Chosen Care Limited

Branksome House

Inspection report

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Date of inspection visit:
19 November 2019
20 November 2019
29 November 2019

Date of publication:
07 February 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Branksome House is a residential care home providing personal care for up to to nine adults with learning disabilities and/or autistic spectrum disorder needs. At the time of the inspection seven people were receiving care.

People's experience of using this service and what we found
The new provider's quality assurance systems to assess, monitor and improve the quality and safety of the service were not operated effectively. Shortfalls in the service had therefore not always been promptly identified and addressed.

At the time of the inspection the local authority was working closely with the provider to make the required improvements. The provider kept us updated of the action they were taking to address the risk and quality concerns.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons:

People were supported by staff who had been recruited safely. People received their medicines as prescribed. However, not all practices were safe enough.

Risks associated with people's care needs were not always appropriately assessed and information for staff on how to provide safe support to people were not always documented or reviewed following safety incidents.

People were not always adequately supported to keep their homes well maintained and cleaned.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service had not always maintained a current record of people's capacity to make decisions.

Sufficient numbers of staff were available during the inspection to keep people safe. The provider was taking action to improve the support to staff to enable them to meet the needs of people living at Branksome House.

People did not always receive person centred care that reflected their personal preferences and met their social needs. Care records did not always show the support people required and had received.

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

Rating at last inspection
This was the first inspection of the service under the new legal entity. The service was last inspected under the old provider and was rated Good.

At this inspection, we found the service had deteriorated to be Requires Improvement. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

Why we inspected
The inspection was prompted in part due to concerns received from local authority commissioners about areas of concern such as the management of people's medicines, infection control, staffing and risk assessments. A decision was made for us to inspect and examine those risks.

Enforcement
We have identified breaches in relation to Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The provider started taking immediate action during our inspection to address the shortfalls we found and to mitigate the risks.

We will request to meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our safe findings below.

Inadequate

Branksome House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and one inspection manager.

Service and service type
Branksome House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We also received information from service commissioners.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider and acting manager.

We reviewed a range of records. This included three people's care records and multiple medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

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

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

● People were at risk of receiving inconsistent or unsafe care. Care plans and risk assessments did not have enough information to guide staff on how to safely support people and action had not always been taken to review people's risk management plans when safety incidents had occurred.

● One person had a serious choking incident in May 2019, however this had not been referred to relevant health professionals to gain guidance on how to support this person to eat and drink safely. Their risk management plans had also not been reviewed to ensure staff were aware of a potential ongoing risk of choking and the precautions to take to minimise the risk of this happening again. The person then had a further choking incident during the inspection and we asked the provider to take immediate action to mitigate this risk, which they did. All staff we spoke to told us they did not always have up to date information about the support people needed to remain safe. One health and social care professional who had visited the home told us, "People's safety has been at risk due to records not always being clear, updated or reviewed.''

● The provider had carried out a risk assessment and audit in relation to fire safety at the home in May 2019 and had identified actions were required to make the service safe. During our inspection, we found some of the areas identified as unsafe in May 2019 had still not been rectified. This included; self-closing doors being defective and intumescent strips and seals not in place.

● There had been no recorded fire drill at the home since November 2018. This had not been identified as an area that required improvement by the provider's audit in May 2019. This meant the fire safety arrangements the provider had put in place had not been tested and people might not be safe if a fire was to occur. During our inspection we asked the provider to ensure the home was compliant with fire safety regulations. The provider responded immediately during and after the inspection. They confirmed all the actions from the fire risk assessment were actioned and suitable checks of the environment and equipment were in place.

People were at risk of harm as safe and effective systems were not continually being used to manage and monitor people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's home was not always clean and systems to protect people from infection was not always robust. On the first day of our inspection we raised the issue of a malodour in many rooms at the home. One health and social care professional who had visited the home told us, "The home is need of re-decoration and it is not always clean.'' The provider had a maintenance plan however there was no evidence this had been

regularly reviewed. As a result, issues including chipped walls, broken flooring and furniture and doors were still outstanding. A maintenance and contractors' team were visible at the home during our inspection and the provider had started to rectify the concerns.

People's home was not well maintained and always kept clean. This was a breach of This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Some staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose however; some staff training had expired. We raised this with the provider during our inspection and a new and updated training schedule had been implemented. One staff member we spoke to was able to tell us what to do if they suspected people were at risk of abuse and knew to call the local adults safeguarding team or CQC.

Staffing and recruitment

● On the first day of our inspection, there were three members of staff on duty. Staff were busy doing tasks including household duties. This meant people had reduced engagement and were bored and agitated. Staff had raised this concern in a recent team meeting that three staff was not enough at busy times to complete tasks and spend time with people doing activities and support them appropriately. The provider was responsive to these concerns and by the second day of our inspection four staff were on duty each day. Staff told us this had made a positive impact on the staff team and for the people living at the home.

● The service has had to increase their use of agency workers. There was limited guidance available for agency staff to highlight specific risks, triggers or important information about people. This meant people were at higher risk of receiving care by staff who did not know them well. During the inspection, the acting manager implemented one-page profiles for each person living at the home with important information to support agency staff to provide safe and effective care.

● People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

● Concerns had been raised to us that medicines were not being managed effectively by visiting health professionals. An internal quality auditor from the provider was present on the first day of our inspection and highlighted areas that required improvement. By the third day of our inspection these concerns had been addressed, new systems and processes were in place and people received their medicines as described and in a safe way.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● The management team assessed people's needs before they started receiving support from the service. People and their representatives were involved in the assessment and decisions about their support needs. On the first day of our inspection the acting manager told us people's support plans and records required updating and a full review of every person was due to commence the following week.

Staff support: induction, training, skills and experience

● The acting manager had a staff training matrix which showed staff were overdue training such as; adults safeguarding, MCA and DoLS, medicine management, infection control and first aid. One staff member who was due to work the two weeks after our inspection was out of date on five training courses. The provider told us they were implementing a training schedule to ensure staff were up to date on relevant training immediately.

● Staff were able to complete an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction.

● Staff had not consistently received regular one to one supervision or an appraisal with a line manager. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. One staff member said, "There have been changes and the manager has been very busy. Staff feel like we are working so hard and have not had as much support as we could have." Another staff member told us "We had to do all the cooking, cleaning and there was never enough time for other things."

● The acting manager told us regular supervisions, appraisals and team meetings were being introduced. Time was needed for this work to be completed before we could judge whether the provider's actions were effective in making the required improvements to staff support systems.

Supporting people to eat and drink enough to maintain a balanced diet

● Care staff knew people's preferences and choices for their meals and were aware of people's individual needs; however, one person had SALT (Speech and language therapist) guidelines and this information was placed at the back of someone's support plan. This meant newer or agency staff might not always read or know the relevant information.

● Where people had specific dietary needs because of religion or culture, the staff were aware of these and

were able to explain how they would support people.
● Some people received support with their meals and drinks as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health. Staff told us they would contact people's GP or ring 111 for advice if they were concerned about people's well-being.
● Each person had a health action plan, stored separately from their care plan. This highlighted medical information and a hospital passport which provided medical staff with all the information required to support people with appointments and hospital admissions.
● Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example; if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained information such as; current medication, support needs and any behaviour that may challenge. These were colour coded to support hospital staff.
● Staff told us were possible they were flexible and supported people to attend appointments such as attending the GP or hospital appointments as required.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People were not always supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). We looked at records of people's mental capacity assessments, however it was hard to determine whether people's assessments and best interest decisions were correct or out of date. The acting manager told us people's mental capacity assessments that had been completed required updating. These had been updated by the second day of our inspection and DoLS applications were submitted. Improvement was needed to ensure that people's decision making support remained under review.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

● Staff told us people had a plan of weekly activities in place which provided them with some choice and a regular routine for each day; however, this was flexible if people chose not to participate in the planned activities. However, people's daily notes contained limited information; these were brief at times and did not give sufficient detail about what for example people had been offered to do and what they had actually done to show that people had been offered a choice. We were told these were being monitored by the acting manager as part of their weekly audits but further work was needed to ensure people's daily records accurately reflected that people had been supported in accordance with their wishes and that prompt action was taken if people's needs had not been met.

● People and their relatives were not consistently involved in their care plans where they could, saying what they liked and how they liked things done. People did not have a designated space or time through regular residents' meetings or 1:1 session's with care staff to share their views about their care or to be asked about their care or what they wanted to see happen.

Respecting and promoting people's privacy, dignity and independence

● On the first day of our inspection, some people appeared unkempt and unclean. One person's glasses were dirty, and this person would have struggled to see through them. By the third day of our inspection this person looked clean, neater and had clean glasses. One staff member said, "Now that we have an extra staff member we are able to do more caring, rather than cleaning and tasks."

● We observed staff treating people with dignity and respect, knocking on doors before entering and hugging one person who appeared distressed.

Ensuring people are well treated and supported; respecting equality and diversity

● We observed staff chatting with people throughout the day. We saw staff playing dominoes with two people on the first day of our inspection. Where people were unable to communicate verbally, staff were able to communicate in a way that met their needs. One person communicated well but some responses to questions were slow. Staff gave the person plenty of time to respond and did not try to guess what the person might have been going to say.

Requires Improvement

Is the service responsive?

Our findings

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

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

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan which was personal to them, but they had not always been effectively reviewed and updated to ensure they reflected the person's current support needs. There was a risk that staff not familiar with each person may provide care which was not personalised to their needs.
- People were not always supported in a way that met their needs and avoided triggers that could cause distressed behaviour. For example, two people's support plans stated they did not like noisy or crowded places. Both people had been on a recent activity to go bowling and both people had displayed distressed behaviour in the noisy environment.
- Care records contained the information staff needed about people's significant relationships including maintaining contact with family. However, people had not always been supported to maintain relationships important to them. One person had a parent who lived far away and was living in an elderly care home. This person's support plan stated they wished to visit their parent three or four times a year. When we discussed this with the acting manager and looked at relevant records we found the person had not visited their relative since November 2018. After our inspection we have been reassured that staff are available and a visit will take place as soon as possible.
- People's daily notes gave little or no information about what people did each day. The daily notes did not always contain information around what support had been provided to people, what they had to eat and drink and any activities they had taken part in. This meant staff would not always know whether people's needs and preferences had been met; whether they had had a good day or if any emotional support was needed.
- People's care records contained limited information about goals and future aspirations. Staff might therefore not know how to support people towards developing life skills and increase their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans did not clearly record people's communication needs such as whether people required glasses or hearing aids or provide guidance on how they should communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● Not all people had access to meaningful activities. We received conflicting comments from people and their relatives about activities and one relative told us, "Throughout the summer they hardly went out, but the last few weeks this has improved." We found that some people led busy and active lives whilst others had fewer opportunities to participate in activities that met their needs. One staff member said, "It was hard when there were only three staff, but now we have four we can go out much more often." On the third day of our inspection we visited the home and all people living there had gone out together for a meal and to the pub. The acting manager said, "With the extra staff member people are doing so much more now."

● By the third day of our inspection the home had turned the staff sleep in room into a 'break out' room, a space with sensory lights and a sofa for people to relax. The acting manager told us, "There have been a lot of people here recently, the local authority, contractors and CQC. One person has been finding this difficult, but this new room is a space for her to go and chill with staff or alone. It's really helped her."

The above demonstrated that people's care had not always been planned and delivered to meet their needs and preferences and this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● There had been two recorded complaints within the previous 12 months, these had been from people living within the residential area about the gardens and external environment. Work had been completed by contractors to ensure the external areas were maintained and both complaints had been dealt with appropriately.

End of life care and support

● The service was not currently providing any end of life care to people at the time of the inspection. The acting manager explained that they would review people on an individual basis if they required end of life care and assess whether the service could meet their needs. They told us they would be reviewing staff training in end of life care and the service's policies to ensure that they had suitable systems in place if people needed end of life support.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

There was no registered manager in post, however we had received an application from the manager to apply for registration with CQC.

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

● The culture of the home was one of uncertainty, due to changes in management and staffing. Staff told us people's needs had changed and after an extra member of staff had been employed things were improving. Staff also told us, the acting manager was supporting them, and they felt satisfied and reassured things would continue to improve but that the previous four months had been 'challenging.' One relative said, "In about April I tried to ring the manager, I was worried about my relative. I never got a call back. Things were going down-hill. Action seems to have taken now but it was a stressful time."

● People did not always receive person centred care and the service did not always support them to achieve good outcomes.

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

● The new provider was slow in gaining sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm. For example, quality assurance systems were not undertaken robustly or always completed. Staff practice in relation to health and safety, fire drills, care and support planning, accidents and incidents, risk assessments, MCA/DoLS and staff supervision were not routinely monitored.

● Where the provider's quality assurance systems had identified concerns there was no effective system to act on these concerns and improve the service. For example; the provider had completed a fire safety audit in May 2019 and had identified areas of concern which had not been effectively addressed at the time of our inspection. A maintenance plan was also in place . However, prompt action had not been taken to address the shortfalls placing people at risk.

● The provider did not operate an effective accident and incident monitoring system. When safety incidents such as choking occurred; these were not monitored and analysed to learn and to reduce the risk of them reoccurring.

● The provider and management team had not recognised that some of the needs of people were not being met and had not been effective in checking compliance with action plans and regulations. Had the provider implemented effective monitoring systems they would have identified the concerns we found in relation to

accidents, incidents, fire safety, risk assessments and staff supervision.
● Records were not always in place to describe the support people needed and had received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, staff and resident team meetings were not being held regularly. There were one set of team meeting notes for the previous 12 months. This was completed in November 2019. These minutes had clearly identified that staff were struggling with tasks and that immediate maintenance was required in areas of the home. This had been highlighted to the provider, however there had been no immediate responses. Since the first day of our inspection, the provider has been responsive to our concerns and implemented an over-arching action plan and timescales for improvements.
● Feedback from people using the service was not sought. Comments and views were not recorded in care records, minutes of meetings held with people, comments or complaints received or as a result of satisfaction surveys.

Not establishing and operating effective systems to assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
● The acting manager and provider were responsive to our concerns during our feedback and assured us they would take action. We met with the provider on two occasions after the inspection and received reassurances regarding safety of people living at Branksome House and weekly updated action plans with timescales.
●The provider was keen to reflect on and learn from the management of incidents which involved securing people's well-being and safety and were planning to include this as part of their monthly audit. They had fully reflected on the concerns which had been reported to them and the subsequent action taken. They remained reassured that they had taken appropriate steps to reduce risks to people's well-being and safety following these.

Working in partnership with others
● Further communication with the local authority was organised to ensure effective joint working was in place to help safeguard people and the local authority were monitoring people and the home closely until new systems and procedures were embedded.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider and manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns were raised or when something has gone wrong.
●The registered manager notified CQC of all significant events and had displayed the previous CQC rating on their website and prominently in the entrance hall

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014. Person centred Care. The registered person had failed to ensure people were receiving person centred care that reflected their personal preferences. 9 (1) (3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 HSCA RA Regulations 2014. Premises and equipment. The registered person did not ensure the premises were adequately maintained and cleaned. 15 (1) (a) (e)