Tamaris Healthcare (England) Limited

The Branksome Care Home

Inspection report

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Ratings

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

Overall summary

The Branksome Care Home is registered to provide nursing and personal care for up to 34 people. On the day of our inspection 33 people were receiving care.

The Branksome is required to have a registered manager. The provider was in the process of recruiting a new manager who would register with the Care Quality Commission once appointed. The provider had an interim manager in post until the new manager was recruited.

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.

At this inspection people told us they felt safe. People were protected and informed against harm and abuse. People's relatives and staff were confident concerns would be treated seriously.

Summary of findings

People and their relatives were happy with the support and care being provided. Everyone felt the needs of people were being met. People told us that staff treated them with compassion and respect.

Staff were knowledgeable about the needs of people. People were assisted and cared for by staff who were kind and friendly. People's individual rights and their needs, choices and preferences were all respected by the staff.

Staff received the training, support and supervision they needed to perform their role and responsibilities. Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care.

People were supported and encouraged to make choices and decisions about their care and daily living arrangements. Where people were unable to do so, staff recorded how decisions were made in people's best interests.

People were supported to engage and participate in a range of social and recreational activities, which met with their choices and preferences. People were supported to maintain relationships with friends and families.

We saw there was enough staff to respond to people's needs in a timely manner. Staffing arrangements were sufficient and regularly reviewed to ensure people's changing needs were met.

The provider's arrangements helped to make sure that staff were safely recruited and fit to provide people's care at the service. We saw pre-employment checks were completed for all staff, these included Disclosure and Barring Service (DBS) checks, proof of identity and written references. Nurses' professional registration status was checked annually.

Systems were in place to ensure medicines were safely stored, administered and disposed of.

Medicines were safely managed and in line with current guidance and legislation. Nurses administered medicines and received training to ensure their practice was safe.

There were systems in place to enable the manager to audit, monitor and assess the quality of the service. Any concerns or complaints people had were responded to and resolved by the management team.

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 safe.

People told us they felt safe. Staff understood the need to ensure people were protected from risks of harm, abuse and unsafe care and treatment. People's care and safety needs were met in a timely manner.

The provider ensured pre-employment checks were carried out to ensure staff were suitable to work with vulnerable people.

Medicines were administered stored, administered and disposed of safely. Emergency plans were in place.

Good

Is the service effective?
The service was effective.

People were provided with a healthy and balanced diet, which met their individual needs and preferences.

Staff received the training they needed to meet people's needs. Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care.

People had access to health and social care professionals and staff followed any instructions and guidance as necessary.

Good

Is the service caring?
The service was caring.

People's privacy, dignity and individuality was promoted and respected by staff who were kind and caring.

Staff knew people and their needs well. Staff communicated, engaged and interacted with people in a positive way.

Good

Is the service responsive?
The service was responsive.

People were provided with a variety of activities and were supported to maintain contact with families and friends.

Care plans and associated documents were in place to assist staff to provide care to people, which staff followed.

People knew how to complain and there was a complaints policy and procedure in place.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider's arrangements ensured the continuous assessment and review of the quality and safety of the service being provided

The manager was enthusiastic and motivated.

Staff felt supported and listened to by the provider and the management team. Staff understood their roles and responsibilities.

The Branksome 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 14 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. Before the inspection the provider completed a provider information return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with local health and social care commissioners responsible for contracting and monitoring people's care at the home.

During the inspection we spoke with six people who lived at the service, four relatives, five staff, the interim manager and the regional manager. Throughout the day, we observed the administration of peoples medicines as well as care practice and general interactions between the people and staff.

We looked at a range of records, which , included two people's care plans and supporting documents. We also looked at two staff employment records and audits relating to the running of the service. This included the providers safety checks of people's medicines and the environment.

As some people at The Branksome were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. One person told us they felt, “Happy and safe,” living at the home. The person explained they had moved into the home because they realised they required more help to get around safely and keep themselves safe. They went on to tell us that staff were, “On hand to help when I need help and make sure I’m safe.” A relative told us the home was, “Fantastic,” they said they felt reassured that staff kept their family member safe.

Staff knew how to recognise signs of abuse or harm to people. They also understood the action they needed to take if they suspected or witnessed the abuse of a person living at the home. Related training and guidance was provided for staff to follow. Information was provided on an electronic screen in the entrance area as well as leaflets to inform of how to recognise and report abuse and included the local authority safeguarding team contact details. This meant that should anyone have any concerns regarding potential abuse, information was provided on how and where to report it

People and relatives told us that staffing arrangements were sufficient to meet people’s needs. However, one person told us the staff were, “Very busy at times which means we can’t always get help straight away.” One person’s relative told us they were aware the provider was actively recruiting more staff.

We saw that the duty rotas demonstrated there were enough staff as assessed by the dependency tool. The manager recognised the need to adjust the rota at specific times to ensure people’s needs were consistently met. They explained they had introduced a separate twilight shift, so people could stay up later should they choose. Another was to change staff start times in the mornings, so more staff were available to support people safely if they chose to get up early. This demonstrated to us the provider understood the need to regularly review staffing arrangements in the home and revise them when necessary to meet people’s changing needs.

There were procedures in place for the safe recruitment of staff and the procedures were followed. For example, checks were carried out before staff started their employment at the home. This included reference and employment checks, together with personal identity and criminal record checks through the recognised Disclosure and Barring Service (DBS).The professional registration status of nurses employed was also checked. On commencement of their employment, staff received an induction to their role. This included role related training and support and supervision from more experienced staff. This helped to make sure that staff were fit to work and provide care to vulnerable people at the home.

People’s medicines were safely managed and staff gave people their medicines when they needed them. One person told us they were, “Provided with the correct medicines at the correct time.” We saw that people’s medicines were safely stored and administered. This was done in a way that met with recognised practice and people’s needs and preferences. For example, people were offered a drink of water to help them swallow their medicines safely. We also saw that each nurse signed the person’s medicines administration record (MAR) once they were sure the person had taken their medicine to show the person had received their medicines

Some people were prescribed medicines to be given when they needed them rather than at specified regular times. For example, for pain relief. We saw that written protocols were in place to inform the nurses of when, why and how those medicines were to be administered. We heard nurses ask people how they were feeling and whether they required their medicine that was to be given in this way. The nurses also used a recognised assessment tool for assessing the level of pain people may be experiencing. This helped to make sure that people received their medicines safely when they needed them.

Equipment servicing records were kept up to date and showed that equipment, such as fire extinguishers and emergency lighting were regularly checked and serviced. People were protected from known environmental risks associated with unsafe equipment. Staff ensured maintenance issues were reported to ensure repairs were carried out quickly and safely with the minimal amount of disruption to the people.

We saw comprehensive risk assessments were completed and displayed to show the safe use of the specialist equipment in the home. This included specialist beds and mattresses used for pressure care relief and bedrails used to prevent falls . Equipment used for assisting people to move safely was regularly serviced and maintained. There were procedures in place for dealing with unforeseen

Good

Is the service safe?

incidents and emergencies. Personal emergency evacuation plans had been completed for each person for staff to follow in the event of a foreseen emergency, such as a fire alarm. This showed that people's safety needs were being promoted and protected.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us they were happy with the care provided. One person told us that staff were, "On hand when I need any help," and "They (the staff) know what they are doing." We saw staff responded quickly to one person who became quite distressed and anxious. The staff clearly knew the person well and provided them with the support and reassurance, which to help the person to feel calm and more relaxed. Staff also recognised that the person's behaviour related to their increased anxiety had the potential to upset others. The staff quickly reassured other people to allay their concerns. and allayed any concern they may have. This showed us the staff knew people well and used their knowledge to effectively support people.

Everyone we spoke with was very complimentary about the meals at the home. One person told us, "The food is lovely." Another person told us, "The food is very nice, there is always a choice and there is always plenty." We saw people being offered drinks and snacks regularly during the day. One relative told us they visited most days and were given the option to eat a meal with their family member. The relative also told us if they or their family member wanted a drink they were free to use the tea making facilities provided.

People's nutritional needs were being met and they received a balanced and varied diet. Food menus showed that variety, choice and healthy eating was promoted. The atmosphere in dining room at lunchtime was pleasant and relaxed. Background music was played throughout lunch and people appeared to enjoy this. We saw that people's meals were served by a waiter, who checked with each person's chosen meal was to their liking. People were offered a choice of drinks to accompany their meal and this included soft and alcoholic drinks. Staff knew people's special dietary needs and preferences and followed related instructions from health professionals. For example, fortified foods were provided for some people who were at risk of malnutrition. and/or thickened drinks for people who had swallowing difficulties or who were at risk of choking. We saw meals were nicely presented. Where it was necessary to blend foods the kitchen staff ensured the food was still presented in a manner so people could identify what they were eating. This showed us that people's dietary needs were being met.

People were protected against the risk of receiving inappropriate or ineffective care and treatment because staff received the training and support they needed to provide people's care. One person told us that they felt, "Carers and nursing staff were competent." Staff told us they were provided with the training, support and supervision they needed to provide people's care. Related records showed an on-going programme of staff training, supervision and appraisal that was arranged by the provider. All the staff we spoke with understood the importance of training to inform care practice. One staff member told us they received, "Good training, which helped them to provide a high level of care." Another staff member told us, "Training here is good and encouraged." We saw there was a program of training the provider and local authority felt were necessary to continue to meet people's needs.

Some nursing staff had designated lead roles, to help make sure that recognised practice was followed for people's care. For example, one nurse had lead responsibility for with responsibility for people's end of life care. Nursing staff explained they were given the opportunity to access additional training to extend their nurses role. This meant, where possible, people received care and treatment at the home and a familiar environment rather than an admission to hospital.

The Care Quality Commission (CQC) is required by law to monitor the implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA is a law that provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. We discussed the MCA with staff and found they understood the principles of this legislation. Care records showed that assessments of some people's mental capacity to make specific decisions about their care had been carried out. The provider had a good understanding of the MCA and was aware of the need to involve people in decisions about their own treatment and care.

We discussed with staff how they ensured the care people received was in line with what they wanted. One staff member explained that people's care plans records were regularly reviewed with them and used as a guide to ensure

Good

Is the service effective?

people's needs were being met. We observed that staff asked people before they provided their care and support. People were involved in choices and decisions about daily matters that affected them.

The provider had made applications to deprive some people of their liberty. The Deprivation of Liberty Safeguards 2009 (DoLS) are a law that requires independent assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The provider recognised that some people needed to be cared for in this way. They had followed recognised procedures to obtain formal assessments and authorisation of the safeguards by the local authority responsible for this.

Good

Is the service caring?

Our findings

During our inspection staff appeared kind and considerate to the needs are preferences of each person. One person told us, “Staff are excellent.” They went on to tell us that staff were, “polite and respectful.” One person’s relative told us they often visited the person at different times and found the person’s care was consistently provided. They went on to say there had never been any problems. Another relative said, “The staff are friendly.”

Staff knew people well and they understood and respected people’s preferences, choices and routines. We observed that when staff chatted to people they checked people’s wellbeing. Staff communicated and interacted with people in a positive way. Staff spoke with people in a familiar but respectful way and always used peoples preferred names. Staff took time to engage with people and promoted their dignity and privacy. Staff also supported people in a way that enabled them to complete tasks at their own pace. For example, when nurses supported people to take their medicines, they were patient and gave people the time they needed to do this. Staff told us they were working towards achieving a recognised local authority Dignity in Care Award, the Derbyshire Dignity Award. This demonstrated that staff understood the importance of promoting people’s dignity.

Some people living with dementia found it difficult to express their needs and how they felt. We observed that staff acted promptly if people were distressed or in any discomfort and staff For example, staff quickly responded to one person who became anxious and confused. Staff spent time with the person and provided them with gentle and positive reassurance. This showed they were caring and compassionate in their approach.

People were given choice as to whether they preferred a male or female staff member to assist them with personal care. One person told us they were asked before they received care. The provider ensure their values and aims were freely available for people. We saw a number of information leaflets available in the reception area. The information included the providers philosophy of care which detailed how people were at the centre and included such areas as, identity, independence, collaboration and community. Staff were able to describe how they put this into practice. This showed the provider understood and promoted the rights of people and always put them at the centre of what they did.

Good

Is the service responsive?

Our findings

One person told us, "I feel I am well looked after." People told us they felt involved in their care and how it was provided. A relative told us they were quite happy with the care their relative received. Another relative told us how the manager had ensured their family members were included in deciding whether or not they wanted to have a shared or a separate room. This showed the manager promoted an inclusive approach to decision making.

People's care plans were regularly reviewed and revised when required. For example, if people's health needs changed. People's care plans contained a large amount of relevant information about each person. A number of related risk assessments were completed to ensure care was delivered to each person in a way that suited personal needs.

People received the care and support they needed in a prompt and timely manner. People were very complimentary about the staff and the manner in which they were supported and assisted. One person told us the staff were always, "Kind and considerate and here to help." They went on to tell us they knew they could speak up if they had any concerns about their care.

We looked at the provider's arrangements for how complaints were managed at the home. People told us they knew how to make a complaint and who to speak with about this. People told us they felt confident that any concerns or complaints would be listened to and taken seriously. We saw the provider had a complaints policy and procedure which was accessible for everyone. Records showed three complaints, had been received and investigated with documented actions of how they were resolved. This showed that the provider took concerns and complaints seriously and ensured outcomes and actions were recorded and followed.

One person told us that an activity coordinator usually delivered a range of activities during the week including bingo, quizzes and craftwork. Other people told us that they liked to read, watch TV and knit. One person told us they enjoyed participating in hand and chair based exercises and another person told us they enjoyed being able to continue playing their musical instruments. Unfortunately the coordinator was not working on the day of our inspection, however all the people we spoke with told us they how much they enjoyed the activities that were offered. The arrangements for activities were sufficient for people to engage in social, recreational and spiritual activities of their choice and met people's known lifestyle preferences.

People were encouraged to maintain relationships with people important to them. People told us their friends and family members were always made welcome and could visit whenever they chose. People's friends and relatives were free to visit the home and we saw a steady stream of visitors throughout the day. Visitors told us they were always made to feel welcome. People told us they were well looked after and our observations supported this.

Good

Is the service well-led?

Our findings

One person told us the home was, “well run.” Another person told us they knew who the manager was and would have no reservation in speaking to them if something was wrong. One person told us they had been visited by the manager prior to moving into the home. They told us this was very important to them as they felt reassured by the visit. The person told us the visit from the manager had given them the opportunity to ask any questions before deciding to move into the home. This showed us the manager understood the need to involve people in decisions relating to their care.

The home was being managed by an interim manager and the provider was in the process of recruiting a new registered manager. The manager and provider were aware of their legal responsibilities to notify us about certain important events that occurred at the home and had done so when required.

The manager was supported by the providers management team who all worked together. Staff told us they felt valued and involved in the running of the home. They felt able to express their views and were actively supported to do this through staff meetings and the managers open door policy. Staff told us they found the manager to be approachable. A staff member told us the manager was, “Supportive and very approachable.” They went on to tell us the manager, “Always made time to listen.” Another staff member described the i manager as, “Brilliant, supportive and approachable.”

One member of staff told us they always felt appreciated by the management team. Another staff member told us they loved their job and had been asked to be a ‘Pace Setter’. We were told the role of the pace setter was to promote the providers values and included working together to ‘make every moment count’ for the people. Another staff member told us, “I love this place; we have good staff who work hard as a team to provide good care.” We saw there was a mutual respect between the management team and the staff and a happy and settled atmosphere.

Arrangements were in place to regularly check the quality and safety of pepole’s care. Records and information about people’s health and care was recorded and updated regularly. We saw peoples care plans were regularly audited by the provider to ensure they were an accurate reflection of peoples’ needs and care. The audit was carried out to ensure peoples needs were being met.

The manager carried out a number of checks to evaluate the quality of service being provided to people. We saw the manager and a management colleague had participated in an unannounced night-time visit to assess the quality of care at night. Although this was a one-off audit, it showed us the manager recognised they needed to ensure an effective service was proved both day and night. A number of other audits were carried out by other the provider to ensure quality of the service. Examples were, analysis of falls, infection control procedures and medicines management. Analysis took place to learn from such incidents as falls and measures were put in place to try and reduce further falls.

On the day of our inspection an audit of people’s dining experience was carried out. The findings from this were discussed with the manager and staff. An action plan to show advice and improvements needed from audits was subsequently provided. We saw from documentation, where advice and improvements had been recognised, action plans were produced and outcomes recorded. The provider understood the need to assess, evaluate and reduce potential risk relating to the health, safety and welfare of people.

A range of operational policies and procedures, which helped to inform and support the management and delivery of peoples’ care. For example, arrangements were in place to make sure they were regularly reviewed against recognised guidance.

Staff we spoke with had a clear understanding of their roles and responsibilities. All the staff we spoke with were very positive about their job role. One staff member told us they were very aware that they were there to support people and always ensured they involved the person. Our observations and conversations with the staff showed us that the staff recognised the providers values and vision for the home. The staff knew how to raise any concerns they may have relating to changes in people’s needs. For example, staff knew how to report and record any incidents, accidents or potential safeguarding concerns. This meant people and relatives could be assured the staff and manager took the needs and safety of others seriously.