist, two staff were always present. We observed that staff were patient with people when encouraging them to mobilise around the home, enabling them to move at their own pace without rushing them. We saw that when an accident had happened, for example if someone fell,

the incident was investigated so that measures could be put in place to prevent reoccurrence. Where appropriate assistive technology was used to enable staff to be discreetly alerted to people who maybe at risk of falling. This helped to reduce the risk of people falling.

As was recorded on the PIR, people's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. We saw regular checks and routine maintenance of the inside and outside of the homes environment and equipment. This included the fire detection system and water system to prevent the build-up of legionella bacteria. Equipment people used such as wheelchairs and hoists were also checked to ensure that they remained safe for people to use. Records showed that external contractors were used when checks on equipment such as hoists, fire detectors or gas appliances were needed. Our observations of the equipment used within the home supported this.

Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free. A visiting healthcare professional told us, "It's clean and there are never any odours." A relative we spoke with said that their family members room was always clean and described how staff wore gloves and an apron when providing people with their care to prevent the spread of infection.

There were sufficient staff to ensure that people were safe and their immediate care needs were met. People told us that staff were busy all of the time. Relatives we spoke with told us that they felt staff were particularly busy in the mornings when people tended to need more support. The registered manager told us how they had recently changed the deployment pattern of staff to allow more support to be provided at the times when they were most needed. Relatives agreed that these new arrangements were effective in providing increased support. A visiting healthcare professional confirmed that they felt there were enough staff at Branthwaite Care Home for people to be safe and receive the care they needed. They told us that staff were always available to speak with them when required.

Staff also told us they felt that there were enough staff on duty to enable them to meet people's needs. One staff member told us, "You can never tell what is going to happen, but we have enough staff for everything we have planned." They went on to tell us how they were confident that if additional staff were needed they could speak to the registered manager and the extra staff would be provided if needed. Another member of staff explained how the staffing arrangements had recently been changed after the team had completed some training around a syndrome known as "Sundown effect" when people who have Alzheimer's disease may become confused and disorientated at dusk due to the changing light conditions. Staff also told us how more staff had recently been hired.

The registered manager explained how they used a dependency tool to evidence the deployment of staff against each person's need and assure themselves that they were deploying sufficient staff. They also observed staff working at different times of the day and night to be sure that the rota in place allowed sufficient staff to meet people's needs. Additional staffing was planned around the activities and events in people's diary so there were always staff available. People's needs were regularly reviewed to ensure there were enough staff. Sufficient staff had been recruited to ensure that no agency staff were needed as all shifts could be covered by the substantive staff team. This ensured that people always received support from staff who were familiar to them.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to work in an adult social care environment. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. This showed that the registered manager followed robust recruitment practices to keep people

safe.

People's medicines were stored and handled safely. The people we spoke with confirmed that they received their medicines as prescribed and in a timely fashion. We spoke with a relative who had high praise for the staff who had ensured that their family members medicine arrangements were put in place quickly when they moved onto the home. A visiting healthcare professional confirmed that people always had any medicines that they recommended provided quickly.

Staff told us they were confident that people received their medicines as prescribed. They said, "People get the right medicine and there is always someone to ask if there is any doubt about anything, (referring to the management team)." Staff also told us they had regular training and had their practice in supporting people with the medicines observed to ensure they maintained best practice. This ensured they were safely administering medicines. We saw how members of management team at Branthwaite Care Home undertook checks, audits and observations and used their findings to be sure that people were receiving their medicines as prescribed.

Medicines were stored securely in a locked trolley. We observed staff administer medicines in a safe way. Staff were patient and used tact and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure they had taken their medicines. Staff correctly recorded the medicines they had administered to each person on the medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs we looked at were accurately completed and showed that people's medicines had been administered as prescribed. Information about each person contained in the medicine file included the medicines they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

On the day of our inspection the processes in place to protect people when 'as needed' medicines were administered were being improved. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. New, clear protocols were being put in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines. The temperature of storage areas and refrigerators used for medicines were monitored daily and records showed that they were within acceptable limits.

## Is the service effective?

### Our findings

The people we spoke with felt that staff were competent and provided effective care. Two people we asked said that the staff were excellent. Relatives we spoke to were similarly confident in the ability of the staff team, with one relative reflecting, "They understand the residents needs and are keen to share their knowledge with us." A visiting healthcare professional who occasionally delivered training at Branthwaite Care Home said, "The staff are willing to listen and are open to new ideas. They are always receptive to new training."

Staff told us they received regular training and records confirmed this. One member of staff said, "There is a rolling programme for training. The manager organises it and we get outside people in to do the training." Another staff member told us how some training courses were regularly updated so that they kept abreast of the latest advances in that area of their work. We spoke with a newer member of the staff team. They told us about their induction, telling us it was, "Good and in depth." They explained how their training was complimented by 'shadowing' more experienced staff until they felt confident, and were observed to be competent, to support people on their own. This accorded with the information we were sent in the PIR.

People were supported by staff who received regular supervision and an annual appraisal of their work. All the staff we spoke with told us they felt well supported by the management team at Branthwaite Care Home and had regular supervision. The records we saw confirmed this. Staff also told us how, should they have a problem at work, they were comfortable to speak to a member of the leadership team.

People were able to be involved in making decisions about their care and provided consent where possible. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We heard from staff how people's ability to make decisions may fluctuate throughout the day and saw that their support plans were written accordingly. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 that were detailed on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

During our inspection we saw staff ask for people's consent before providing care and support for them. The people we spoke with also confirmed they had also agreed to the content of the care plans. Relatives were also involved in decision making where the person was unable to be involved. One person told us that they had been too poorly when they first moved into Branthwaite Care Home to consent to their care plan, but knew that their family had been consulted on their behalf.

People were supported to eat and drink enough to keep them healthy. People we spoke with told us that some days the food was better than others, and gave examples to us of the foods that they enjoyed and those they felt were not so good. Visitors we spoke with had a similarly mixed view of the food provided.

We spoke with a visiting healthcare professional who told us that they felt that people were always supported by staff to have enough to eat and drink to maintain their good health. At breakfast and lunch we observed meals being served in the main dining areas. Each of the two dining areas had been themed and decorated accordingly to add ambiance. People could also choose to eat in their room if they preferred. A menu was on display and showed the range of food that was planned for the week which gave a good balance of different types of food.

We saw there was information in people's support plans detailing their nutritional needs. For example, some people had diabetes and others needed fortified diets to maintain their weight. Staff were able to tell us about each person's likes and preferences as well as any allergies they had and the support that they might need to eat and drink. At mealtimes, people were able to choose from several options. The food was presented in an appetising way and presented to people as described in their support plan. Suitable adapted crockery and cutlery were available to people where needed. We observed staff provide support to people should they need, for example, encouraging people to eat, checking that people were enjoying their meal and offering support discreetly when required.

People were encouraged to eat together at breakfast time. This gave an identified start to people's day, when they were able to choose from a range of hot and cold options. A variety of different refreshments and snacks were available during the day. Relatives told us how they were always offered refreshments when their family member was served. Where needed, records were kept to ensure that each person had enough to eat and drink to ensure that they were eating enough and to reduce the risk of people becoming dehydrated.

When planning food, account was taken of people's likes and preferences as well as any nutritional or cultural requirements. Each month people's nutritional needs were reviewed to ensure that any changes needed to their diet were made. This ensured that any changes to a person's diet could be accommodated to ensure that people ate sufficient food to keep them healthy.

People had access to the healthcare professionals they needed at the right time. People and their relatives told us people's health care needs were met by a variety of professionals such as an optician, dentist and GP. Relatives told us they were informed if the doctor, or any other professional, visited or was due to visit their family member. A visiting healthcare professional told us that they were always consulted appropriately and staff had confidence to ask questions and their advice was adhered to.

We were told by staff how they would have no hesitation in ringing a doctor for advice or 999 for an ambulance, if they felt that this was required. Staff told us that three local GP practices were used and the doctors always attended when requested. We also heard from staff how they were involved in creating healthcare plans with people in addition to the person's relatives and their GP.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. During our visit we saw several different healthcare professionals visiting the home. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people for advice. For example, the falls team were contacted to provide advice and support where someone was noted to be at increased risk of falling. Staff told us how people's care plans were always updated when they came out of hospital so that staff were aware of any changes needed to the way they provided support to the person.

## Is the service caring?

### Our findings

Without exception, people told us that staff were kind, caring and they had formed positive relationships with them. Two people we spoke with said, "They look after us fine here." Relatives we spoke with told us that staff were kind and compassionate. One relative said, "I cannot praise the staff highly enough." A visiting healthcare professional told us, "The staff are always happy," and reflected that this was good for the well-being of the people that lived at Branthwaite Care Home.

Family members and staff told us how they had worked together to make 'memory boxes' for many of those living at Branthwaite Care Home. These were usually contained within deep picture frames next to each person's bedroom door. The boxes contained images and items of memorabilia that were important to the person and served to remind staff of the person's younger days, jobs and interests. Staff used these boxes to prompt them into conversations in an effort to engage with each person while they supported them.

Staff spoke passionately about their work and consistently told us that Branthwaite was, "One of the happiest homes that they had worked in." They also said that they had a responsibility to make it feel like home for people, "As though they were being cared for by their family." One staff member told us, "I love my job," and went on to tell us about the pleasure it gives them to see the residents happy.

We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully. We observed staff respond quickly when people showed any signs of discomfort and provide reassurance when needed.

People told us that they were able to attend local places of worship if they wanted. They were also supported to make their chosen religious observations within the home too if they wished as local ministers visited. One member of staff explained how they met people's different cultural needs. They gave an example of a religious need being met through staff liaising with the person's relatives to find out about a culturally important festival and then celebrating it in the home with an event.

People were supported to make day to day choices such as whether they wanted to join in with activities or where they wanted to spend their time during the day. We spoke with relatives who told us how their family member had been involved in writing a book about their past, which they created when they moved in to the home to assist staff to get to know them. People and their relatives told us how they were involved in writing their family member's care plans when they were first admitted and any subsequent updates. One person told us, "I have suggested lots of things and the staff have made changes."

Effort had been made to set out each person's bedroom according to their wishes and tastes, with personal belongings displayed if they wished and uniquely decorated on the outside to identify it as their room. People were encouraged into the communal areas during the day. Some people liked to sit in the same place each day and where this was the case, they told us they were able to do so.

During our inspection we saw staff offer people support when required and also encouraged people to carry

out tasks independently. One person needed a walking frame to aid their mobility. We saw that staff ensured that it was always to hand. When providing them with support, staff did not hurry them and were patient, providing support in a way that they found acceptable to keep them safe and maintain their independence.

Branthwaite Care Home had achieved the Gold Standards Framework. This is an accreditation awarded to ensure that staff have the skills and plans are in place so that people are comfortable at their end of life. Staff we spoke with told us how important it was for them to ensure that a person's end of life was the best it could possibly be for them and their family.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection.

People were treated in a dignified and respectful manner by staff. They told us that they felt listened to, and that their choices were respected and taken into account whenever possible. This view was echoed by relatives, with one relative telling us, "Staff are very respectful of the client group." We heard from relatives how personal care was always undertaken in private and that they were always asked politely to leave the room to protect their family members dignity when staff were providing support of a personal nature. A visiting healthcare professional reflected on the sensitive nature of the conversations around people's support needs they needed to have and confirmed, "It's a pleasure to come here staff are respectful

Staff were demonstrated an awareness of how they needed to act to maintain people's dignity in their practice. We saw staff speaking to people discreetly when needed in communal areas. We also saw staff supporting people to adjust their clothing to maintain their dignity. Staff told us how they would always knock before entering a person's room, and they would also ensure that the door and curtains were closed before providing any personal care. Throughout our inspection we saw people being treated with dignity and respect by the staff supporting them.

We also saw that staff treated information confidentially and care records were stored securely. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. This meant that people's privacy, dignity and preferences were respected.

The registered manager told us they had nominated staff 'champions' within the service for areas such as dignity, dementia and safeguarding. These 'champions' had additional training and knowledge in their respective subject that they shared with other staff. For example, staff told us how the 'dignity champion' is a staff team member who believes passionately that being treated with dignity is a basic human right, not an optional extra. They provide advice and feedback to other staff to improve the dignity with which people are treated.

Visitors were able to come to the home at any time and stay for as long as they wanted and many visited during the inspection. We saw that staff were courteous and friendly to all visitors. Visitors told us that they were also able to be accompany their friend or family member at many of the social events and outings if they wished to. In addition to the main communal area, there was access to several smaller, quiet areas should people not wish to sit in the main lounge. We spoke with visitors who told us how they were always made welcome at Branthwaite Care Home.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. They told us how their care was planned in accordance with their likes and preferences. One person told us, "There is lots to do [staff member] takes me shopping and we have been on holiday." A visiting healthcare professional we spoke with said, "The staff always seem to try different things and be creative to accommodate each person's needs."

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed. People told us that their call bells were usually answered quickly if they used them and they did not have to wait for long periods of time for support.

There was a programme of group activities arranged for each day and every person had an activity plan which covered activities that the person liked to do both in the home and in the community where applicable. An activities coordinator organised events daily and people were encouraged to take part. We saw a range of group and individual activities taking place. Some sessions were quite active, like the "Walking singing bus" which encouraged people to move around the home, and others were quieter such as seated or board games and table top craft activities. People told us how they enjoyed some of the quizzes that took place. We spoke with staff who told us how they liked to offer to take people out for coffee or to see friends when possible to maintain their links within the wider community.

Branthwaite Care Home also had a regular program of larger events which people were able to join in. We saw photographs of people enjoying events such as a recent party held to celebrate Royal Ascot, a 'ladies night' and a Bollywood and Curry day. Wherever possible, mutual interests were built upon to match the interests of people with the staff that were supporting them. People were able to invite their family and friends to join in with some of these events, and relatives told us that they valued these opportunities.

We saw that staff were attentive and supportive, speaking with people in a way that made them feel they mattered. During our visit we saw that staff understood people well and provided reassurance to prevent any anxiety escalating. For example we saw staff explain to people who the inspectors were and why they were visiting in order to provide reassurance. Where needed, there was information in people's care plans about how to support them to reduce the risk of harm to themselves and others.

People's care records were written in a person-centred way and developed with the person and their relatives. Information about people's care needs was provided to staff in care plans as well as being written in communication books. A care co-ordinator ensured that people's care plans continued to be reviewed each month, providing people with an opportunity to express their feelings about their care and ensuring that anything that was impacting on their well-being was acted upon. Staff told us how they always involved the person in updating their records. People and their relatives told us that they were involved in this review and could explain how they involved relatives in ensuring each person's care plan was updated. One member of staff said, "Being so thorough with reviewing the care plans takes a lot of time, but it is definitely

worth it." Staff told us they had the time to read people's care plans as they were updated and were kept informed with any changes.

People had access to the complaints procedure and felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up. Everyone we spoke with was clear that they would speak to the staff or the manager if they had a concern and every effort would be made to resolve the issue to their satisfaction. The relatives we spoke with also told us they would feel comfortable making a complaint and knew how to do so. One person told us "I have never had a complaint in all the time I have been here." We spoke with relatives who told us how they had made suggestions and each time their views had been considered and taken on board by the management team at Branthwaite Care Home. Staff were clear and understood how they would manage concerns or complaints.

The complaints log showed that one complaint had been received in the year to date. This had been responded to in a timely manner and resolved to the complainant's satisfaction. Practice had also been reviewed and advice had been taken from the person's GP in order to minimise the risk of a similar occurrence.

## Is the service well-led?

### Our findings

People benefitted from the positive and open culture in the home. People and their relatives told us that Branthwaite Care Home was well run. Relatives told us that they were always made very welcome and a visiting healthcare professional reflected on those that live, work and manage the home and said, "They are a great group. There are no negative attitudes."

Staff we spoke with told us there was an open and transparent culture and they were comfortable raising concerns or speaking up if they had made a mistake. One staff member told us, "If I have an issue I go to the manager they listen to me and make improvements straight away. I feel comfortable going to the manager." Staff we spoke with also told us how the registered manager supported them well. They told us that high standards were set, and support was provided to attain those standards. We heard from staff how this built their commitment to Branthwaite Care Home and providing care to those that lived there.

Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good. We saw people felt comfortable and confident to speak with the staff who were supporting them and also to the registered manager.

It was evident that the registered manager knew each person well, and they, in turn knew her. We saw people initiating conversations with the registered manager as they walked around the home. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. The strapline "Caring from the heart" was used in promotional materials to describe Branthwaite Care Home. While none of the staff quoted this 'mission statement' all stated that they were at work to do the best for those that lived at the service and spoke with passion about how they would provide each person with the best possible care and nothing less would do. One staff member explained, "I think the values here are 'give respect and work well together' because the people we work with are human beings and if they see us happy then they are happy too."

There was good management and leadership at the home. People and relatives spoke positively about the registered manager and leadership. Staff told us that the managers were approachable and easy to talk to. We spoke with a staff member who told us that when they eventually left Branthwaite Care Home, they would take with them a lasting memory of working for a family run business that really cared about the people that lived there and their staff and not about making money. A visiting healthcare professional said that they were, "Blown over by the amount of work that [the registered manager] put in to ensure that those living in the home got the best possible care." They also observed that the registered manager would often provide direct support themselves so that staff could spend time with the professional to learn the most that they could about providing good quality care.

There was a clear staffing structure in place. The registered manager checked on any tasks that were delegated to others to ensure they had been completed to a high standard. The registered manager ensured that the administrative areas were tidy and well-ordered with everything easy to hand for staff so that they

could locate and refer to information quickly if they needed to. Staff told us about the arrangements that were in place for support in the event of an emergency when the registered manager was not at work. They had absolute confidence that the staff would receive the support they needed very quickly.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since June 2016. Previous to this they had worked in a number of roles within Branthwaite Care Home and clearly knew those that lived and worked there very well. They had a good understanding of their responsibilities. The registered manager was supported at the service by a leadership team to support them to run and monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had usually received the required notifications in a timely way.

People and their relatives were encouraged to give feedback on the quality of the service provided. They were also able to tell us about some of the changes that had been made because of their suggestions. For example, relatives had indicated that they would like information on staff names and which members of the team was on shift. The registered manager responded with a 'family name tree' with all the staff pictures and names in reception and a notice board showing which staff were on duty each day. Relatives were also aware of the compliments book and suggestions book that were in the reception area and told us that they would feel confident to write in either if they felt the need.

Internal Quality Assurance processes ensured that standards were met and improvements needed were identified to ensure that the service complied with legislative requirements and promoted best practice. We saw that there was a system of audits in place and these had been completed in areas such as health and safety, the environment, equipment, kitchen and medicines administration. Where improvements had been identified the registered manager took action as required.

An "Innovations and Initiatives" log was maintained to identify the things that had been successfully introduced at Branthwaite Care Home. The registered manager and staff also spoke about other things that had been trialled which may not have been so successful and explained how they had reflected together on why something may not have worked well and adapted it to suit the home. For example, it had been suggested that some 'rummage boxes' on dining tables may evoke memories and inspire conversation at mealtimes. These were tried and found to distract people from their food. The team reflected on this and modified the idea, introducing themed 'rummage stations' at various points around the home where people could explore the resources on their own or with the support of staff or visitors.

The registered manager told us representatives of the provider visited Branthwaite Care Home regularly to ensure that the home was running well. Both people who lived in the home and staff told us these visits took place and they often spoke with the owner. External agencies such as environmental health, infection control and the local authority contract monitoring department also made regular visits to the home to check that the required standards were being met and that the service was of a high standard.

The standard of care at Branthwaite Care home and the individual contribution of a number of individual staff had been recognised by the local care commissioning group. The home had won awards at their 2015 awards ceremony and had several nominations for categories in the 2016.

Clear communication structures were in place within the service. Staff we spoke with told us that the management team always kept them up to date. As was recorded on the PIR, There were regular team meetings held which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues in small groups.

