

Tamaris Healthcare (England) Limited

Brandon Lodge Care Home

Inspection report

Commercial Street
Brandon
Durham
County Durham
DH7 8PH

Tel: 01913781634
Website: www.fshc.co.uk

Date of inspection visit:
23 September 2019
30 September 2019

Date of publication:
11 November 2019

Ratings

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

Summary of findings

Overall summary

Brandon Lodge Care Home is a care home providing both nursing and personal care to people. The service accommodates up to 38 people with a range of needs including some living with a dementia. At the time of inspection 34 people were living at the service.

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

Assessments were not always carried out in a timely manner and changes in people's needs was not always communicated to staff who needed the information. These issues had not formed part of the current audits and so had not been identified. The registered manager put solutions in place to address the matter immediately.

People told us they felt safe at the service. Risks to people were identified and managed. Health and safety checks were carried out regularly ensuring people had a safe environment. The provider continued to follow safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Sufficient staff were deployed to meet people's care and support needs.

Staff treated people with dignity and respect and supported people to be as independent as possible. People were supported by staff who knew them well. We observed kind and affectionate interactions between staff and people.

Staff were motivated to provide good personalised care, treating people as individuals. People and relatives spoke positively about the registered manager and care staff. Staff worked well together and were happy working at the service.

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.

People and relatives told us they knew how to complain but had no concerns. The service regularly sought feedback from people, relatives and healthcare professionals.

The provider used information from complaints, safeguarding concerns and accidents and incidents to drive improvement and to learn when things went wrong.

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

Rating at last inspection

The last rating for this service was good (Published 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brandon Lodge Care Home

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.

Inspection team

The inspection team consisted of one inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brandon Lodge Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted professionals in local authority commissioning teams and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and seven relatives. We spoke with nine staff, including

the registered manager, deputy manager, regional manager, two nurses, activities co-ordinator and three staff members. We reviewed five people's care records as well as other records related to the running of the home, such as medicine records, complaints and training records. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and asked for confirmation at PEG feed training.

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 Good. At this inspection this key question has now remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Medicines were ordered, stored, administered and disposed of safely. Medicine administration records were completed appropriately.
- People and relatives told us they had no concerns about the management of medicines. One person told us how staff ensured his medicines were given as he preferred.
- Where people were prescribed as and when medicines there were protocols in place to ensure staff followed guidance.

Systems and processes to safeguard people from the risk of abuse

- The service continued to have effective systems to protect people from the risk of harm.
- Staff had completed safeguarding training and knew how to raise a concern if they had any.
- The registered manager had made appropriate referrals to the local safeguarding team and completed investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and managed. Care records outlined the control measures in place to reduce the risk.
- Health and safety checks were conducted ensuring people had a safe environment. People had personal evacuation plans to support staff in case of emergency situations.
- Information from accidents and incidents, complaints and safeguarding issues were collected and analysed to identify any trends with lessons learnt cascaded to all the provider's services.

Staffing and recruitment

- People and relatives felt enough staff were available to meet people's needs. Staffing levels were regularly reviewed.
- The provider continued to operate an effective recruitment process. Appropriate recruitment checks were completed prior to staff starting work at the service.

Preventing and controlling infection

- The service was clean and tidy.
- There was an infection control policy and measures were in place for infection prevention and control.
- Personal protective equipment (PPE) such as gloves and aprons were readily available. We observed staff used PPE throughout our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were not always completed. We found the service was using care records from a previous care home and from a previous stay, which meant staff did not have an accurate account of people's current needs. The registered manager addressed this matter immediately.
- The provider's electronic pre-assessment did not ask questions to support all the protected characteristics of the Equality Act. The provider advised this information was collected 72 hrs following a person moving to the service.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge.
- Staff training was not effectively monitored. We noted some moving and handling training had lapsed in March and July 2019. The registered manager immediately addressed this issue and training was organised for the same day. All other training was up to date.
- Staff told us they received regular supervisions and appraisals. One staff member said, "I feel supported, if I wanted more training I just ask."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals. One person said, "The food is great there is plenty of choice-too much I think."
- People's weight was monitored by staff and appropriate action was taken if there were any concerns. However, on one occasion we found that a change in a person's dietary needs had not been passed to the kitchen for it to be actioned. The registered manager ensured this was in place.
- We observed lunchtime, it was a relaxed atmosphere and staff were attentive to people's needs. People had access to specialist equipment to support them to remain independent at meal times. For example, adapted cutlery and beakers.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service was responsive in changes in people's needs and worked with health care professionals to ensure people received timely support. One person praised the staff describing how whilst being supported with personal care the staff member had recognised a symptom of a serious health condition and ensured they received medical attention.
- The service was proactive in supporting people to live healthier lives. The deputy manager had recently

accessed the services of a local dentist and had supported people to claim for additional benefits to assist with payments.

- Records confirmed involvement with GPs, chiropodists and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in accordance with the principles of the MCA. Mental capacity assessments and best interest decision forms had been completed for specific decisions.
- Staff supported people to make daily choices and decisions.
- The service monitored people's DoLS applications to ensure no one was unlawfully restricted.

Adapting service, design, decoration to meet people's needs.

- The service had a homely feel. Large communal lounges and smaller private lounges were available. A quiet lounge with tea and coffee making facilities had been created to support families during end of life care.
- The registered manager told us new garden furniture had been purchased so everyone could enjoy the outside areas.
- Toilets and bath and shower rooms had signage to support people living with a dementia to orientate themselves around the service. Bedrooms were personalised with possessions and people's names were on their doors.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff are really good and pleasant. They pop in and have a cup of tea and a chat with me. I can't speak highly enough of them".
- Staff had a great knowledge of people, their likes and dislikes and how they wished to be supported. One staff member said, "We treat people as individuals, as I would like to be treated, like family."
- People were supported to maintain relationships. Relatives told us that they were made welcome when they visited. One relative said, "The staff are always pleased to see you, they know you by name and make a cup of tea."
- Care plans included information about people's cultural and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care

- The service regularly asked people and relatives to give feedback and the information was acted upon. Actions were displayed for all to see in a 'You said; We did' notice.
- People had access to information about local advocacy services. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.
- People and relatives told us they were involved in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their independence. One person said us, "They encourage me to get up and get on with things, they are lovely."
- The registered manager had recently appointed a dignity champion and supporting guidance was displayed throughout the service.
- People's confidential information was held securely, and staff were discreet when discussing people's care and support needs.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans which described the people's care and support needs and their preference on how they wished to be supported. Where an assessment was completed the information was used to create individual care plans.
- Staff we spoke to were able to describe how best to support people in their preferred way.
- People and relatives told us they were involved in the development of their care plans and took part in regular reviews. One relative told us, "I'm involved in her care planning and get regular updates every time I visit. I believe her care plan is looked at least once or twice monthly."

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.

- Care records outlined people's communication needs. When necessary the service offered information in different formats.

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 were supported to maintain their interests and take part in new activities.
- Personal Activities Leader (PAL) co-ordinators were employed to deliver a range of activities including group and individual, included arts and crafts, chair exercises, bingo, and baking. PALs from all the providers services met together to discuss ideas and share best practise.
- Staff supported people to access the local community, enjoying visits to the shops, pub and hairdressers. People were supported in maintaining established friendships at the local Royal British Legion.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no complaints and we aware of how to raise a complaint.
- The provider had systems to record, investigate, respond to and learn from complaints.

End of life care and support

- The service worked closely GPs and palliative care teams when supporting people with end of life care, to ensure people were cared for in line with their wishes in a pain-free and dignified manner.
- The regional manager told us how the registered manager had received a bonus reward in recognition of

good management and they had used it to purchase items to create a quiet lounge for relatives when their loved ones were receiving end of life care. The registered manager told us, "I say to staff we support the person but also their family." service was not supporting anyone with end of life care during our inspection.

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 Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider had a range of systems to monitor and assess the quality of the service. Issues relating to people's assessments, some areas of training and poor communication of changes in people's needs had not formed part of an audit and therefore had not been looked at. The registered manager confirmed staff should have completed the records and immediately put actions in place to address each matter.
- Staff were clear about their roles and responsibilities. The registered manager was well known to people and was visible about the service. They were responsive to issues we identified taking immediate action.
- The provider promoted continuous learning and using information from varied sources including the National Institute for Health and Care Excellence (NICE) to cascade learning points to all its services.

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

- People and relatives told us they felt the service was well run and were complimentary about the registered manager. One person said, "[The registered manager] is excellent and is a very hard worker and gets involved, in a nice way."
- Staff told us they were focused on ensuring people received the best care. We observed staff worked well together and were supportive of each other.
- The registered manager recognised and acknowledged the efforts of staff. They told us, "The staff are the ones who run the service I'm just a figure head really."
- Staff told us they were supported by the registered manager. One staff member told us, "I can go to [registered manager] about anything."

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 registered manager and provider understood their duty of candour responsibilities.
- The service was open and transparent, it reported on concerns raised and the actions taken to put things right.
- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities.
- During the inspection the registered manager was responsive and immediately addressed issues highlighted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The service encouraged feedback from people, relatives and healthcare professionals.
- A range of formats was used to gather people's views, including regular resident and relative meetings and using a remote iPad terminal at the entrance of the home. The information was used to improve the service.
- Staff had opportunities to discuss the service during supervisions and staff meetings.
- The service worked in partnership with various agencies, including the local authority, safeguarding teams and multidisciplinary teams.