Bondcare Willington Limited

# Brancepeth Court

## Inspection report

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Crook
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Brancepeth Court 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 the inspection.

Brancepeth Court accommodates up to 49 people in one adapted building. People are accommodated in two separate units, each of which had separate adapted facilities. The service provides both nursing and residential care. On the day of our inspection there were 36 people using the service. Rose Cottage accommodated seven people with a learning disability and 29 older people and five younger adults with disabilities lived within the main Brancepeth Court unit.

The inspection took place on 15 January 2018 and was unannounced. This meant staff did not know we were visiting.

We last inspected Brancepeth Court on 19 October 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager who was on duty during the course of our visit. The registered manager was also a registered nurse. 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 and the management team understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding adults. People we spoke with and their relatives told us they felt very safe at the home. The registered manager shared learning from feedback and safeguarding events with the staff team through recorded meetings.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Health and safety checks were completed and procedures were in place to deal with emergency situations.

The home was clean, and we saw staff followed good practice in relation to wearing personal protective equipment when providing people with care and support. The environment was homely, accessible and dementia focussed. For example, the lighting had been replaced throughout the home which increased visibility for everyone and enabled a more pleasant environment.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them.

We found there were sufficient care staff deployed to provide people's care in a timely manner. We saw that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. People told us their needs were attended to promptly.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking by the staff team who were trained to support people with nutritional needs.

We saw people's healthcare needs were well monitored and records in relation to the monitoring of people's health, nutrition and pressure care were recorded.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times. The home had a dignity champion who was committed to the role and had ensured people were involved in the day to day running of the service. End of life care was provided by compassionate and well trained staff.

People's needs were assessed before they came to live at the service and then personalised care plans were developed and regularly reviewed to support staff in caring for people the way they preferred.

An activities coordinator provided a range of activities and support for people to access the community. On the day of our visit, people had gone on a bus trip and we saw other people having one to one manicures.

People and staff were positive about the management of the home. Many staff had worked at the service for a number of years and this added to the feeling of a caring, well-run home.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service. We saw a suggestion book was made available and surveys were due to be carried out.

The service had good links with the local community and local organisations. The registered manager had a robust quality monitoring system in place with actions for any improvements identified and shared with the staff team.

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

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remained Good. | **Good** |
| **Is the service effective?**<br>The service remained Good. | **Good** |
| **Is the service caring?**<br>The service remained Good. | **Good** |
| **Is the service responsive?**<br>The service remained Good. | **Good** |
| **Is the service well-led?**<br>The service remained Good. | **Good** |

# Brancepeth Court

**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 15 January 2018 and was unannounced. This meant the provider did not know we were coming.

One inspector, a specialist professional advisor and an expert-by-experience carried out the inspection. A specialist professional advisor is someone who has a specialist knowledge or background; in this case our advisor was a registered nurse. 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 reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. We contacted infection control leads for care homes in the area. We used their comments to support the planning of the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We placed a poster in the reception of the service so that people and any visitors would be aware an inspection was taking place and who to contact to give feedback if they so wished.

During the inspection we spoke with nine people who used the service and two relatives/visitors. We also

spoke with the registered manager, four care staff, one domestic staff member and the activity co-ordinator. We looked at a range of records which included the care and medicines records for five people, recruitment and personnel records for six care workers and other records relating to the management of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included, "I definitely feel safe, the staff don't treat you as a number they treat you as an individual," and "I feel safe, the staff look after me very well."

Accidents and incidents were logged. Information recorded the details of accidents, injuries sustained and whether relatives, or other required agencies had been notified. We also saw the service carried out a 24 hour observation record following any incident or accident with hourly checks observed on the person. This was good practice.

The provider had systems in place to make sure people were protected from abuse and harm. Staff had completed safeguarding training and were able to describe confidently what action they would take if they had safeguarding concerns. Previous safeguarding concerns had been referred to the local authority safeguarding team appropriately in line with the agreed local procedures.

One person told us, "You can't fault it, the cleaners come in every day to clean and check on things," and another said, "The premises are clean, tidy and well looked after." We saw staff using personal protective equipment such as gloves and aprons when dealing with people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the service was kept clean and the potential for catching an infection was minimised. One of the housekeepers told us they always had plenty of cleaning products and equipment. One relative we spoke with said, "The home is well maintained and clean and the cleaners have a chat with my mother which keeps her spirits up."

Risks to people were identified and managed so people were safe. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people.

Risk assessments were completed for the environment, moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence and skin integrity. There were specific risk assessments for distress and risks associated with behaviours that may challenge.

Recognised tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped identify the level of risk. The Waterlow scale is used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

Regular health and safety checks were carried out to help ensure the premises, environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery. Health and safety checks were up to date when we visited the service. The provider also had up to date procedures to deal with emergency situations. Personal emergency evacuation plans (PEEPs) had also been written for each person to help ensure they received personalised support in an emergency.

Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Nurses and senior care workers had completed relevant training and had been assessed as competent. We observed staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. One person told us, "They wait with me until I have taken my medication."

Care staff confirmed staffing levels were sufficient to meet people's needs. On the day of our inspection there were four care staff on duty in the main unit and two care staff at Rose Cottage, there was also the registered manager who was working as a nurse on the day of our visit. There were laundry, catering, activity and housekeeping staff on duty. During our inspection call bells were answered in a timely manner.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

We saw that the registered manager had shared learning from feedback and safeguarding events with the staff team through meetings. They told us how they had met with laundry staff and housekeeping staff to review concerns about laundry going missing. Staff were asked for their views and to work together and there was definite progress. This showed the service was willing to listen and take on board feedback and to make improvements.

Good

# Is the service effective?

## Our findings

People told us that staff knew their needs and were also trained to deliver good care. Comments included, "They definitely have the right skills and training, they do an awful lot of training even on their computers at home," and "They definitely have the right skills and training, the way they treat me you couldn't ask for better."

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, medicines, fire safety and infection control. One staff member told us, "I feel part of a very good team, my induction well prepared me for my role." Some staff raised an issue about having difficulty accessing the provider's online training platform. We raised this with the registered manager who told us they were aware of this and an additional laptop had been ordered to increase accessibility for staff.

New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Records we viewed showed regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff informed us that they felt supported by the management team.

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. 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 found the appropriate DoLS authorisations were in place for each person requiring authorisation. Where required people's care records contained examples of MCA assessments and best interest decisions such as for nutrition, medicines administration and financial matters. All of the people, without exception told us that staff obtained consent before delivering care.

Staff demonstrated good understanding of people's communication needs. They described how they supported people to make choices and decisions. Examples of the strategies staff used included showing people items and objects to choose from. We also spoke with one person using a tablet computer which they used to communicate. Where people lacked capacity to make their own decisions a specific care plan had been developed. This provided staff with details of the individual support the person required with decision making.

We saw the service actively supported equality. One person had specific personal gender needs and they told us these had been met in a positive and respectful way. They told us that they can live as they wished to and staff supported their self-esteem and dignity. They told us, "It's just amazing here, I love it."

Staff supported people to access the health care they needed. We saw that handover records were good and recorded people's current healthcare status so that staff were clear on what people's needs were from one shift to the next. People we spoke with advised us they had access to external healthcare when needed such as a dentist, podiatrist or doctor. Care records showed people received regular input from a range of health care professionals, such as GPs, community nurses and specialist therapy services. We spoke with a visiting district nurse who told us, "The staff here are very approachable and they have good up to date information on people. If they don't then they go and ask, we have a really good relationship with the service here."

People we spoke with said, "The food is excellent, it's varied every day, "They ask on the night what your choices are" and "The food is good and they give me what I like if I don't like something."

We observed the lunchtime meal. There were four care staff present at the time who served people in the dining room as well as a number of people who had their meals in their rooms. Two people were seated who required one to one support with their consumption of food and drink.

We observed that the atmosphere was very calm and quiet, including quiet background music and the staff were delivering the service in an orderly fashion, not rushed and interacting with people at all times.

In terms of interaction, we observed staff explaining the choices of meals and drinks, providing alternatives, encouragement to consume the food, and asking if people wanted second helpings. The food looked inviting and people seemed to be enjoying their meals. Two people were receiving soft/puréed food. Although puréed, these meals were well presented with the mince, potato and vegetables separated, and replicated the meals provided to other people.

With regard to a person receiving one to one support, we observed the kind and compassionate nature of the member of staff assisting, noting how she held this persons hand all the time, offering reassurance, offering a cuddle and checking on the temperature of the food before offering up each spoonful. Another person who had become tearful was soon put at ease by another member of staff.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used for people at risk to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were fully completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. People with specific dietary needs told us, "I am borderline diabetic and staff keep a close eye on my diet," and "I was on tablets for diabetes but I am now on a controlled diet and the staff know what to give me."

The service was also accredited with the Focus on Undernutrition service, a local initiative run by dieticians that provides training and treatment for people at risk of poor nutrition.

We saw that the environment had improved since our last visit. The registered manager explained they had replaced chairs in the dining area and some lounge chairs and lighting had been replaced throughout the home. The lighting much improved the visibility and atmosphere within the service. One person told us, "My room is lovely and comfy, the premises are fantastic, especially since the installation of new lighting and

kitchenette."

Good

# Is the service caring?

## Our findings

People and relatives were complimentary about the caring nature of staff. People we spoke with said, "I am definitely happy with my care 100%, as I am the type of person if not happy would have to say something" and "I am definitely happy with my care, it's outstanding, nothing is too much trouble to them."

We observed people being offered choices about what they wanted to do or where they wanted to go. People told us they were given choices by staff and comments included, "Staff listen to me, and if I am in a low mood they bring me out of it" and "They respect what I like to be called, they always knock before entering, they never walk straight in."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Staff were able to share with us lots of detail about people's lives, family and previous jobs and they clearly knew people well. People we spoke with said, "If I ask questions about my care I always get an answer," and "When at home I did not bother about walking but now I am encouraged to and have started walking which makes me more independent."

The service supported people to maintain their independence. One person told us that although they were independent there was always somebody supporting them when going outside of the home. A person described how a wheelchair accessible van with a driver and care staff member was provided so they could go to Crook to buy some new clothes for themselves. Another person told us that they had difficulty in walking long distances and so a wheelchair was provided so they could join others on a walk to the local riverside.

We saw positive interactions between staff and people. Staff were chatting and reading to people and the atmosphere across the whole service was calm and caring. People using the service appeared very comfortable in the company of staff and we saw that many staff had worked at the service for a number of years which meant the support for people was consistent. We were told one person was struggling with a condition diagnosis and a bereavement. The registered manager had a relative in a similar position and they had come into the service on the day of our visit and were spending time talking with this person.

We asked if people's preferences about care staff were respected. People told us, "I am treated with the same quality of care whether male or female" and "I have no preference they treat me the same" (same comment from two people).

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be. One person told us they were treated with respect and they liked to treat the staff with similar respect. They went on to describe how people residing in the home and staff had lined up to pay their respects to a person who had recently passed away.

People and relatives were involved in the care planning process. One relative we spoke with said, "I am involved in my mother's care, staff promote independence as mam is very independent and likes to wash and dress herself." Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care. This meant that people and their representatives were consulted about their care, which helped maintain the quality and continuity of care.

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about maintenance, menu choices and activities. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care, treatment and support. We saw one person had said, "I'd like my room changing round," and the service documented "[Name's] room rearranged as requested." This showed people were listened and responded to.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relative and said they could visit and ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships. We also met and spoke with a person who was transgender. They told us how the service supported their gender identity and that the staff team were supportive, inclusive and positive towards them. They told us how they were fully involved in their care plan and that, "I love living here, it's an amazing place."

Good

# Is the service responsive?

## Our findings

People told us staff were responsive to their needs. Comments included, "I get time to talk to staff especially when I first came in, they got to know my choices and preferences," and "The staff listen to my views and if I need to discuss something they are always willing to listen."

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, medication, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw care plans were confidentially stored and well maintained and staff recorded daily communication notes. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

We looked at five care plans belonging to people who used the service. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them.

Care plans had evolved from the information given at pre-admission and from outside agencies and it was very evident that staff had discussed care needs and wishes with people and had tailored care plans to meet individual's needs. Examples of this were; where to position the wheelchair beside the bed so the person could then independently transfer from the bed and the exact support the person needed during showering and dressing. This ensured the person remained as independent as possible and maintained their self-esteem and dignity.

We saw care plans were reviewed regularly. Care plans were reviewed and updated at least once a month to ensure they contained relevant information.

People were involved in their care and planning. We spoke with one person who independently managed their diabetes. This has been risk assessed and documented. They monitored their blood glucose levels and administered their insulin four times a day. They carried an insulin pen and glucose sweets should they require them if their blood glucose was low. For them, this was so important. It maintained their independence and control, they said, "The staff here are brilliant."

We spoke with another person who had made a decision regarding their care or treatment that to others may not seem wise. We saw from their care plan that staff had given advice and also sought the advice and support from other professionals but ultimately they respected the person's decision. The person had a swallow problem and had been advised to have thickened fluids which they declined. When we went to talk to them using their I-pad tablet, their first words were, "No thickener." They also told us "They are really

good here," and "I'm very happy."

We found the provider protected people from social isolation. The home had a comprehensive programme of activities and outings. People we spoke with said, "We play dominoes and bingo and we have a good laugh", "The nursery children come in twice a week, it picks me up so much"
and, "The Tim Peake exhibition was excellent; and I have been all over the place." There had been a trip to the MetroCentre on Saturday and one person went out shopping on the morning of the inspection which they told us they were delighted about. There were weekly visits from children at a nearby nursery who joined activities and this was enjoyed by all. There were examples of their craft work on the corridor walls. Family and friends were encouraged to visit and some people had regular social leave. For those who were more independent they could go out and visit the shops as they wished. The garden areas and outside smoking areas were easily accessed.

The activity coordinator told us that she had lots of resources that could be used for sessions with people. Funds were raised by a tuck shop situated in the dining room that had an honesty box but bigger items were also facilitated by the organisation.

There was a complaints procedure in place. There were opportunities for people and staff to raise any concerns through meetings. We saw that there had been two complaints in 2017 which had been investigated and responded to by the registered manager in accordance with the service's procedure.

The service provided end of life care. Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). People had a detailed plan that showed the involvement of the person and their family to record people's wishes for care at the end of their life. The home had a syringe driver on site and also a defibrillator which staff had been trained to use. One healthcare professional fed back to us, "I have noticed an improvement in overall nursing care of patients especially those patients in receipt of palliative care." Another healthcare professional said, "I have great confidence in the care at the service around palliative care."

Good

# Is the service well-led?

## Our findings

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. On the day of our inspection we met with the registered manager who was working as the nurse in charge. They told us they worked occasional shifts as "I enjoy it and need to keep my hand in."

Everyone we spoke with said that they either knew the registered manager's name or recognised who she was. Comments and views expressed as to why people thought the home was well managed included; "I always see the manager in her office and around the premises when I visit and I always get a warm welcome" and "I see the manager out and about all the time and you can approach her any time." Other people said, "The atmosphere is friendly and warm, it's like home and having an extended family", and "The atmosphere is good, staff are happy in their work and work as part of a team."

Staff we spoke with told us they were happy in their role and felt very supported by the management team. One of the senior team who had worked at the service for thirteen years told us, "I'm happy here it's a good team we all work together." They all stated they felt they could talk openly about any concerns and that they were supported by their colleagues and management team. Many of the staff have been at the home for many years and said to us, "I love it," and "It's a good place to work." From our observations it was evident that staff liked and respected each other and were working well together.

People we spoke with commented on the staff team. This included, "The staff are happy in their work they are always having a laugh and joke", "The staff work as a team and they gel together" and "The staff are happy in their work they are not grumpy."

Staff were regularly consulted and kept up to date with information about the service and the provider. There were regular staff meetings for care staff, senior staff and kitchen staff where staff members were always asked for their views.

We looked at the arrangements in place for quality assurance and governance. The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. An example of the detail in audits was found in a care plan audit where the auditor had queried to the named nurse responsible for the care plan, "It may be too soon to discuss an end of life plan with [Name] as they are only here for a short stay but please consider and record your action." We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

People informed us that they were given the opportunity to feedback on the quality of the service and they had filled in questionnaires and were aware of or attended resident meetings. People said, "I have filled in questionnaires and attend meetings where they discuss anything from house cleaning, maintenance, activities, and food and act upon the suggestions." And, "If I want to report something I can do it informally; however I have been to meetings and they keep you up to date with developments and are open to your

suggestions for improvement."

The service had good links with the local community. We saw there were visitors to the home during the day who told us they felt welcomed by the service. The service had also been proactive in working with others. Visiting healthcare professionals were positive in their views of the care and service and Brancepeth Court had offered the local district nursing team the use of their reception lounge area at night as they had recently lost their working base.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.