

Robert Shaw

Brantwood Residential Care Home

Inspection report

112-114 Congleton Road
Sandbach
Cheshire
CW11 1HQ
Tel: 01270 760076
Website: No

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of Brantwood Residential Care Home on 17 September 2015.

The home provided care, support and accommodation for up to 21 older people. At the time of the inspection there were 20 people living in the home. All bedrooms had en-suite facilities, including some with en-suite bath or shower. Most bedrooms were on the ground floor, and

those on the first floor could be accessed by a stairlift. There was a large dining room and two lounges. People had access to a pleasant garden at the rear of the home and there was a small car park at the front for visitors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

We found a breach in the regulations related to fire safety and the monitoring of hot water temperatures. You can see what action we told the provider to take at the back of the full version of the report.

Staff received suitable induction and training to meet the needs of people living at the home, and their work was overseen by the registered manager, but did not receive any formal individual supervision or appraisal. The registered manager said she would implement this.

The experiences of people who lived at the home were positive. Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People told us they felt safe living at the home, staff were helpful and the care they received was good. Relatives told us they had no concerns about the way their family members were treated. Comments included: "The staff are very nice"; "They take notice of what you like"; "The care is excellent and Mum is very happy here"; "The managers and staff are very friendly and make it feel like home"; "I can call at any time, and am always made welcome".

People's needs were assessed and care plans were developed to identify what care and support people required.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Staff had an understanding of the systems in place to protect people who could not make decisions and knew how to follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were particularly complimentary about the food, and made comments such as: "The food's gorgeous"; "The food's excellent, can't fault it, and they're very accommodating if you want something different"; "It's always nicely served, looks appetising and the menu is varied"; "The food is nourishing, varied, well-cooked and Mum loves it"; "Fabulous food, very varied menu - my mum always wants to be back for meals if we take her out, as the food is better than most restaurants".

The home was clean and well maintained.

There were systems and processes in place to seek the views of people who used the service and their representatives. Where shortfalls were identified the provider had used the information to improve the service. This demonstrated that it was a learning organisation.

Summary of findings

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 not consistently safe.

The provider did not have fully effective systems in place to protect people from the risks of hot water or fire.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

Staff received on-going support from the registered manager to ensure they carried out their role effectively. Training was provided to instruct staff on how to perform their role but there was no formal system of supervision and appraisal to enable staff to receive feedback on their performance and identify any further training needs. The manager said she would implement this.

Arrangements were in place to request health, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and were aware of the correct processes to be followed in the event of Deprivation of Liberty Safeguards being required.

Good



Is the service caring?

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People and their representatives were consulted about the care and support provided. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People and their representatives were listened to and their feedback acted upon. Complaints were dealt with effectively.

Good



Is the service well-led?

The service was well-led.

The home had a registered manager who had been in post at Brantwood for many years. The registered provider also worked in the home most days. They led by example and worked alongside staff to provide the care.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

People were able to comment on the service in order to influence service delivery.

Good



Brantwood Residential 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 17 September 2015 and was unannounced. We arrived at the home at 9.30am and left at 4pm.

The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we already held on the service and contacted the local

authority contracts quality assurance team to seek their views. We received feedback from the local authority quality monitoring team who had visited the home in May 2015.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed three care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with eight people who used the service and visitors of three other people. We also spoke with the registered provider, the registered manager, the housekeeper and two care staff.

After the inspection we received comments from two relatives via 'Share Your Experience' webforms on our website.

Is the service safe?

Our findings

People who lived at the home and the visitors we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. One person said “I feel I could tell the staff if I was not happy with anything”. We saw that staff acted in an appropriate manner and that people were comfortable with staff. Information was available for people that told them what abuse was and how they could report it. Four of the people who lived at Brantwood said there weren’t enough staff and that staff were very rushed; although all said that staff met their needs and came promptly when called.

Equipment was checked and serviced at the required intervals but we noted that, although thermostatic mixer valves were fitted to baths and showers, the registered provider did not routinely check hot water temperatures to ensure they stayed within the required limits.

Emergency procedures and contact numbers were available in a file in the registered manager’s office. The fire alarm, emergency lighting and extinguishers were tested and serviced regularly. The home had a fire risk assessment in place, but it did not adequately address the fire procedure at night when there was only one waking member of staff. Staff received fire instruction on their induction and had annual fire safety training. Two fire drills had been carried out this year, but the records didn’t include what time the drills were carried out or which staff attended, which meant that some staff may not have attended fire drills. There were no personal evacuation plans in the event of an emergency for any of the people who used the service. Following the inspection we referred this matter to Cheshire Fire and Rescue Service.

The provider did not have fully effective systems in place to protect people from the risks of hot water or fire. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to

safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

The registered manager told us that staff rotas were planned in advance according to people’s support needs. We looked at the staff rotas and saw that, as well as the registered provider and registered manager who were present in the home most days, there were always at least two care staff on duty from 7am to 10pm and one from 10pm to 7am. If the registered provider or manager were not present in the home another senior member of staff was rostered to be on duty from 7am to 10pm. The registered manager lived on site and was on call at night. If she was away the registered provider stayed on site. We looked at people’s support needs and saw that none of the people who used the service needed assistance of more than one person at night and people told us that if they requested assistance at night it was provided promptly. The registered provider also employed a housekeeper to carry out domestic duties for six hours a day Monday to Friday.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked four staff files, which confirmed that all the necessary checks had been completed before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed the registered provider administer medication to people. This was done safely. We looked at

Is the service safe?

the medication records for three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so.

The home was very clean and staff had received training in infection prevention and control. The home had a five star rating for food hygiene. Anti-bacterial hand cleanser was

available in the entrance to the home and in bathrooms. Liquid soap and paper towels were also available at all wash handbasins. One person who used the service said “It has a cosy, cottagey feel and is always spotlessly clean” and a relative said “It’s always beautifully clean everywhere, no unpleasant smells”.

The home was well maintained and furnished.

Is the service effective?

Our findings

People told us they were satisfied with the care they received at the home and the visitors we spoke with were also positive about the care provided. One person said “I’m very settled here, you couldn’t get anywhere better”. People were particularly complimentary about the food, and made comments such as: “The food’s gorgeous”; “The food’s excellent, can’t fault it, and they’re very accommodating if you want something different”; “It’s always nicely served, looks appetising and the menu is varied”; “The food is nourishing, varied, well - cooked and Mum loves it”; “Fabulous food, very varied menu - my mum always wants to be back for meals if we take her out, as the food is better than most restaurants”.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people’s individual needs and preferences and knew where to find information in people’s care plans. Some of the staff had worked at the home for some time and had got to know people’s needs well. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

Staff said they were appropriately trained to perform their roles. We discussed this with the registered manager and viewed the staff training records. The registered manager told us that new care staff shadowed a senior member of staff for two to three weeks before working on their own. On-line training was provided to new staff and this covered all the standards required for the Care Certificate. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life). Staff were supported to continue with their professional development and we saw that care staff were encouraged to complete Diplomas in Health and Social Care. The registered manager had completed Level 5, two of the senior care staff had completed Level 3 and two other care staff had completed Level 2. Staff had been provided with refresher training in moving and handling, fire safety, infection control and the management of medicines in the last year. The registered manager had enrolled staff on an e-learning training package that covered all the required

topics and at the time of the inspection staff were undertaking the dementia care module. This meant that people were supported by staff that had up to date knowledge about how to provide effective care to people.

The registered manager directly supervised staff on a daily basis. Staff said they enjoyed working at Brantwood, that they were not asked to do anything for which they felt untrained and that they could talk to the registered manager at any time if they had concerns. However, we found that staff did not have regular formal meetings with the manager of the home in order to discuss their work and there was no formal system of appraisal of their performance. We also found that team meetings had not taken place for some time. The registered manager said she would implement a system of regular formal appraisal of staff’s performance so that any further learning and development needs could be identified, planned for and supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure, where someone may be deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager and the local authority contracting team. They told us that there was no-one living at the home who was subject to Deprivation of Liberty Safeguards. Staff we spoke with during our visit were aware of DoLS and there was information available for them on when they may apply and what they had to do to request authorisation. During our visit we saw that staff always obtained people’s consent before providing them with support.

We looked at two people’s care files. These gave information about people’s personal care needs. We saw that staff provided people with appropriate support that took account of the information in their plans of care. There were ‘handovers’ between each shift and on the day of our inspection this was conducted by the registered provider. He gave a brief summary regarding all the people who used

Is the service effective?

the service on their general health and wellbeing and also specific information such as a visit from the dentist and an admission to hospital. We were told by a member of staff that they found the 'handovers' very useful.

We observed that people were supported to have sufficient amounts to eat and drink. Tables were attractively set, staff helped people to eat and we observed staff taking time to talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Records

showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals as required.

Is the service caring?

Our findings

People who used the service and the visitors told us that the staff were kind and caring. Comments included: “The staff are very nice”; “They take notice of what you like”; “The care is excellent and Mum is very happy here”; “The managers and staff are very friendly and make it feel like home”; “I can call at any time, and am always made welcome”.

People told us that friends and relatives were able to visit at any time without restrictions. The visitors we spoke with confirmed this and told us they were always made to feel welcome. They had strong praise for the staff and the service and said their relatives felt very comfortable in Brantwood and regarded it as home.

We saw that people who lived at the home and their family members were involved in planning their care. People’s life history was recorded in their care records, together with their interests and preferences in relation to daily living. People’s bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For

example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. One member of staff sat with a person who used the service while they were eating their lunch because they were at a table on their own. We saw that staff were respectful, friendly, supportive and used people’s preferred names. They continually interacted with the people in their care, offering support and encouragement. People were very comfortable and relaxed with the staff who supported them.

The service took account of people’s diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people’s needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there.

People’s right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people’s permission to enter their rooms. People were able to spend some time alone in their bedrooms and there were other areas where people could choose to be alone.

The local authority contract monitoring team told us the care at Brantwood was good.

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People who used the service and the relatives we spoke with told us that the service responded well to people's needs and requests. One person described how they had asked to move to a different room and then asked to move back to their original room and this had been accommodated "without any fuss".

We asked whether call bells were responded to promptly. Overall most people said staff responded quickly if they pressed the buzzer.

The care records we looked at showed that people's needs were assessed and they could stay for a trial period of four weeks before deciding if they wanted to move in. They were reviewed again on admission and appropriate care plans were drawn up. Care plans were reviewed at monthly intervals or when needs changed.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests.

We observed the manager in various parts of the home throughout the day speaking to people who used the service, staff and relatives. She knew them all and was welcoming to all the visitors.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to keep in touch. On the day we carried out the inspection a number of people were going out with relatives. One person regularly went out by themselves to the local market or to church.

We found that there were not many activities taking place in the home. We were told that a musical entertainer visited every six weeks and a minister from the Baptist Church visited every month. A visit had recently taken place where two owls were brought into the home. The registered manager was in the process of arranging a trip to Blackpool Illuminations and said that she sometimes took a few people out in the car to the shops if it was a nice day. However, the people we spoke with said that they were quite happy with the current level of activities.

Everyone had a television in their room and a telephone and newspapers and magazines were ordered on request.

The home had a complaints procedure and people who lived at the home told us they would feel comfortable raising concerns and complaints. There had only been one complaint since the last inspection, from a previous member of staff, which the registered manager had investigated and addressed. No one we spoke with had any complaints or concerns.

Is the service well-led?

Our findings

Brochures about the home were available in the hall for people to take. The service had a clear vision and set of values that included providing privacy, dignity and choice for people who lived at Brantwood in a caring, friendly and professional manner.

The home had a registered manager who had been in post at Brantwood for many years. The registered provider also worked in the home most days. They led by example and worked alongside staff to provide the care. People and their relatives knew the management team well, saw them often and told us they felt comfortable speaking with them.

Staff told us the registered manager was approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately. Staff we spoke with told us they were informed of any changes occurring within the home through handovers, which meant they received up to date information and were kept well informed.

We spoke to the registered manager of the home and she demonstrated good knowledge of all aspects of the home

including the needs of people living there, the staff team and her responsibilities as manager. She told us that feedback was gained from people and their relatives through direct conversations and in addition the service carried out an annual survey to seek people's views. We reviewed the responses to the last survey and saw that they were positive.

The registered manager also undertook audits of the service. These included making sure equipment was serviced and maintained and reviewing care files and accident records, as well as a 'walk around' of the building each day making observations of care practice and the environment.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

The provider had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: People who use services and others were not fully protected against the risks associated with hot water and fire. Regulation 12 (1) and (2) (a),(b)and(d).