

Chosen Care Limited

Branksome House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Branksome House is a residential care home providing personal care for up to nine adults with learning disabilities and/or autistic spectrum disorder needs. At the time of the inspection seven people were living there and receiving care.

The service was developed and designed before Registering the Right Support came into existence. Despite this, the service was managed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider's quality assurance processes had improved and were effective in driving in improvements across the service. This was evident in the premises, fire safety and review of incidents and accidents, to ensure people received a safe service. People received their medicines as prescribed. Some improvement to people's records was still needed and the provider had started making these improvements during the inspection.

The registered manager provided good support for staff to be able to do their job effectively. Staff knew people well and the support they required. People, relatives and staff were positive about the provider and the support people received from staff.

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

Following our previous inspection the outcomes for people using the service had improved and reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible and staying in contact with loved ones. The service was a hub of activity with friendly staff providing care and support in a way people liked and enjoyed. Positive interactions took place between people, staff and each other throughout our visit.

There were effective infection prevention and control systems in place to ensure the risk of infection was managed. Staff followed appropriate infection control procedures, during the COVID-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 7 February 2020) and there were four breaches of regulation in Regulation 9 (Person centred care), Regulation 15 (Premises and Equipment), regulation 12 (Safe care and Treatment) and Regulation 17 (Good Governance).

Following our last inspection, we served two Warning Notices on the provider. We required them to be compliant with Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 25 March 2020. We issued requirement notices for Regulation 9 (Person Centred Care) and Regulation 15 (Premises and Equipment).

The provider completed an action plan after the last inspection to show what they would do to improve and by when.

At this inspection we found significant improvements had been made and the provider was no longer in breach of the regulations we found at the previous inspection.

We did however find a new breach of Regulation 17 (2) (c) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people's records.

The service remains rated Requires Improvement.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make further improvements in the 'Well-led' section. Please see full report for detail.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Branksome House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and to discharge our regulatory enforcement functions, required to keep people safe and to hold providers to account, where it is necessary for us to do so. We have identified

one breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Branksome House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was completed by one inspector.

Service and service type.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who worked with the service. We reviewed action plans sent to us by the provider and we requested a range of documents including audits, training records, staffing rota's, team meeting minutes, care plans and risk assessments. We used all of this information to plan our inspection.

During the inspection

We spoke to one person during the inspection and spent time in communal areas to see how people were supported. We spoke to one relative and two health professionals about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, area manager, a senior care worker and three carers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, areas of staff support, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection some areas of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed due to effective systems not continually being used to manage and monitor people's risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We issued a Warning Notice telling the provider they needed to make the required improvements by 25 March 2020. Enough improvement had been made at this inspection and the provider met the requirements of the Warning Notice and was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risk assessments and support plans had been reviewed for all people who used the service following our previous inspection. One person who had been at risk of choking had been referred to the appropriate health professionals and had been assessed with regard to their eating and drinking. Guidance was available for staff in this person's support plan and risk assessments were in place to ensure staff knew how to support this person to safely eat and drink.
- Staff we spoke with understood the risks to people and described how these were managed. One staff member said, "I feel like we are a small and strong team who know everyone very well. Things have massively improved since when I started. We are involved in adding to care plans and the senior and managers listen to what we have to say."
- Health and safety environmental checks were completed, and a new on-line system had been implemented since our last inspection to ensure people's home were safe. This included fire checks and regular reviews of people's emergency evacuation plans.
- Since our last inspection accidents and incidents were recorded and monitored for patterns and trends. There had been 18 incidents since March 2020, these had all been dealt with appropriately and reported to various external agencies and CQC as required.

At our last inspection some areas of the service were not always clean and systems to protect people from infection was not always robust. The home was not well maintained and there was no evidence that maintenance and infection control procedures were being followed and completed. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Preventing and controlling infection

- Since the last inspection a new full-time cleaner had been employed, cleaning schedules were in place and the service looked clean and was free of malodours.
- The provider's contingency plans, policies and procedures had been continuously reviewed and updated in response to coronavirus and related national guidance. The provider ensured easy read versions were available to help people understand why everyone had to wear PPE and how things had changed and why.
- Risk assessments and audits ensured infection control risks to individuals and service provision were managed effectively. The service had not experienced an outbreak of COVID-19. All staff, relatives, visitors and contractors had their temperatures taken and a set of specific questions about their current health asked before they entered the home.
- The provider ensured enough personal protective equipment (PPE) was available to staff and staff were using PPE in line with government guidance.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records and 'as required' protocols had been updated to ensure they reflected current prescriptions and recommendations. We completed a stock check on three people's medicines, and these were all correct.
- Systems for checking medicines practices were in place. This included medicines counts, weekly in-house audits, provider audits, staff training and competency checks. Provider audits had identified when further improvement was needed to ensure medicines were safe and people received them as prescribed.

Learning lessons when things go wrong

- The registered and area operations manager told us lessons had been learned since the last inspection and many changes had been implemented, such as; extra audits, increased staffing levels and a complete renovation project was planned to improve the environment.
- All accidents and incidents were reviewed, and action had been taken to prevent a reoccurrence. After any accident or incident the registered manager looked for any patterns or trends and preventative risk measures were put in place. For example, a medication review was requested for one person after a series of incidents. The area operations manager regularly audited the data.

Staffing and recruitment

- Sufficient staff had been recruited to meet people's support hours and this had increased since our previous inspection. Staff told us they had more time to spend with people. Current care staff covered additional shifts whenever possible to avoid use of agency staff, which meant people were supported by staff that knew them. A senior staff member of staff had been employed, and their role included completing audits, staff support and supervision and implementing changes and supporting the registered manager.
- One senior staff member told us how much had changed and how the staffing levels were much better. We saw staff having the time to play dominos and do jigsaws with people and everyone appeared calm, relaxed and happy. It was clear that staff knew people well and were working in a supportive and caring environment rather than task based.
- People and their relatives were complementary about staff. We saw people were relaxed in staffs' presence. One advocate told us, "The person I advocate for is extremely happy living there, the care is good, and staff are always engaging. The management team are pro-active, and I have no concerns."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant people's needs were met through good organisation and delivery.

At our last inspection people's care had not always been planned and delivered to meet their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection people had not always had the opportunity to maintain relationships with family and friends. Since the last inspection, people had been able to visit their loved ones and staff told us this aspect of people's lives had improved. One person had travelled a long distance to visit a parent which had made them happy.
- Each person had a support plan, a health action plan and a hospital passport which reflected their current support needs. These gave staff relevant information to be able to support and provide people with safe and effective person-centred care. People's health needs were met and all input from health professionals were recorded however some clarification was needed to ensure records contained the same information.
- At this inspection daily notes were more detailed and provided staff with more comprehensive information about people's daily lives. Staff handovers also gave staff the opportunity to share relevant information with staff at the start of each shift to ensure people received consistent support. The service had implemented key worker sessions which detailed goals and aspirations people had.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. For example, the way staff needed to communicate with people and the support they required. One person's care plan stated how staff were to communicate with the person, including using closed questions and small sentences. The person's care plan contained a list of their phrases and what they meant, including how staff should support the person. One person used Makaton to communicate and staff explained to us how they were able to learn and

understand the person's communication and use it effectively.

- Easy read information about the COVID-19 pandemic was readily available and information about how people could raise concerns were written in an easy read format. This meant people were able to understand why changes were being made and how this might affect them and what to do if they felt unhappy about something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had accessed the community and been involved in outings of choice since our previous inspection. In March 2020 when a national lockdown was introduced the service had been creative in ensuring people accessed activities, particularly within the home as most people were 'shielding'. The service had photographs and artwork displayed in the home of how people had spent their time during the lockdown.
- All staff, relatives and visitors we spoke to told us they believed people living at the home had a good quality of life and were supported to have choice in activities and were encouraged to be as independent as possible. Staff told us people were able to help with cooking and a cake making competition had been held in the few days before we visited.
- A named key worker system had been introduced to support people to work towards their goals and aspirations.

Improving care quality in response to complaints or concerns

- The manager kept a record of complaints, concerns and compliments. In the last 12 months the manager had not received any complaints in relation to the service. Staff and relatives told us they were aware of how to make a complaint, they felt listened to and felt assured any complaint would be dealt with appropriately.

End of life care and support

- There was no-one living at the home on end of life care support. Staff had received training in end of life care.
- Staff had developed strong relationships with people, and this had enabled them to provide emotional support to people when they experienced a bereavement. We saw examples of how staff had supported people to cope with the passing of a parent or loved one.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some areas of people's care plans, health action plans and hospital passports needed improvement. We found inconsistencies in the three people's records we looked at. There was contradictory information about one person's epilepsy diagnosis and not enough information to detail how two people liked to be supported with their personal hygiene. Staff we spoke with knew people well and how to support people in these areas however; further time was needed for the service to ensure their care plan monitoring would address these recording issues.
- At this inspection accident and incidents were recorded, monitored and dealt with appropriately but some records required more detail. One incident record written by care staff required more detail and further information would have highlighted this as a low-risk incident that required no further action. The registered manager told us extra training was being implemented in regard to staff recording and this was being monitored and addressed in staff meetings and supervisions.
- A health professional who had recently visited the service told us that improvements had been made, however further time was needed in regard to completing records and sufficient and relevant information being included in people's care plans, hospital passports and health action plans.

We found no evidence that people had been harmed however, people's records were not always accurate and comprehensive. This was a breach of regulation 17 c (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during the inspection to ensure all support plans, health action plans and hospital passports contained the same medical diagnosis and relevant guidance for care and support.

At our last inspection the provider's systems to monitor the safety and quality of the support people received had not always been robust enough. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We issued a Warning Notice telling the provider they needed to make the required improvements by 25 March 2020. Enough improvement had been made at this inspection and the provider met the requirements

of the Warning Notice and was no longer in breach of regulation 17 1 2 (a) (b).

- The provider and registered manager had worked hard to take into account our concerns at the last inspection and had made improvements with the checks and audits carried out.
- Medicine administration records were audited to improve medicines management. Care plans and risk assessments were regularly checked to ensure these were person-centred and up to date. Some improvements were being made to ensure record concerns would be identified and addressed promptly. More regular provider audits had been implemented to ensure the provider had better oversight within the home.
- A robust training matrix had been implemented and staff received 100% compliance in regard to their training requirements.
- New recruitment procedures had been implemented and a new department had the overall control of safer recruitment. Only once all relevant checks were completed was this transferred to the manager to organise induction and training for new staff.
- Fire and Health and Safety checks, cleaning, infection control monitoring and daily checks had been implemented to ensure the premises were safe and clean. We found robust and effective monitoring of these areas through regular audits by care staff and the registered and area managers who had regular and positive oversight.
- The service had also improved the standardisation of paperwork and documentation and more frequent staff contact with PPE spot checks, staff supervisions, appraisals and competencies.

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

- The service had developed strong partnerships with other stakeholders, such as the local authority and social care professionals.
- The provider had sought the views of people and 'You say, we did' surveys had been completed. The data was used to improve communication between people and staff and gave people living at the home an opportunity to have a voice and understand what improvements had been made.
- The registered manager told us the service was in a transition period and gave us some examples of areas which had already been improved. Some examples of these were; stronger relationships with families and professionals and investment from the provider in people planning and implementing electronic care plans and risk assessing,

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider worked openly with others including CQC. They had provided requested updates on action plans and participated in regular monitoring meetings with the local authority.
- The manager understood their responsibility to investigate any concerns raised, incidents and near misses and be open and transparent with people when things went wrong such as medicines errors. There was evidence that the service had taken appropriate action to address poor practices, improve systems and notify the relevant agencies.
- Staff and relatives were positive about the service and gave us positive feedback about the changes since January 2020. One staff member said, "It has really changed, I feel listened to and we have a good management team. I love my job, we all do the best for people who live here and we try to give them the best quality of life which they deserve."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(2) (c) Good Governance The registered person did not ensure records were always accurate and up to date.