

Robert Shaw

# Brantwood Residential Care Home

## Inspection report

112-114 Congleton Road  
Sandbach  
Cheshire  
CW11 1HQ

Tel: 01270760076

Date of inspection visit:  
10 April 2017

Date of publication:  
25 March 2020

## Ratings

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

# Summary of findings

## Overall summary

The inspection visit took place on 10 April 2017 and was unannounced.

The home provides care, support and accommodation for up to 21 older people. At the time of the inspection there were 16 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, two lounges and other seating areas. 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.

At the last inspection in September 2015 the service was rated good overall, but required improvement in the safe domain because we found a breach in the regulations related to fire safety and the monitoring of hot water temperatures. At this inspection we found these matters had been addressed.

Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided.

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to maintain relationships with friends and family and that the activities provided by the home were sufficient for their needs.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included daily observation, checks on records and seeking the views of people about the quality of care being provided to them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Systems were in place to ensure the safety of the premises.

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.

There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# 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 visit took place on 10 April 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before our inspection visit we reviewed the information we held on Brantwood Residential Care Home. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including five people who lived at the home, two relatives and two staff members. We also spoke with the registered manager.

We looked at care records of two people who lived at the home, training records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Brantwood Residential Care Home.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe living at Brantwood and liked the way staff supported them.

At our last inspection in September 2015 we found that the provider did not have fully effective systems in place to protect people from the risks of hot water or fire. Following the inspection a fire safety officer visited the home and issued an action plan. Prior to this inspection we contacted the fire safety officer who told us that the registered provider had complied with the action plan and that he was now satisfied with the fire safety arrangements in place. Also following the previous inspection the registered manager submitted an action plan to address the risk of scalding. At this inspection we saw that staff were checking and recording hot water temperatures before anyone had a bath or shower. However, we noted that they were not checking the water temperatures of baths and showers that were not currently being used. The registered manager told us that these would be checked monthly in future.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records showed that staff had been trained in these procedures and the staff confirmed this. The staff team was the same as at the previous inspection in September 2015.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. The home had four empty beds at the time of the inspection and the registered manager said she would not admit anyone else until she had recruited more staff. One staff member said "The staffing levels are ok, we have time to sit and chat to people in the afternoon and involve them in activities".

People told us that they received their prescribed medicines regularly. We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people for the previous 10 days and saw that medication had been signed to say it had been administered or a reason given for non-administration. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. We checked the arrangements for storage, recording and disposal of controlled drugs and saw that these were in order. We noted that some people were prescribed painkillers and laxatives 'when required'. There were no written protocols in place to advise when these should be administered. The registered manager said she would put these in place.

The building was clean and free from offensive odours with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment

such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. One person told us, "It's perfect here, it couldn't be any better, I'm very happy". Another said, "I've been here for over four years and everything's good, in fact it's wonderful". The staff we spoke with told us they knew the residents well because it was a small care home and they had worked there for several years.

Staff had received appropriate training for their roles, although only three staff had received recent first aid training. The registered manager said she would prioritise this training for all senior staff. The registered manager worked in the home on a daily basis directing and supervising staff and provided staff with an opportunity to sit down with her on a one to one basis to discuss their work, training and any other issues approximately three times a year.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

We observed staff supported people to eat their meals wherever they wished, including in the lounge and their own bedrooms. Staff offered a choice of drinks and were patient when they supported people with their food. They encouraged individuals with their meals and checked they had enough to eat. Comments about the food were complimentary: "It's very good"; "It's not bad at all, we have quite a lot of choice at teatime and the Sunday roast is always very nice"; "It's quite decent".

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home going for a walk around the garden, which was enclosed and safe for people to use. In addition there were separate lounges for people to make a choice where to spend their time. We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to and information about any specific health needs. Staff had documented when

individuals were supported to attend appointments or received visits from for example, GPs and district nurses.

## Is the service caring?

### Our findings

During our inspection visit we observed people and relatives were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. Comments included, "The staff are very nice and I'm looked after pretty well"; "The staff are very nice and I'm well looked after"; "The staff are always happy and pleasant"; "They've done a marvellous job with my relative, who's much improved since coming here".

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. One person who lived at the home said, "[Staff member] sits and chats with me. She's a good companion".

Although the home did not have a policy on equality and diversity, staff had a good understanding of protecting and respecting people's human rights. We discussed this with staff and they described the importance of promoting each individual's uniqueness. Also, the home's statement of purpose said "All care packages will be as unique as the client" and "We endeavour to ensure that our beliefs and possible prejudices will not interfere with client's wishes". The registered manager said she planned to write a policy that covered respecting people's equality and diversity and not discriminating against people because of their sex, religion, disability or other personal characteristics.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred name.

People's end of life wishes had been recorded so staff were aware of these. One person who lived at Brantwood told us that the registered manager and her GP had discussed these wishes with her. We saw people had been supported to remain in the home where possible when they needed end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed them.

# Is the service responsive?

## Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met people's needs with an individual approach.

We looked at care records of two people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and their family, identifying what support they required. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found that assessments and all associated documentation were personalised to each individual who lived at Brantwood. A staff member told us "We strive to provide care that is self-determined and individualised".

When talking with the registered manager, staff and people who used the service, it was clear that current staff knew people's life histories and interests, but this was not documented in the care plans, which mainly covered people's physical and mental health needs. The registered manager said she would address this so that any future new staff would be able to access the information quickly to help them provide more personalised care.

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 friends and to keep in touch.

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. People told us they enjoyed having a sing song or playing a board game with the staff. There were occasional trips out, such as a visit to Blackpool Illuminations or a garden centre. Staff said if the weather was nice they would sometimes take a resident to the shops or the park. 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 service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager

who they knew would listen to them. There had been no complaints in the last 12 months.

# Is the service well-led?

## Our findings

There was a registered manager employed at Brantwood, who was a co-owner of the home. 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.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered provider and registered manager worked with them and supported them to provide quality care. Comments included, "They are approachable, they listen to suggestions and treat all staff equally" and "They are lovely to work for and it's a lovely home".

The registered provider and the registered manager both worked in the home every day and constantly monitored the quality of the service and sought feedback from the people who used the service and their relatives. Resident/relative surveys were carried out annually. The management would analyse any negative comments and act upon them. The outcome of a survey from March 2017 was positive. Comments made included: "I feel happy and settled"; "We feel that X is well looked after by caring staff"; "A nice place for loved ones to live in".

The registered manager had systems to assess the maintenance of people's wellbeing. She assessed people's needs and wrote the care plans, then reviewed the care records, people's weights and any accident or incident reports to determine whether people's needs were being met or whether the care plan need to be adjusted. This would be discussed with the person using the service and their family.

The registered provider ensured that the premises were well maintained and that equipment was serviced at the required intervals. This helped to ensure people were living in a safe environment.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and primary medical services.