

Esteem Care Ltd

# Brandon House

## Inspection report

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09 September 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brandon House is a care home providing personal care to people aged 65 and over, some of whom are living with dementia. At the time of the inspection there was 35 people using the service. The service can support up to 42 people. The home provides single room accommodation with most rooms having en-suite facilities.

### People's experience of using this service and what we found

We found staff without the correct employment checks therefore we could not be assured the recruitment process was safe and effective.

There were various activities organised for people focused on their needs and preferences.

People told us they felt safe living at Brandon House. The provider had effective safeguarding systems in place. Staff demonstrated a good understanding of how to raise safeguarding concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last inspection was rated requires improvement and there were no breaches (published 11 August 2020).

### Why we inspected

This was a planned inspection and was prompted in part by the services history of inadequate ratings and previous breaches. This inspection examined those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brandon House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to the recruitment process at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brandon 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors 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.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be at the location to support the inspection. We visited the location on 9 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We observed the delivery of care and support in communal areas to help us understand the experience of people who were unable to talk with us. We spoke with 10 members of staff including the manager. We reviewed a range of records during and after our visit to the home. This included three people's care records and five people's medication records. We also spoke with five people who used the service and nine relatives about their experience of the care provided.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection safe was rated as requires improvement. At this inspection this key question has remained the same. 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

- The service had appropriate measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information for staff to manage risks to people's health and wellbeing.
- Staff had a good understanding of people's risks and how these should be managed. We observed a member of staff who used good distraction techniques to reduce one person's anxiety.
- Relatives we spoke with praised the staff for their kindness and ability to keep their loved ones safe. One relative said, "They (staff) are very caring. They also support me and are always available when I ask about my (family member). Another relative said, "The staff always keep me informed about my (family members) health. I visit regularly and staff always welcome me and chat about how my (family member) has been.
- The premises were clean and well maintained. Regular checks of the buildings and the equipment were carried out to keep people safe.
- The management of people who displayed behaviours that may challenge needed some improvement. Details of incidents of behaviours were recorded mainly in the daily records. This made it difficult to identify triggers to prevent further incidents occurring.

### Staffing and recruitment

- There were enough staff employed to ensure people's needs were being met on a daily basis. People and their relatives said there was enough staff to meet their needs.
- Staff told us there were enough staff on shift. One staff member said, "the staffing is good I have no concerns. They (the service) are trying to recruit and seems to be working.
- The recruitment procedures did not ensure all persons employed had enhanced criminal record certificates, however the service had started the application process and there was risk assessments in place.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- We observed medication being administered safely. Staff gave people time to take their medicines and supported people appropriately if they were reluctant to take their medicines. However, we noted one person did not have their pain relief as prescribed. On two occasions a pain-relieving patch had not been replaced as prescribed. We found no evidence to confirm the person was affected by the delay in replacing the patch.

- People told us they were happy with the support they received to take their medicines.
- Staff had received appropriate training and had their competencies checked to ensure they were able to administer medicines safely.
- Medicines were recorded and stored appropriately. There were clear records to confirm medication was administered as prescribed
- Controlled medicines were stored appropriately.
- The controlled drug book was untidy and difficult to follow. This was discussed with the manager who gave assurance the book would be replaced, and medication recorded clearly.
- Protocols for the use of as and when required medicines needed reviewing and updating to ensure they were accurate. The manager had identified the issues on her last audit and planned to take action.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and staff were responsive when needed. Comments included, "oh yes because all the doors are locked. And if you want to go out, they open the doors and you go out, always with someone, or a relative".
- Staff knew how they could whistleblow. Whistleblowing is where people can disclose concerns, they have about any part of the service where they feel dangerous, illegal or improper activity is happening. There was a policy with specific emails and numbers staff could call.
- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from possible harm or abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE (personal protective equipment) effectively and safely. We observed one agency nurse was not wearing a face mask and wearing nail varnish. We discussed this with the manager at the time of the inspection who stated they would investigate and take action.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found the servery area in the dining room required a clean, this was discussed with the manager.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach.



# 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.

At the last inspection well led was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found records were accurate however they could be more coherent. For example, details of incidents of behaviours were recorded in the daily records. This made it difficult to identify triggers to prevent further incidents occurring.
- At the time of our inspection there was no registered manager in place, there was a manager who had started at the home in July 2021. The manager had applied to become registered with CQC and this was in process.
- Staff said they were able to raise concerns with management.
- The home had policies and procedures in place which covered all aspects of the service. Some of the policies seen did not have a review date, the manager stated this would be actioned.
- Audits were carried out, however we found audits without action plans therefore we were not assured improvements were always made. We recommend the provider and manager review their audit procedures to ensure a more robust approach.
- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.

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

- There was an open and positive culture. Staff told us they felt part of a team and were supported by the management team.
- People and relatives told us they felt well supported by the staff team.
- Relatives had provided positive feedback about the service and the outcomes it had achieved with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Daily meetings were held with staff to ensure they were updated with any new changes within the home.
- People told us communication with staff was good. Surveys were carried out to ask people and their relatives for their views on the service so they could continually improve.

Working in partnership with others

- The home had established good working relationships with health professionals and received compliments from visiting professionals.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	<b>Recruitment procedures did not ensure that all persons employed had enhanced criminal record certificates.</b>  Regulation 19 (2)(a).