Krinvest Limited

Branch Court Care Home

Inspection report

Branch Court Care Home, Livesey Branch Road,
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Date of inspection visit: 28 July 2014 and 31 July 2014
Date of publication: 29/12/2014

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The last inspection of Branch Court Care Home took place in August 2013 when it was found to be meeting all the regulatory requirements which applied to this kind of home.

Branch Court Care Home currently shares a registered manager with another home run by the same company which is located close by on the other side of the road. The current acting home manager is in the process of registering with the Care Quality Commission (CQC) as the registered manager of Branch Court Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Branch Court Care Home is a purpose built home which provides accommodation for up to 30 people who require personal care. At the time of our inspection 24

Summary of findings

people were living in the home. The home has three floors and a lift. All but two of the bedrooms are on the upper floors and all are for single occupancy and have en suite facilities. The home is situated in a residential area of Blackburn and provides access to local amenities.

We found that people who were living at the home felt safe and that staff had a good knowledge of how to provide care for them. Staff were trained and there were sufficient staff available to provide people with care promptly. Staff treated the people who lived in the home with courtesy and respected their privacy and dignity. However some attention was needed to the completion of up to date risk assessments. During our inspection we saw that the management of the home worked hard to try and get the best for the people who lived there.

We did not find that the home had adequate arrangements for everyone who needed support with nutrition and have identified that improvement is needed in this area. Aspects of the physical environment of the home were not designed or adapted for some of the people who lived in the home, particularly those living with dementia or those with a visual impairment. This meant that the premises did not conform with regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to the safety and suitability of premises. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

We found that the service required improvement. The home did not meet its own requirements for keeping risk assessments up to date and some of these required review. The home also required improvement because some people's individual nutritional needs might not be fully met.

However staff had a good knowledge of the nature of safeguarding and knew what to do if they suspected anything. The home notified the Care Quality Commission of any concerns. The people who lived in Branch Court Care Home told us that they felt safe. Their relatives had no concerns about the safety of care provided by the home.

There were enough staff working in the home. The provider followed safe recruitment practices so that it could be sure that the people who worked there were suitable to do so. The home followed the requirements for applying Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Requires Improvement

The service was not effective because it required improvements so as to make it more suitable for people living with dementia. Some repairs and replacement were needed.

Staff were adequately trained. The people who lived in the home had good access to health care. People were able to exercise some choice over what they ate and drank and most people thought the food was good.

Is the service caring?

Requires Improvement

The service required improvement because there was no evidence that people and their relatives were actively and routinely involved in planning the care provided in the home. However the people who lived at Branch House Care Home told us that they felt well cared for. Care documentation was otherwise generally good and demonstrated that whilst there was no formal system of periodic review with people who used services and their families, staff had a good grasp of people's day to day needs.

People at the home were cared for by staff who observed their dignity, offered them privacy, and treated them with respect. The staff at Branch Court Care Home related to the people who lived in the home on a friendly basis.

Is the service responsive?

Good

We found that the personal care provided at Branch Court Care Home was delivered in a way that responded to people's needs. Care was provided promptly when required and with the consent of the people who used the service.

Summary of findings

There were no recorded complaints and the people we spoke with told us they did not have any. One relative who had raised concerns told us they were satisfied with the way it had been dealt with. We saw that the home sought to provide a range of activities for the people who lived there.

Is the service well-led?

Good

The home was well-led because the management and staff worked as a team and focussed around the needs of the people who lived in the home. The acting home manager and assistant manager took steps to achieve what was best for the people who lived at Branch Court Care Home.

There were audits in place so that the acting home manager could check on the quality of care provided in the home. Staff received regular individual supervision and the acting home manager had recently met with them as well as with people who lived in the home and their relatives. The acting home manager was supervised by a manager from outside the home who also monitored key aspects of the quality of the service provided.

Branch Court Care Home

Detailed findings

Background to this inspection

The inspection team was made up of a lead 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 in this case the care of older people.

We carried out the unannounced part of this inspection on 28 July 2014 when both the lead inspector and the expert-by-experience visited the home. The lead inspector returned to the home on 31 July 2014 to complete the inspection.

Before our inspection the home provided us with a pre-inspection information pack which allowed us to prepare for the inspection. We contacted the local authority office responsible for authorising applications under the Deprivation of Liberty Safeguards (DoLS) and have included their comments in this report. We contacted the local authority safeguarding team as well as the local Healthwatch but they did not make any comments.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with eight people who used the service as well as four relatives who were visiting the home. We interviewed the acting home manager and assistant manager of the home, four members of care and other staff as well as the cook. We looked around the home and grounds as well as checking records. We looked at the care plans of four of the people living in the home and used one of these to track the way that these plans were put into practice. We looked at other documents including policies and procedures and audit materials. We talked with three professionals who visited the home during our inspection.

The registered manager was not present on the first day of the inspection but attended the home on the second day of the inspection to hear feedback on our findings.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe. They told us "Oh yes I do (feel safe), they (the staff) are very kind people" and "Yes if something was wrong I would go to the office". A visitor said "I know when I leave (my relative) they are ok."

All the staff we spoke with had a good grasp of the meaning of safeguarding. They were each able to explain the signs they would look out for which would tell them if a person was not safe. They told us that they had no concerns about safeguarding at the home. Staff told us that they had received training in safeguarding. We checked the training records to confirm that this was the case and saw that most staff had received this training in the last year. The provider was aware of which members of staff were due to refresh this training.

One member of staff told us a reason they thought the home was safe was because "All the staff are lovely and very caring. They work here because they love the job". Professionals who visited the home during our inspection told us that they had no concerns relating to safeguarding at the home. We saw that there were occasional incidents where people who lived in the home disagreed with each other. Staff responded quickly to these in order to make sure that people were protected.

We saw that instructions to staff on how to follow the local authority safeguarding reporting arrangements were displayed in various places in the home such as in the acting home manager's office, the staff room, and alongside the staff rota. This meant that staff saw them when they referred to the rotas and this would remind them of their obligations. We asked staff if they knew about how to "whistleblow" or inform someone outside the home if they had any concerns about something wrong not being taken seriously. All of the staff we talked with knew what they would do in these circumstances.

We saw that the provider had a policy of completing assessments at intervals so as to help care staff to manage different risks. On the care plans we looked at we saw that this was not always the case. In one instance the latest risk assessments for using a mobility aid and environmental risks were a year old. In another the risk assessment for the use of a piece of equipment was older than this. In other instances assessments were more recent but not at the frequency the provider had set. We discussed these with the manager who agreed to review them.

We were also concerned that for one person records suggested they might be at risk of choking and required more assistance with eating than we had seen provided at mealtimes. The home told us that the need for this varied at different times. We asked the acting home manager to review the arrangements for this and make sure that the records reflected this person's current requirements. A speech and language therapist might advise further on this.

The provider is required to notify the Care Quality Commission (CQC) of any abuse or allegation of abuse to a service user. We checked our records and found that since the last inspection there had been six notifications from the provider to the CQC. We reviewed these notifications with the provider and were satisfied that they had been dealt with, investigated and resolved appropriately. We tracked one to see that the home had worked with the local safeguarding authority and had played its part in meeting their recommendations.

None of the staff we spoke with said that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 includes the arrangements that should be made if a person is unable to take decisions for themselves. Before the inspection we were told that 70% of staff had received this training and the acting home manager confirmed to us that it was included in the dementia training provided for staff. The acting home manager agreed to highlight this for staff.

We were unable to find a specific policy on the use of the Mental Capacity Act 2005 for Branch Court Care Home although the provider did have other literature readily available which would help members of staff to understand their obligations and responsibilities under the legislation. Before we completed our inspection the acting home manager found the relevant policy and agreed to make sure it was made readily available.

The Mental Capacity Act 2005 includes arrangements that need to be made in the best interests of an individual to restrict someone's liberty when they are living in a care home. These arrangements include the Deprivation of Liberty Safeguards (DoLS). We checked with the local authority who told us that the home had been proactive in

Is the service safe?

applying the now extended DoLS criteria. This meant that the provider was alert to and was fulfilling their legal obligations in this respect to the people who lived there. We clarified with the acting home manager the circumstances in which notifications about DoLS should be sent to the CQC.

When we looked at the DoLS applications we noted that they included a standardised description of each person which was copied into different parts of the form. We suggested that the provider might review this information when making applications so that it responded directly to the information requested in each part of the form. The relevant section would then focus clearly on the exact nature of the restriction on liberty being sought, why this was necessary, the alternatives that had been considered and the risk to the individual if the application was not granted. This information would help staff to apply the restriction most effectively and not more than was necessary.

When we looked at the care files we saw that there had been an authorisation to administer a medicine covertly to a person. This meant that medicines might be given to a person mixed in food or drink where the person might otherwise have refused them. This had been authorised by that person's general practitioner. The acting home manager told us that this was in that person's best interest. We did not see any evidence that a best interest meeting had been convened to agree this with all the parties who might be able to help make this decision. A best interest meeting is a meeting of all the people who might have a contribution to make to deciding what to do if someone is unable to express their consent to something because they do not have mental capacity. We have asked the provider to review practice in this area and to ensure that whenever medicine is disguised in food or drink that the appropriate advice is obtained from a pharmacist as to the effect this might have on the effectiveness of the medicine.

We looked at staff files to see if the provider made checks and took other steps to make sure that people were suitable to work at Branch Court Care Home. We found that most files contained application forms, interview records, employer and character references, and where appropriate health questionnaires. We saw that the provider had obtained Disclosure and Barring Service checks which help to make sure that any information about criminal convictions or similar information was available to the provider to include in their considerations.

In one instance we found that the provider had not recorded that they had checked the employment history of an employee or the reasons why they had left their former employment in care. We discussed this matter with the acting home manager who had not been responsible for this particular appointment as it had been made two years ago. We brought the appropriate regulations to the attention of the provider.

These regulations also required that photo identity is held by the employer. None of the files we looked at included this although we were shown other files that did. The acting home manager told us that they had asked staff to provide these but not all had done so yet. We saw however that a photograph of each employee was displayed on a notice board outside the acting home manager's office which helped people to identify each staff member and know what their role was within the home.

When we asked people if they thought there were enough staff at Branch Court Care Home they told us "Yes I should think so, some do twelve hour shifts" and "Yes there are always enough people to help me walk." However one resident said "I think they are short of staff."

Two relatives of people who lived in the home thought there were enough staff. However another relative said "No, I think that is a big problem. Sometimes someone will shout to go to the toilet and there's no one there so they have accidents". We investigated this comment further. The acting home manager was aware of the individual circumstances and explained the action they had taken to resolve it.

When we visited Branch Court Care Home there were 24 people living there meaning that there were six vacancies. Some of these vacancies had been caused by the recent transfer of some people to a new home opened by the same provider close by. The assistant manager told us that the usual staffing numbers were five care staff in the morning with four in the afternoon. Senior care staff were included in these numbers. The activities organiser was additional on weekdays but we saw that they also joined in

Is the service safe?

with providing direct care, for example at meal times. The acting home manager and assistant manager were also additional during the week and were available on an on call basis at the weekends.

Some staff told us that staff numbers had recently reduced because of the lower number of people who lived in the home. The acting home manager told us that this was not correct but that given the lower numbers they were less likely to provide cover in the event of staff sickness or annual leave. In these circumstances the level of care staff might reduce to three in the mornings. We checked recent rotas and confirmed that these were the arrangements. One member of staff said that they thought the staffing was sufficient at the moment but that they might find it difficult particularly once the home was fully occupied. They were concerned that three care staff would not be sufficient to provide care if some people needed two staff for safe lifting.

Many of the people who lived in the home chose to spend time in the communal lounge. We saw that the staff who were on duty at the time of our inspection were able to meet the needs of the people who were sitting there. They talked and chatted with people and responded to requests for assistance. We were told that maximum staffing levels for the home were fixed and that there was no arrangement for increasing this level. We were told that the home did not use agency staff.

Is the service effective?

Our findings

The service was not effective because when we looked at the physical environment in the home it was not suitably adapted for the needs of people living with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We asked staff to tell us about training arrangements at Branch Court Care Home. The staff we spoke with confirmed that they had completed mandatory training such as health and safety. They were also able to tell us about recent training they had attended such as moving and handling updates. This training was provided by two of the senior staff in the home and we checked that they had received appropriate recent training to allow them to do this.

We saw that the acting home manager maintained a database of all training requirements. This enabled them to plan for future training needs. We saw that arrangements were in hand for future training in first aid, diabetes care, swallowing, nutrition and communication, dementia awareness, and infection control. Staff were aware of their own training needs and how these were going to be met.

Staff told us that they received supervision approximately every two or three months, appraisal annually, and attended staff meetings. When we looked at individual staff files we saw that these were recorded. Additional supervision was offered if there were particular issues which needed to be discussed.

Meals were served during our visit to Branch Court Nursing Home. Most people ate in the dining area which was part of the open plan communal area in the home. On the day of our inspection we could not see a menu but we were told that this was because the room had recently been decorated and the home was in the process of restoring the menu board to the wall. The acting home manager told us that they planned to put copies of the menu on to each table. On the second day of our inspection the menu board had been restored which showed the choices that were on offer for meals served that day.

We saw that at lunchtime there was a choice of the main meal. We were told that on the previous day care staff asked people about their preference and then notified the kitchen about people's choices. We saw staff completing forms with these preferences. We spoke with one person who told us that they sometimes asked for something that was not on the menu and this would be provided. When we looked at the completed forms we saw that the preference for some people was recorded as something other than either of the menu choices, This meant that people could exercise choice. Staff also told us that they knew what people liked and so could choose for them. However one relative told us that they did not think that their relative's choice had been respected. They told us "(My relative) would never choose that, they always have the meat option".

On the first day of our inspection one of the inspectors had lunch with the residents and found the food bland. There had been a choice of main course but no choice for pudding. On the second day, however, we saw staff offer a choice of pudding to the person we were sitting with based on their knowledge of that person's preferences. We saw from records that some people had special nutritional needs. This included five people with diabetes and one person who was a vegetarian. We found that the cook was able to tell us about the special arrangements they made for those people including preparing dishes especially suitable for them. We checked on the arrangements for people who were vegetarian and found that appropriate meals were available and that an appropriate preference had been offered to them and selected for the next day.

We saw that one of the people with special nutritional needs required their food to be prepared in a way that would make it easy to swallow. The food had been pureed by the kitchen with each ingredient separated on the plate. One the first day of our inspection this person was given little assistance with eating and the carer mixed all the ingredients together on the plate. Where food must be pureed it is good practice to keep the food and flavours separate so that people can recognise what they are eating. When the person declined the meal the only alternative offered was the dessert. We brought this to the attention of the acting home manager who told us that this person generally had a poor appetite. We asked the acting home manager to look into this further.

We talked with the cook who showed us that the menu spanned a period of four weeks. They told us that as a rule everything was cooked freshly at the home. Fresh fruit and vegetables were included in the menu as far as possible.

Is the service effective?

The cook had an appropriate qualification in food preparation and the kitchen had recently been awarded the highest grade for food hygiene. The cook explained to us that drinks were made available with each meal and at other times of the day such as mid-morning and afternoon. We saw that these arrangements were in place.

We asked the people who lived in the home if they had access to health care professionals as required. They told us "Yes, he's (the doctor) across the way - he's very good." "All I need to do is tell them I want a doctor and they send for them." A relative told us "If they think (my relative) needs a doctor they ring right away."

During our inspection we saw three health or social care professionals visiting the home. We talked with a district nurse and a podiatrist. They told us that they thought that the people who lived in the home were well looked after. One said "This home is one of the best that I visit. I always like to come here". They commented that the home was proactive in involving them when required which meant that they could take action early to prevent conditions worsening.

We saw that the home kept records of each person's access to healthcare and other professionals and that these included records of visits and contact with general practitioners and community psychiatric nurses. We were told that people in the home were able to retain their own choice of general practitioner. The files also contained records of contacts with local authority social work staff. During our inspection we heard staff requesting visits from people's general practitioners as well as ordering medicines from the local pharmacy.

We looked at the physical environment in the home. The upper two floors of the home were difficult to distinguish from one another and it would be easy for a person to become confused as to where they were. Both floors were decorated uniformly throughout with only a room number to distinguish one bedroom from another. The assistant manager told us that they had recently visited a specialised unit for people living with dementia and had seen the use of coloured doors. Personalised coloured bedroom doors can help people to orientate themselves to their surroundings. Although some doors had signage to show what they were, this was indistinct from the door itself and was not placed at the optimum height for older people.

We saw that the lounge dining room was quite dark. There were three small windows and the door did not admit sufficient light to brighten it and the ceiling lights were insufficient. There was a further glazed outside door but this led into a staff station. Best practice suggests that people living with dementia require clear lighting so that they can orientate themselves. This helps to maintain independence. We have asked the acting home manager to consider whether the current arrangements for lighting both in the lounge and in the rest of the home conform to the recommended lighting levels for people with dementia as well as considering how they can be improved for people with a physical or visual impairment.

The acting home manager told us that they were aware of this and had recently redecorated the lounge because the previous colour was too dark. We were told that this was the reason for there being no menu board or pictures on the walls at the time of our inspection. The acting home manager had already sourced a number of local items such as photographs and cinema tickets which were intended to be age-appropriate. These had been prepared before our inspection and had been mounted onto canvas. They were put on the walls during our visit. They provided a more homely feel and because they reflected the local area and could provide memory stimulation.

We saw that the lounge furniture was of uniform colour and design. People often have different requirements for seating and a variation in colour is helpful to allow people living with dementia to orientate themselves and make choices. During our inspection the acting home manager had sourced a sofa for the lounge area so as to begin to introduce some variation.

We saw that the carpets both in the lounge and in the entrance to the home showed signs of wear. The acting home manager told us that a new carpet for the lounge was on order and provided us with documentation to confirm this. We were told that the damaged threshold between the lounge carpet and the laminate floor covering in the dining area would be repaired. The acting home manager told us that consideration would be given as to how this change in surface will be highlighted for people living with dementia and for people with a visual impairment.

Is the service caring?

Our findings

We asked people if they thought that the staff were kind to them. They told us "Reasonably yes", "Very kind", "Yes they are very nice" and "Yes, we feel settled in ourselves". Other comments included "They are very kind, they are more like friends than staff" and "Pretty good, the lady in the kitchen is very good". The relatives we spoke with told us "Yes, absolutely" and "I think so. When I came here I got that warm friendly feeling".

We looked at four care files for people who lived in the home. We saw that the files started with a profile "This is me" and were designed to be person-centred which meant that they focussed on recording people's individual likes and dislikes, preferences and choices. Staff could then use this information to more closely tailor care to individual people. The files then contained separate sections relevant to different parts of a person's life such as lifestyle, hearing and vision, communication, mobility and skincare. A daily activities log was included. We saw that these were completed at the end of each shift so that there was a record of each person's wellbeing and progress. The provider required that these records should include any changes or observations relating to people's mobility, skin integrity, eating and drinking, sleep and lifestyle.

We saw that the provider had a policy which required that key assessments must be completed on a person's admission to the home with further care plans to be compiled in the first three days of admission. The full care plan was to be completed within seven days. We found that the care plans we looked at were completed in this respect. This meant that staff were able to provide appropriate care to the people who used the service.

The home's policy was for the care plans to be reviewed monthly by care staff. The records in the files that we looked at were up to date with the exception of one file which had not been updated since April. We brought this to the attention of the acting home manager who assured us that the record would be corrected that evening. On the second day of our inspection we checked that this had been done.

When we last inspected Branch Court Care Home we asked the provider to note that the care plans did not provide evidence of the involvement of people and their relatives in those care plans. At this inspection we could not find any further evidence of this. We could see that contacts with families were logged and these showed they had some involvement in care but there was no evidence that people or their families took part in reviews or were able to express their satisfaction or otherwise with the care plans in place.

We asked people if their care was discussed with them. They told us "No, I do as I'm told. I've never been away from home before" and "They don't discuss my care with me." Another two people said "They don't talk to me about my care, but we have a good laugh sometimes." When we asked one person if they had seen their care plan they said "No, never seen it".

We asked the relatives we spoke with if they had seen their family members' care plans. They replied "We talked about it last year. To be honest, if there is anything that needs updating they tell me about it". Another relative said "No, but I am involved in the planning" and another replied "Yes, twelve months ago. I'm not shown the care plan regularly - I have to ask to see it".

We saw that the provider had introduced an information sharing record in response to the last inspection but this extended only to specific consent to share information and take photographs. Beyond this we did not see any evidence of how people were involved in their care.

We saw that in some instances where a person did not have the mental capacity to make such an agreement this document had been signed by the home's management even though in some instances there might be relatives who might represent a person. We asked the provider to review this area of practice so as to ensure that people and their families were involved more in care planning and that there was a record to confirm this.

We asked the provider if they reviewed people's care other than at monthly intervals. Providing additional reviews with people and their relatives at longer periods could identify other longer-term trends in their wellbeing which might require a change in their care plan. The provider told us that they relied on the local authority to do this and that people and their relatives would often be involved in this although the home might not always be.

We asked to see some of the records of these reviews but these were generally only letters briefly confirming that the local authority was continuing the current arrangements and were not detailed. Not all the people living at Branch Court Care Home were funded by the local authority and

Is the service caring?

they would not have the benefit of these reviews. We asked the acting home manager to consider ways in which every person living in the home and their relatives could be offered a periodic review with the home and suggested that the provider recorded these including where the offer of involvement was declined. These reviews could then further inform care planning. We saw that the provider made information about local advocacy services available in the home.

All of the people we spoke to said that privacy was respected. One relative replied "Yes, they are just so good to (my relative)". We asked staff how they made sure that people were treated with dignity. One told us that they did this by "Making sure that bedroom curtains are shut and that doors are closed when undertaking personal care. Making sure that people are appropriately covered up when they are helped with washing". Another member of staff said "We promote dignity by getting people to do things for themselves. We treat people as you would treat your own family".

During our inspection we saw that the care staff treated the people who lived in the home with dignity. When people requested assistance this was provided in a discreet way. We saw that when people needed assistance to get from one part of the home to another care staff escorted or supported them at the person's own pace without hurrying them. We saw that they talked and chatted with the person in a friendly way whilst they were doing this. We saw that staff respected people's privacy by knocking on bedroom doors before entering them.

Is the service responsive?

Our findings

We asked the people who lived in the home if the staff responded promptly when they needed assistance. People told us "They come right away" and "Yes, they come quite quickly". Others said "Yes if they have time but they are busy" and "I very rarely ring the bell but they come quickly". Branch Court Care Home has a call system installed in every bedroom but we were told that this does not provide a printed record so we were unable to review response times in this way. However during our inspection we did not hear the call system in frequent use and when it was used we saw that it was responded to promptly.

We saw that staff assisted people where this was required. We saw that they responded promptly when a person asked for assistance with personal care and were patient and unhurried with people when they were helping them.

We asked people who lived in the home if they had choices such as about when to get up and go to bed. Two people said "Yes, I can get up and go to bed when I want" and another commented "Yes I think I can choose, not that I want to do a lot". One relative said "no" and that they did not think there was enough choice but declined to comment further.

We visited one person who had been in bed until late in the morning. We asked them if it was their choice to stay in bed this late and they told us it was. They told us they preferred to stay in their room where they had everything they needed including a television. We saw that staff visited and chatted to this person so that they would not become isolated.

We looked at care planning documents and saw that these recorded changes to people's requirements. Care plans were adjusted at monthly intervals so as to respond to these changes. We saw that there were procedures in place which required key workers to update the records.

Most of the files that we looked at had been reviewed as required. However we found one care record which had not been reviewed in this way. In this person's file there was no record that the care had been reviewed for more than three months. This person was described as being at "high nutritional risk" but plans for eating and drinking were not up to date although there were records showing that the person had been weighed at intervals including recently.

This person was also described as "at very high risk" of difficulties with skin integrity but the latest recorded application of the use of a screening tool to monitor this was more than three months old.

We brought this to the attention of the acting home manager who assured us that the records would be corrected that evening. When we returned for the second day of our inspection we checked this file and found that it had been brought up to date.

None of the people we spoke to said they had been involved in any kind of meeting at which they could be consulted about or express an opinion about their care. We saw from minutes however that there had been a meeting held a few weeks earlier. Not all the people who lived in the home or their relatives had attended. However all of the people who lived in the home and the relatives we spoke to said they felt they could approach the acting home or assistant manager. During our inspection we saw that relatives called in to the acting home manager's office and that they and the staff were all on friendly terms with each other wherever they were in the home.

We asked people if they felt they could raise any concerns and they all said they had "not had any" to raise. We saw that there was a complaints policy at the home but that the provider had received no complaints in the twelve months before our inspection. All of the people we spoke to said they could talk to staff about what was important to them. One relative told us "I have raised concerns and it was dealt with satisfactorily".

We asked staff how they made sure that people consented to the care and treatment they were provided with. One told us "We talk to them and ask them if they would like us to do something". Another said "I ask them and I always explain what I am doing" and another said "If a person cannot express consent (verbally) I look at their facial expression, I 'read' their body language". Staff told us that if a person refused care and treatment they would not force them to have it. One member of staff said that they would judge the seriousness of the situation in the context of what was in that person's "best interest".

We were told that some of the people in the home were living with dementia and we looked at the ways in which the home responded to their specific needs. We saw that the provider had just installed memory boxes outside each bedroom door. Memory boxes can be personalised with

Is the service responsive?

important pictures or objects from a person's life and this may provide memory stimulation and recognition of home. The acting home manager had asked relatives to bring in appropriate materials for the boxes but these had not arrived at the time of our inspection.

We asked some people if we could visit them in their bedrooms. We saw that these rooms were well furnished with many personal possessions in evidence. We noted that one person's floor covering was uneven and we brought this to the attention of the acting home manager who agreed to attend to it.

We asked people how they spent their time during the day at Branch Court Care Home. People said "I sit outside, listen to music, I'm not a TV fan" and "I try to mix with them (the other residents) and I read the paper." One person said "I stay in my room; I like westerns or a nice family film. I don't like bingo." Another told us "I water the garden and listen to music." Another person said "They usually sing songs you don't know. We play bingo but I've not won yet." Other comments included "I sit about really, they put on things for you, and I like bingo." Some people told us that their relatives took them out to local resorts or to their own homes for a meal.

Some relatives said "They do bingo and karaoke sing along and games, but my relative doesn't interact that well. They've done baking and crafting once." Another relative said "(My family member) doesn't like to join in - they (the staff) do their best but (my relative) feels isolated". This person had some impairment of their vision. Activities needed to be organised so as to include all the people living in the home and take account of their individual needs.

Branch Court Care Home had an activities coordinator who was present during our inspection. They confirmed that the home offered a similar range of organised activities as above as well as occasional trips out. On the first day of our inspection people were offered manicures and after lunch a sing song was organised using the television as a karaoke machine. At other times the television showed the news or old films. On the second day of our inspection some baking had been organised. The acting home manager and activities organiser had been trying to organise a visit to a local event in connection with the World War One centenary but had been disappointed to find that there were no more tickets left.

Branch Court Care Home had a small garden and people told us that they had been sitting out in the fine weather the day before. We spoke to one person who was watering the flowers and they told us that it was their job to look after the plants and that they also liked listening to music.

Organised activities took place in the lounge/dining room. The television was placed in one corner of this room. We saw that it was turned on for most of our inspection but we could not see how people could influence this or the choice of programme. As Branch Court Care Home does not have a separate quiet room, some people sat in a designated area with their backs to the rest of the lounge. Although this meant that they did not have to watch the television they could still hear it. This meant that the only option people could take in order to undertake a quiet activity would be to go to a bedroom in isolation from other people who lived in the home.

Is the service well-led?

Our findings

The service was well-led. The acting home manager was new in post and told us that they felt that Branch Court Care Home worked like a large family with staff, the people who lived in the home and their families all working together. They told us "This is their (the people who live here) home and they pay to live here. We have to make sure that it comes up to standard and that the care is good". We observed that the staff and management worked as a team during our inspection. All the staff we spoke with were positive about working at Branch Court Care Home. A relative told us "I think they do (know us) - sometimes I feel part of the team." All the people we spoke with said that they felt their views were listened to.

Throughout our inspection we saw that the acting home manager and assistant manager (who was also new in post) were enthusiastic about their work and worked hard to try to remove obstacles which they came across. We saw that the acting home manager took immediate action to report problems to their head office and requested the resources to resolve difficulties. They were proactive in finding solutions to obstacles such as finding alternative resources for redecorating the home so as to improve the environment for the people who lived there.

We found that both managers were keen to find out about the latest practice which could support the people living at Branch Court Care Home and used the internet to research this. The assistant manager had recently visited another service for people living with dementia and talked to us about how they were keen to bring some of the ideas they had seen to Branch Court Care Home. We could see that both managers were anxious to bring a more personal sense of care to the people living in the home. For example they had looked for items of local interest and were arranging for these to be displayed in the home where they could be enjoyed by people. Both managers were accessible to staff as well as to the visiting relatives and professionals to the home.

We saw that the acting home manager had held a meeting for people who lived in the home and their relatives a few weeks before our inspection. This had given the opportunity for the new manager to introduce themselves in their new role. They had used the opportunity to emphasise the "open door" policy that we saw in evidence during our inspection and to make the request for materials for the memory boxes which had recently been installed. We saw that the acting home manager had recently sent out a questionnaire to the relatives of people who lived in the home. This asked a variety of questions about the quality of care provided. Three of these were returned during our inspection. We saw that these were generally positive although one commented negatively on privacy.

A staff meeting had been held recently by the new acting home manager. We looked at the minutes of this meeting and saw that they had discussed key issues which related to the quality of care provided by the home. These included the need to document care, respond to people's individual wishes, and emphasised the need to follow good care practices. The acting home manager had emphasised their own availability and their appreciation to staff for their contribution. The minutes demonstrated that the manager was aware of the current challenges facing staff in the home and that they sought to support staff through these discussions. The minutes emphasised the need for staff to treat people with dignity and this was reinforced by prompt notices in the staff room. We saw that this attention to dignity was reflected in the way that staff treated the people who lived in the home.

We saw that there were a number of audits in the home. Medicines administration was audited and any errors in practice brought to the attention of staff. In the same way care plans were audited and scored according to how complete and up to date they were. We sampled two of these audits and checked the files they related to. The issues found on the audits had been corrected. These audits provided one way in which the manager monitored both the quality of care provided for individual people who lived in the home as well as the standard of record-keeping.

During our inspection the acting home manager responded warmly and professionally to a visitor who had called in without notice and was enquiring about placing a relative in the home. They prioritised responding to this enquiry and directed the visitor to other agencies appropriately. They agreed to make a visit and assess this person's relative on the same day. The visitor was offered a tour around the home. We saw however that it was difficult for either the acting home or assistant manager to hold a confidential discussion as there were only two very small

Is the service well-led?

offices in the home. The second larger one was used by care staff working in the main lounge and neither could comfortably accommodate more than two people at the same time.

We saw that the acting home manager received support from an area manager from the company which owned Branch Court Care Home. We saw from a written record that the most recent visit had taken the form of a spot check. Key areas of the home had been checked including medicines and care documentation. The visit had included a discussion of current issues with the acting home manager with the intention of providing them with support.

We saw that there had recently been a monitoring visit by the local authority in which the home was situated. This report of this visit concluded that the home had responded appropriately to an issue that had arisen. The report was overwhelmingly positive about the care provided by Branch Court Care Home which had been observed on the day.

The provider told us that they had revised their statement of purpose around 18 months ago. A statement of purpose provides key information about the service. Providers are required to submit any revised statement of purpose to the Care Quality Commission (CQC) within 28 days. Because the CQC had not received a copy of the revised statement we asked the provider to submit this to our Newcastle office without further delay.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person did not ensure that service users and others were protected against the risks of associated with unsafe or unsuitable premises by means of (a) suitable design and layout; (c) adequate maintenance; which are owned or occupied by the service provider in connection with the carrying on of the regulated activity. The home was not suitably adapted for the needs of people living with dementia.