Bupa Care Homes (CFChomes) Limited

Branston Court Nursing Home

Inspection report

Branston Road
Branston
Burton On Trent
Staffordshire
DE14 3DB

Tel: 01283510088

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected this service on 6 January 2016. The inspection was unannounced. At our previous inspection in November 2013, the service was meeting the regulations that we checked. The service provides accommodation and nursing care for up to 45 older people living with dementia. There were 43 people living at the home on the day of our inspection.

There was a registered manager in post. 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.

Although the provider determined the staffing levels on an assessment of people's needs, they had not taken into consideration the additional level of support people needed at specific times of the day. For example at meal times. This led to insufficient staff being available to meet people's individual needs. The environment did not offer sufficient orientation and memory objects to support people's memories and reduce confusion .Staff were knowledgeable about people's care and support and understood what constituted abuse or poor practice and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff received training to meet the needs of people. Staff received supervision, to support and develop their skills. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. Applications had been made for DoLS in line with legislation. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences. Staff supported people to maintain their dignity. People were supported to maintain and develop their social interests. People felt confident that they could raise any concerns with the registered manager. There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 not always safe.

The staffing levels in place did not ensure people's individual needs were always met. The environment did not support people with dementia to maintain their independence and reduce their levels of confusion. People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. The home was maintained to a good standard.

Is the service effective?

Good

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) so that people's best interests could be met. People's nutritional needs were monitored. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good

The service was responsive

People were supported to maintain their interests and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and make improvements.

Branston Court Nursing 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 was 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 the 10 December 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.

We did not send the provider a Provider Information Return (PIR) prior to this 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. However, we gave the registered manager the opportunity to provide us with information they wished to be considered during our inspection.

We reviewed information we held about the service. We looked at information received from people, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with three people who used the service and the relatives of eight people. We observed how staff interacted with people throughout the day. We spoke with the registered manager, the deputy manager, one nurse and three care staff and the activities coordinator. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed three staff files to check that staff were recruited in a safe way. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider

had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

The registered manager confirmed that the staffing levels were calculated according to people's needs. However we observed that the staffing levels were not sufficient to support people eating lunch at the dining table on the ground floor. This affected the lunch time experience for people because staff were not always available to prompt and support them to eat their meal as they were busy supporting other people to eat and serving food to people. We observed that four people seated at the dining table needed support or prompting to eat their meal. One person ate their main meal and dessert following prompts and support from staff. This support however was intermittent because staff were not available throughout the meal to provide continuous support. The other three people ate little or no main meal but did eat dessert. Due to the lack of staff presence during the meal time one person dismantled the water cooler, causing a flood of water on to the dining room floor. This was mopped up promptly by housekeeping staff. We observed one occasion when one person left their seat, walked away from the table and then returned. This person due to their confusion then stood next to a person who was eating their meal at the dining table. The person appeared uncomfortable with this and was asking the person standing next to them what they wanted. No staff were present in the dining area at this time to redirect this person and support them. This showed us that people did not receive sufficient support to ensure that lunch time was a pleasurable experience for them or that their support needs were met. We discussed this with the registered manager and the area manager for the home who confirmed this would be addressed.

In other areas of the home, such as within the lounge area of the ground floor and on the first floor we saw that people who required support to eat their meal were supported by staff in an individualised way. We saw that two people were funded for one to one support and this was provided to them. This showed us that where people needed full support to eat, this was provided by the staff team.

People in general told us that there was enough staff to meet their needs and other than during lunch time we did not identify any concerns regarding the staffing levels. However four visitors said they did not feel there was always enough staff particularly in the afternoon to support people. One visitor said, "There seems to be less staff around in the afternoon, I've noticed it a few times and they are rushing around trying to help people. I think they need more staff." We saw the care staffing levels were reduced in the afternoons by one member of staff. Care staff we spoke with felt more staff were needed to support with meals and in the afternoon when staffing levels were reduced. Discussions with the registered manager confirmed that late afternoon and early evening was a time when some people's behaviours often changed. This is referred to as sundowing or sundown syndrome in people living with dementia. Although this condition does not affect everyone living with dementia it is quite common and can affect people's behaviours, which means they may require additional support. Staff we spoke with confirmed this. One member of staff said, "It can be difficult in the afternoon if anyone becomes disruptive or aggressive and our time is taken up supporting them. Another member of staff would make all the difference." The reduction in staffing levels in the afternoon did not demonstrate that this factor had been taken into account when assessing the number of staff needed to support people.

The environment did not offer sufficient orientation and memory objects to support people living with

dementia. These can be used to promote the wellbeing of people living with dementia as they can help to reduce confusion and support people's memory. We saw that corridors and bedroom doors were in the same colour; this would make it difficult for people living with dementia to identify doors from walls. Observations and records seen demonstrated that the environment was clean and equipment was maintained and serviced as required.

Risk assessments were in place in the care files seen and we saw that these were followed. For example one person had an assessment in place regarding the equipment required to manage their skin condition and we saw this equipment was in place to support them. We saw that equipment was maintained and serviced as required to ensure it was safe for use. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

We saw that the provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The two staff files seen had all the required documentation in place. This showed us that the registered manager and provider understood their legal responsibilities regarding safe staff recruitment.

People confirmed they felt safe at the home. One person told us, "Yes I am safe, I am being looked after right." One person's visitor told us, "I am 100% confident that my relative is safe here, I can't fault the staff they are very good." Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I had any concerns I would speak to the manager or the nurse in charge. I know we can report concerns externally if we need to."

Medicines were managed in a safe way. We saw medicines were stored securely and were not accessible to people who were unauthorised to access them. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people's prescriptions and available when people needed them. Staff confirmed that only nurses administered people's medicines. We observed people being supported to take their medicine at lunch time and saw that people were supported by the nurses on duty to take their medicines in a safe way. Some people required their medicines to be is hidden in food or drink. This is known as covert administration. This was done because they refused to take their medicine and did not have the mental capacity to understand the health consequences of not taking this medicine. We saw that the correct procedures had been followed to ensure this was done in the person's best interests and with the agreement of the person' s GP, family members and others involved in their care.

We saw that people were supported to take medicine for pain relief when they needed it. For example the care staff fetched the nurse for one person who demonstrated that they were in pain. The nurse spoke with this person to ascertain where the pain was. They then patiently encouraged and supported this person to take their prescribed pain relief to alleviate their symptoms. This showed us that staff were vigilant in ensuring people were supported to manage any pain they experienced.

Good

Is the service effective?

Our findings

Visitors told us that they were happy with the care their relative received. One visitor told us, I'm very happy with the carers, they all do a wonderful job, I can't fault them." We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff were able to tell us about people's needs and the level of support they needed to make decisions. Staff told us that they received the training they needed to care for people effectively. Staff confirmed they received supervision and we saw a plan was in place to ensure training and supervision was provided on a regular basis. Staff told us they were supported by the registered manager and deputy manager. One member of staff said, ". The manager is approachable if we need to discuss anything and she comes and helps out too." Another member of staff told us, "We generally help each other out but we can go to the manager if we need to." This showed us that staff were supported to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had an understanding of the requirements of the MCA. We saw that capacity assessments were in place and staff understood the principles of the MCA and DoLS. We observed staff obtaining consent from people where possible before providing any care and support. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. This showed us that the registered manager understood their responsibilities to ensure people's legal rights regarding decisions about them were met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed they had made DoLS applications for everyone that used the service. At the time of the inspection ten people had a DoLS approval in place. The registered manager was awaiting the outcome of the other applications made. This demonstrated that the registered manager understood their responsibilities to comply with the MCA and DoLS legislation.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food isn't bad at all, I enjoy it." Another person said after finishing their lunch, "That was very nice, they give you a lot of food here." A visitor told us, " Most of the time my relative has a good appetite but they aren't well at the minute but the staff make sure they give them food they like, so they usually eat it." We saw that people were offered drinks and snacks throughout the day to ensure they had enough to eat and drink. Relatives also confirmed this. One relative told us, "They have lots of drinks."

We saw that people's diets were catered for and their preferences were sought at meal times. We saw that people were offered second helpings of food, particularly as some people were reluctant to eat their main

course but enjoyed their puddings. One person's relative told us, " Everything has to be pureed now but they still enjoy their food." Nutritional risk assessments were in place and people's weight had been monitored regularly. Referrals had been made to health professionals when risks were identified, for example we saw that referrals were made to GPs and dieticians as needed when weight loss was identified.

We saw that people's health care needs were monitored and met. Referrals were made to the appropriate health care professionals when needed. Visitors confirmed that their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in their family member's health or other matters. One visitor said, " They always keep me up to date if there are any changes." We saw evidence that GPs, speech and language therapists, dieticians, chiropodists, and opticians visited people as needed. This showed us that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People told us they liked the staff and said they did a good job. Comments included, " They are all lovely, very nice to me." A visitor said, " They do a very difficult job but I never hear them complaining and they are very kind and patient with everyone." Another visitor told us that the staff "loved" their relative "to bits." We saw that staff approached people with respect and in a kind and compassionate way. We observed staff sitting with people in the communal areas. They interacted well with people whilst engaging in conversations with them. This demonstrated that people were treated in a respectful manner and with consideration.

People were supported to celebrate their lives and maintain their sense of self-worth. We saw that special occasions were celebrated such as birthdays. On the day of the inspection one person was celebrating their birthday. A member of staff told us, "When its somebody's birthday the cook makes them a cake. We always celebrate important events with people."

People's visitor's confirmed they were involved in their relatives care planning and reviews. One visitor said, " Yes we are involved in the reviews and have a discussion with the manager." Leaflets were available in the entrance of the home regarding advocacy services that could speak on people's behalf when they were unable to do this for themselves. This ensured people had this information available to them should they wish to use these services.

We saw that people were supported to maintain their dignity. When people stained their clothing with food they were supported to change their clothing . Care records provided staff with information on people's preferred attire. For example on person's care plan stated they liked to look smart and well groomed and we saw this person was supported to maintain this. Another person told us that they liked their clothes to be colour coordinated and their care plan said they preferred to wear a skirt. We saw this person was supported to maintain their sense of style and preference.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One visitor said, " We don't live locally but whenever we visit the staff are warm and welcoming." This demonstrated that staff supported people to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

Staff knew people well and were able to support them according to their preferences. For example we heard one member of staff, when offering a person a drink ask, " Would you like another drink?" When the person confirmed they would the staff member said, " Let me guess, I bet that will be a cup of tea with no sugar?" The person confirmed that was correct. Information was available to staff within care records regarding people's preferences and staff we spoke with were able to tell us about people's preferences and daily routines.

We saw people were supported to maintain the skills they had and take part in things they enjoyed. For example one person told us they could play the piano and the staff encouraged them to play a song on the piano for everyone. Another person spent time with the activities coordinator playing a table top game. Two activities coordinators were employed from Sunday to Thursday every week. They told us that group and one to one activities were provided for people and external entertainers visited the home every month. One visitor talking about external entertainers said, "Everyone seems to enjoy this, they join in with the songs. I think it's very good because it stimulates people's memories."

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well -being were monitored to enable the appropriate action to be taken.

Visitors told us they were aware of the complaints procedure and knew how to raise any concerns with the registered manager. One visitor told us, "I had some small issues and everything was resolved." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to within the agreed timescales and addressed. This showed us that the provider's complaints policy was accessible and people were encouraged to express their opinion about the service.

Good

Is the service well-led?

Our findings

People's views were sought through satisfaction surveys, relatives meetings and through reviews of care. The registered manager advised us that the most recent surveys had been undertaken in October 2015. The results of these surveys had not been received by the manager at the time of the inspection. The registered manager confirmed that these results would be shared with people and their relatives including any identified areas for improvement.

We saw and people confirmed that meetings were held for people's relatives and friends. This was done to gather people's views about the quality of the service and to provide a forum for relatives to discuss their feelings about supporting a loved one living with dementia. This showed us that the registered manager understood the importance of supporting everyone affected by dementia.

Staff confirmed that meetings were held on a regular basis to inform them and provide an opportunity for staff to give their views and opinions. Meetings were held every day with heads of services, such as catering , maintenance, activities and care staff, this was to review any issues or actions required. We observed this meeting on the day of the inspection and saw that everyone exchanged information on any areas for improvement and ongoing work being undertaken. Everybody signed to say that they agreed with what was said. This showed us that improvements identified were continuously monitored and actions taken where needed.

We saw that consistent leadership and direction for staff was in place. Staff we spoke with were clear about their roles and responsibilities. One member of said, " There is a good skill mix of staff and we work together as a team and help each other out." All of the visitors we spoke with confirmed that the culture of the home was open and transparent. One visitor said, " I think the manager is very good. She sorts out any issues and if there are any problems we are always contacted."

A check list was undertaken of the medicine administration record by nurses at the end of each medicine round. This ensured that any errors were identified promptly to ensure they could be addressed and actions taken as needed.

We saw that the registered manager followed the provider's monthly audit schedule to check that people received the care they needed. We saw that where actions were identified plans were in place to drive improvement. The provider shared feedback from CQC to the management team regarding the quality of care provided across the organisation. This was done through quarterly meetings and internal messages. This supported the management team in developing the service to meet current regulations. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

There were appropriate data management systems in place. We saw that care records and people's confidential records were kept securely so that only staff could access them. Staff records were kept securely by the management team which meant they were kept confidentially.