Care Quality Commission

Branksome House

Branksome House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 March 2015 and was unannounced. Branksome House provides accommodation and personal care for up to nine people with a learning disability. Seven people were living in the home at the time of our inspection.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run. However, the day to day running of the home was being managed by the care manager.

People were involved in their assessment. The care provided was focused around their individual needs and support requirements. Staff were aware of the levels of support that people needed. People's individual risks were identified and known by staff but adequate monitoring records were not always in place for some people. People's medicines were mainly managed and

Summary of findings

administered well. However the home's policy did not fully reflect the administration of people's medicines in the home. People's over the counter medicines were not being suitably monitored and stored.

We have made a recommendation about the storing of people's medicines as well as managing people's 'over the counter' non prescribed medicines.

Staff had been trained in relevant courses such as first aid although the competency levels of staff and their formal support meeting were not always consistently recorded. People were cared for by suitable numbers of staff. Staffing levels were flexible to meet people's needs. Safe recruitment practices were in place to ensure people were being cared for by appropriate staff. Staff were knowledgeable in understanding how to protect people from abuse and harm.

People were supported by staff who were kind and friendly. People told us that staff were caring and gave them the support they needed. They were supported and encouraged to make day to day decisions. Activities around the home and in the community were available for people to join. Staff catered for people's food preferences and special diets. A refurbishment programme was in place to ensure that people's home environment was safe and well maintained.

People's concerns were immediately addressed by staff. The provider and care manager knew people well and provided additional support when needed. Monitoring systems were in place to ensure the service was operating effectively and safely.

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?

Requires improvement 

The service was generally safe.

People's individual risks were identified and known by staff but adequate monitoring records were not always in place.

The quantities of some people's over the counter medicines were not being monitored. The medicines policy did not reflect the practices of the administration of people's medicines in the home.

People were cared for by suitably recruited staff. Staffing levels in the home were sufficient and flexible to meet people's needs. Staff were knowledgeable about how to protect people from abuse and harm.

A refurbishment programme was in place to ensure the home's environment was safe and well maintained.

Is the service effective?

Requires improvement 

The service was generally effective.

Staff were supported and mentored but records of their knowledge and understanding were not always recorded. Staff had been supported and developed within the home to ensure they provided suitable care and support.

Staff understood their role to provide choice and involve people in making decisions about their day. People were supported in the least restrictive way.

People's dietary needs and choices were catered for.

Is the service caring?

Good 

The service was caring.

People were positive about the staff who cared for them. Staff knew people well and understood their different needs and adapted their approach accordingly.

Staff respected people's dignity and privacy when supporting them. They interacted positively and warmly with people.

Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed, recorded and reviewed. They were involved in planning for their care. Activities were provided in the community and around the home for people individually or in groups.

Staff listened to people's concerns and acted on them.

Summary of findings

Is the service well-led?

Good

This service was well-led.

Staff were well- led and demonstrated good care practices. There were good links between the provider and the care manager and good team work amongst staff.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

Branksome House

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 30 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at the information we held about the provider and their previous inspection reports.

We spent time walking around the home and observing how staff interacted with people.

We looked at the records of four people and spoke with three people who could express their views. We also spoke to four members of staff, the care manager who managed the home on a daily basis and the two owners of the home; one of which was the registered manager. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said "I feel very safe here. I'm not worried about anything." Another person said, "Yes, the staff are kind." People who lived at Branksome House were generally safe because processes and systems were in place to protect them from avoidable harm and risks.

For the most part people's personal risks had been identified and were managed well in the home such as identifying triggers which may change a person's behaviour. Staff were aware of people's risks and understood how they should be managed to reduce the risk of harm. People's care records gave examples of incidents when they may become at risk of harm or become upset and frustrated. However the monitoring of these risks was not always consistent. For example, a fluid intake risk assessment had been put in place for a person who had become ill in the previous month. Although staff could tell us about the fluid intake for this person during our inspection, the fluid monitoring charts had not been regularly completed during the period of their illness. One staff member said, "We know people very well here and we would have monitored him very closely and contacted the GP if we had any concerns."

People were given their medicines as prescribed to them. Their medicines were ordered, stored and managed by staff who had been trained in administering and managing medicines. Records of when people had taken their medicines were accurate. People's medicines were stored in a cabinet in a locked office; however the cabinet was not lockable. A medicines policy was in place however it did not give staff guidance on the management and administration of over the counter medicines for minor ailments or medicines which were 'required as needed'. Although individual protocols of were in place for when people may require medicines as needed. There was no balance of stock levels of these types of medicines. However the stock levels of prescribed medicines were checked daily and were accurate. We were told by the provider that the medicines policy was due to be reviewed and a system to record the balance levels of all medicines would be put into place as well as a lock on the medicines cabinet.

We recommend that the service considers current guidance on storing medicines and managing non prescribed medicines in care homes.

A refurbishment programme for the home was in place to ensure people lived in a safe place and were protected from the risk of infection. Part of the home had been redecorated and the carpets in the hall and on the stairs had been replaced. We raised that the flooring in the communal bathroom was broken and could therefore harbour bacteria. The repair and update of the bathroom had been identified as a priority on the refurbishment programme as well as updating the kitchen. People had easy read fire evacuation posters in their bedrooms and around the home to assist them in the event of a fire.

Staff who cared for people understood their responsibility in protecting people from harm. Staff had been trained and were knowledgeable about recognising the signs of abuse and knew to record and report any allegations of abuse. However, one of the four staff we spoke with was not aware of where to report their concerns if it was not managed well internally. The provider told us that this would be addressed in their induction programme as they were a relatively new member of staff. The safeguarding policy had recently been reviewed and updated with the latest contact details of external authorities who deal with safeguarding concerns. Staff were required to sign a form to declare they had read and understood the policy. An easy read safeguarding policy was displayed on the notice board for people to read.

People's finances were being managed safely. A system was in place to ensure there was a record trail for each person's income and expenditures; however clearer records would allow this process to be more open and transparent. For example clearer documentation was needed when receipts were not available or items were bought for a group of people who live in the home. People were supported to save money for holidays and larger items. Staff supported people with their finances and signed and witnessed all transactions. A regular audit system was in place to help eliminate the risk of people being financially abused.

People were cared for by suitable numbers of staff. Staffing levels were adjusted to support people in meeting their needs and attending health care appointments. People told us there was enough staff to meet their needs. Each person had a key worker who took responsibility to monitor their care needs. One person said, "I like my key worker but

Requires improvement

Is the service safe?

all the staff here are nice." The provider and care manager were on standby to help if staff levels were unplanned absences. The provider said "I'm on call 24/7. Staff know they just need to pick the phone up and I will be here." Staff confirmed that the managers were always available. The care manager said, "We never use agency staff. If we are short of staff then we phone around to other staff or I help to cover the shift." The care manager was supported by a senior carer and an established team. An on call system was in place for out of hours and weekend emergencies.

Good recruitment practices were in place to ensure that people were being supported by suitable staff. The provider had carried out police checks and previous employment history checks. The care manager told us they always ensured that they were satisfied with the conduct and behaviours of new staff before they became part of the team. They said, "We work with new staff closely and make sure they know the people that live here well before they become part of the team."

Requires improvement

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. Staff were knowledgeable and had received training to meet people's diverse needs. New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. They also had to undertake an internal induction programme which consisted of on-line courses, mentoring, internal training and reading the home's polices. Staff were required to sign their induction check list to state they had read and understood the home's main policies. However, the induction records for two members of staff had not been fully signed. The induction records did not identify if staff fully understood the policies or how their knowledge and competency levels were checked before they started to care for people. Although, some on-line courses had required staff to undertake a quiz at the end of the course to test their knowledge. Whilst we observed good care practices, we found some training such as moving and handling had not been supported with a practical course to ensure current practices were being embedded in the care and support staff delivered.

Staff told us they felt adequately trained to do their job. One staff member said, "I did a lot of courses on the computer at first and then the staff and the manager helped me until I was confident." Some staff had undertaken additional national vocation qualifications to confirm their health and social care knowledge. A new training chart was provided to us after our inspection which identified the training requirements of all staff. Most staff had completed training which had been identified as 'priority' by the provider such as safeguarding adults and First Aid. However some staff had not received a refresher course in Mental Capacity Act and Deprivation of Liberty Safeguards, although there was no evidence that this had impacted on people at the time of our inspection. The provider was aware of the new care certificate which we were told they would be implementing. This would help them to monitor the competences of staff against expected standards of care.

Staff told us they felt supported by the managers and their colleagues. One staff member said, "I can approach anybody here, even the managers and I know they will always help me." Staff had received formal support meetings with their line manager, although the frequency and records of these meetings were not always consistent. Records showed that recommendations had been made and completed when staff's conduct had fallen short of expected behaviours. For example one staff member had been given regular support and mentoring after a specific incident last year. We were provided with a recently updated supervision policy which gave the expected frequency levels of staff support meetings for the future.

People who were able to make decisions for themselves were involved in the planning of their care and consented to the care and support being provided. Each person had an easy read consent form for the care and support they required in their care records. Some people who had capacity to understand the consent form had signed to agree to the care which would be provided. Where people lacked capacity to understand, other significant people such as social workers and some families had been involved in helping them to understand the care and support they should expect at Branksome House.

We spoke to the care manager and staff about their understanding of the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The care manager understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. No-one in the home was being deprived of their liberty. One staff member said, "If someone wanted go out alone, we would try and explain the risks but ultimately it would be their choice." We were told about the processes which were put in place when a person who had previously lived at the home was deprived of their liberty. A DoLS application had been made until alternative accommodation was found for this person where they are now living in a less restrictive way.

People were supported to maintain a healthy and well balanced diet. Their weight was monitored and recorded monthly. People told us they enjoyed the meals. One person said, "The food is good here. I like it when we get

Requires improvement

Is the service effective?

sausage and chips." Staff knew people well and knew people's meal preferences and choices. A two week menu was planned and cooked with people's likes and dislikes in mind. Alternative meals were available if people did not like the options on the day. People were supported to have special diets as recommended by the speech and language therapy team. For example one person needed their food cut up into small pieces and another person required thickener in fluids to reduce the risk of choking. Some people had been given adapted cutlery and crockery to enable them to remain independent in eating and drinking. The details of these needs were recorded in people's care records to give staff guidance. Soft drinks were available throughout the day. People had access to the kitchen and helped staff with food preparation if they wished. Systems to monitor the storage of food and a kitchen cleaning schedule were in place.

People were supported to maintain their health and well-being. They were supported with their appointments by taking them and accompanying them to appointments such as the dentist and opticians. People's care records showed that referrals to other health and social care services had been made such as the speech and language therapist. They had health action plans to ensure their health needs were being met and monitored.

Good

Is the service caring?

Our findings

People were positive about the care and support they received from staff. People were supported by carers who were kind and passionate about supporting people to have a good quality of life. One person said, “The staff here are very kind to me. I like it here.” Another person smiled and said, “Yes, I like it.” The home had a warm homely feel about it. Staff were positive about working in the home. One staff member said, “I love working here. It’s like a little family.”

People were confident to knock on the office door and speak to staff and the manager of the home. One person knocked on the door to show two staff members their new glasses. This person received a lot of praise and compliments about their new glasses from the staff. It was clear that staff and the managers knew people well. We heard people and staff chatting about their lives and activities and chores that they were going to do that day.

We observed staff interacting with people throughout our inspection. Staff were kind and speaking to people in a warm, friendly and humorous way. Staff were able to adapt their approach and manner for each person and communicate with people who had more limited communication skills. Staff who had been trained in sign language were always available to converse with people who communicated using Makaton (a type of sign language). We saw staff give a lot of encourage and praise to people.

People were able to freely walk around the home and talk with all the staff and other people. We spent time with people in the lounge and the dining room and observed how people and staff interacted with each other. People chatted freely to staff members and activities that they planned to do in the garden when the weather improved.

People’s privacy was respected. Staff recognised and appreciated when people wanted to spend time in their rooms or alone. One person enjoyed regularly sitting in the garden. Staff helped this person to get on outdoor clothing and assisted them into the garden. This person was regularly checked by staff. People were given choices about where they wanted to have their drinks and snacks. One person said, “I want my drink and cake in my room, so I can listen to my music.” One person had chosen to have their bedroom door locked and carried their own key. They showed us their room and said, “I like to be by myself sometimes.”

While we walked around the home, staff explained to people the purpose of our visit and why we were spending the day in their home. Staff knew people well and were able to identify those people who would be confident to speak us. These people were given the choice whether they wanted to speak to us and offered a private area or asked if they wanted a staff member to be with them.

Where appropriate, people were encouraged to maintain links with their family either by visiting them or communicating with them. We were told that relatives could visit people at any time. People had been given the opportunity to have an advocate to help them express their views about the service.

Good

Is the service responsive?

Our findings

People had been involved in planning their care. Their care records reflected their physical and emotional needs and support requirements. People's health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. For example one person's care records described how they should be supported if they became upset. Another person's care records gave staff guidance on how best to communicate with them. People had additional care plans which specifically recorded information which was relevant to them such as their likes and dislikes or things that make them sad or how staff could support them to make them feel better. People's care records were reviewed regularly according to their needs.

Staff were responsive to people's individual needs. We saw staff responding to people's physical as well as their social and emotional needs throughout our inspection. Staff told us how they ensured that the care they provided was focused around the person. For example one staff member said, "We always make sure we respond to their needs. People have the right to change their mind. What they like one day, they might not like the next day."

People were given opportunities to carry out activities. Regular community activities took place on Tuesdays, Thursday and Fridays such as social clubs and day centres. Most people chose to attend these activities. One person said, "I like to play bingo on Thursday, sometimes I win." On other days of the week people carried out activities around the home of their choice or in the community such as shopping, and pamper sessions. On the day of our inspection, most people joined in a baking activity. The cakes were then decorated and served later in the day. Other people chose to watch television or listened to music in their rooms. Later, we saw staff helping people with a jigsaw and playing board games. Staff talked to one person who had limited communication skills and showed them a photograph album.

We were told that staff had explored carrying out individual community based activities with people but nobody was attending any additional groups at the present. Two people who were able to express their interests told us they were happy with the activities provided by the home. They would be supported if they wanted to carry out any extra activities. The home held weekly meetings with people when they could express their views and suggestions about future events and activities. The home provided a minibus to help to transport people to community based activities or appointments.

People who could express their needs told us their concerns were always listened to. One person said, "I can go to my key worker or any of the staff if I have a problem." Staff observed people for a change in their behaviour which may indicate people's frustrations or preferences. The care manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately.

People had overall responded positively when they had completed a recent 'residents feedback' survey. The survey had included questions about their home environment, the meals provided and their views about the staff and management.

Good

Is the service well-led?

Our findings

People who were able to express their views told us they liked the managers who ran the home. We saw people speaking to the managers in a calm and relaxed manner. The values and the culture of the home was open and friendly. Staff told us they felt the home was well run and had a homely feel about it. One staff said, "I know I could approach anyone here if I needed any support. It feels like a proper home to me."

The senior team led by example and were always available to support and advise the staff in their roles. The proprietors of the Branksome Care Limited were registered as the registered managers of the home. Staff and people told us the proprietors were compassionate and always visiting the home to provide support. They were considering people's long term needs as part of the maintenance programme; for example a stair lift had recently been installed for people who had started to struggle to use the stairs. The day to day running of the home was being carried out by a newly appointed care manager. The care manager had worked in the organisation for several years so knew the service well. She was supported by a senior carer and an established team and had started to make some improvements to the service. For example she had introduced a weekly diary system to assist with the communication in the home and document people's appointments and community events.

There was a strong sense of team work within the home. All staff were responsible for daily tasks around the home such as cooking and cleaning. A daily system was in place to ensure that any outstanding household tasks such as cleaning and laundry had been completed or was being monitored.

The aims and objectives of Branksome House were displayed on the notice board. These were understood by staff and were evident in their care practices. For example we saw staff respecting people's wishes and enabling them to retain day to day skills.

The quality of the service provided was being monitored by carrying out regular checks. An overall internal audit of the home had not been completed since 2013; however there were records of individual audits such as medication audits and audits of people's finances.

Maintenance checks on the building, fire safety and equipment checks were regularly being carried out to ensure people were living in a safe environment. Daily checks about the cleanliness of the home and other chores were carried out. A senior member of staff said, "It's my job to ensure all the daily task are completed and completed satisfactorily." Any outstanding checks were communicated at the handover of each shift.

Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where needed and shared any learning from these incidents with staff.