

Abdul Khan

The Branches

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 1 February 2017 and was unannounced. A second day of inspection took place on 10 February 2017 and was announced.

We previously inspected the service on 10 December 2015 and found the service was in breach of regulations around premises and quality audit systems. During this inspection we found the service had made improvements.

The Branches provides residential care and support for up to 24 people, most of whom are living with dementia. At the time of our inspection there were 18 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of safeguarding and were confident in their role of safeguarding people. The provider had a safeguarding policy and procedure in place.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with safe storage and appropriate administration. All records were completed accurately and up to date with regular medicine audits being carried out.

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with people's needs. Staffing levels were consistent and relief cover was provided by staff within the home, without needing to use agency staff.

Records were kept for all accidents and incidents including details of investigations, outcomes and action taken.

Staff told us they felt supported in their roles and they received regular supervisions, as well as annual appraisals and regular training. Records we viewed reflected this.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interest assessments were evident within care files and DoLS authorisations were in place where appropriate.

We observed during mealtimes that people enjoyed their meals, some independently and others with

support from staff. There were choices available for people and support was provided by staff with patience and at an appropriate pace to each individual.

Care plans were personalised, detailed and contained people's personal preferences, likes and dislikes. Care plans were up to date and reflective of each person's individual needs.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

Views were sought from people who received a service, relatives and external health professionals about the quality of the service and any improvements that could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and relatives told us the service was safe.

Staff were confident in their roles to safeguard people.

Risks to people's safety and wellbeing were assessed and managed.

Is the service effective?

Good ●

The service was effective.

People and relatives felt staff were trained, skilled and knew how to meet their needs.

Staff received regular supervisions and annual appraisals. They also had up to date training.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguard (DoLS) were authorised.

People had access to healthcare professionals as they needed them.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were friendly and the care they received was good.

Staff engaged with people in a caring and compassionate way.

Staff encouraged people's independence. They responded quickly if someone asked for assistance or if they noticed someone was in need of care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, up to date and reflected the individual needs of each person.

There was a range of activities available in the home for people.

People and relatives knew how to raise concerns and felt confident to do so.

Is the service well-led?

Good ●

The service was well led.

Staff told us they felt that the registered manager was supportive, approachable and operated an open door policy.

The registered manager and deputy manager had a visible presence in and around the home ensuring good quality and personalised care was delivered to people.

A range of audit processes were in place to monitor the quality of service provision.

The Branches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 February 2017 and was unannounced. A second day of inspection took place on 10 February 2017 and was announced.

The inspection was carried out by an adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at The Branches. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with two people and one relative. We also spoke with the provider, the registered manager, deputy manager and a care worker. We looked at three people's care records and people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service.

Is the service safe?

Our findings

At the last inspection in December 2015 we found the provider was storing equipment and other items inappropriately. For example, we found a dry bucket and mops and a carpet cleaner were stored in a bathroom on the first floor. Continence pads were being stored in a toilet next to the lounge. Several mattresses were propped up in the corner of a corridor on the first floor. We also saw that cleaning products were stored in the pantry next to food.

During this inspection we found improvements had been made. Cleaning equipment and products were kept in a separate storage room and unused mattresses were stored in an unused bedroom. Works were being carried out to create an additional storage area in the home to be able to store mattresses to ensure rooms would be available when additional admissions were being made to the home. The registered manager explained that they continued to store a minimal amount of continence pads in the communal toilet on the first floor to ensure they were readily accessible to staff when supporting people with their toileting needs. We observed continence pads were stored appropriately and separately for each person.

People and relatives told us the service was safe. One person said the service was "brilliant". They went on to say, "One relative said, "[Family member] has been cared for very safely."

Staff had a good understanding of safeguarding and were able to name different types of abuse and potential signs to watch out for. Staff told us they felt confident in their roles to keep people safe and safeguard them from abuse.

The provider had a whistle blowing policy in place which was displayed on noticeboards around the home. Staff told us they were aware of the policy and knew how to use it. The registered manager actively encouraged staff to use the whistle blowing policy and ensured staff were aware of and understood it.

Medicines were administered safely and stored appropriately. All medicine administration records (MARs) were completed fully with all reasons for non-administration recorded. Unused medicines were returned to the pharmacy in a timely manner. Staff competencies were regularly assessed by the registered manager or deputy manager to ensure those administering medicines were skilled to do so safely. Regular medicines audits were carried out by the registered manager to identify any medicines errors.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. For example, where someone had been assessed as being at risk of a fall, a referral to the falls team had been made and the service had arranged for appropriate equipment to be put in place. Equipment included profiling beds, door and bed sensors. A profiling bed can be adjusted to reposition and support people who require orthopaedic support whilst laid in bed.

The provider also had risk assessments completed for the premises and environment which included manual handling, infection control, legionella, slips, trips and falls and fire. All risk assessments were stored

centrally and therefore accessible to staff. Risk assessments were reviewed on a regular basis to ensure they were relevant and up to date.

People and relatives told us they felt there were enough staff on duty to meet their needs. One relative told us, "There seems to be plenty. There's always someone around for them. I've never known anyone to wait for staff."

The registered manager told us they continuously monitored the staffing requirements for the home based on people's dependency needs. They went on to explain that they revised staffing levels in line with people's changing needs and when events were taking place. For example, entertainment in the home. The registered manager said, "I bring additional staff in when we need extra cover, like if there's something on (in the home). We also cover sickness with existing staff. We don't use agency staff. I tend to take on staff on a part time basis so there's flexibility."

We reviewed staffing rotas for a four week period and found staffing levels to be consistent. During our inspection we did not observe any occasions where people were left unassisted for a long period of time, or had to wait for support. We noted call bells were answered in a timely manner throughout the day and people were regular checked by staff to ensure they had support if required.

The provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary checks were carried out for each new member of staff including reference checks and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

Accidents and incidents were recorded in a log. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken.

The home was very clean, homely and well maintained with appropriate test certificates for fixed electrics, portable appliances testing (PAT), gas and fire alarms. All checks were complete and up to date. A relative said, "It's so friendly and it's so clean. I come in (every other day) and see the cleaner pulling everything out to clean behind chairs and things. I think it's a lovely place."

During our inspection we saw appropriate maintenance records for all lifting equipment. Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks were completed six monthly for all lifting equipment such as hoists and bath lifts.. The registered manager ensured maintenance checks had been completed and identified when new checks were due to ensure maintenance was consistent. The passenger lift in the home was routinely serviced every four months. But there were not records of appropriate six monthly Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks being carried out. We spoke with the registered manager about this and she informed she was unaware that this check was required. The registered manager gave assurance that she would arrange for this to be completed on the passenger lift urgently. Following the inspection, the registered manager contacted us to confirm this was scheduled to take place on 16 February 2017.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about support each person required, how many staff were needed and any equipment to be used. We saw plans were updated in line with the changing needs of people.

Is the service effective?

Our findings

People and relatives told us they felt staff were trained and skilled to provide effective support and knew people's needs. One person said, "They get you up on a morning and get you washed and dressed. We couldn't fault them because we do get good care." A relative told us, "Oh yes they are skilled. They know how to support [family member]. I feel confident in that."

Staff had up to date training including safeguarding adults, moving and handling, safe handling of medicines and fire safety. Additional awareness training was available to staff members that reflected people's specific needs such as dementia. Staff we spoke with felt they received enough training to support them to carry out their roles. One staff member said, "Yes enough (training). Eileen (registered manager) is always putting us on training."

Staff told us they received regular supervision and annual appraisals. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Staff said they felt supported to carry out their roles and found supervisions useful. One staff member said, "Yes useful, because [registered manager] can tell us if we're doing better and make us feel good. I'd also rather know if I'm not doing something as good so I can improve."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority, and for most, when outcomes had been received and authorisations for those granted. There were four instances where the registered manager had been given verbal authorisation but was awaiting written authorisation from local authorities.

Staff understood the principles of MCA assessments and when they may be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that most people living at The Branches had a DoLS in place. One staff member said, "[Registered manager] puts the forms forward. We deal with the doctors and BIA's (best interest assessors) when they come to do their assessments. There's not many people who don't have one (DoLS)."

People told us they enjoyed the food in the home and there was always enough to eat. One person we spoke with said, "You get lovely meals and they'll make you something else if you don't want what's on the menu. Before we go to bed we can have a cup of hot milk and a sandwich or something if you want." Another person told us, "There's always plenty to eat and drink." A relative we spoke with said, "The food is brilliant, very nice. If [family member] didn't like the meal they'd cook them something else."

During meal times we observed the tables were set nicely with place mats, napkins, cutlery, condiments, cups and artificial flower centrepieces. Weekly menus were displayed in communal areas in pictorial format and examples of alternative options available daily. Meals served were well presented and looked appetising.

We observed a meal time experience in the dining rooms. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw staff encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported at a pace comfortable to them. Staff also prompted others where needed which seemed to be effective and in line with their nutrition care plans. For example, one person was assessed as being at risk of choking. Their care plan stated staff should monitor them and prompt them to take their time if they appeared to be eating fast. We observed the person responded positively to staff when this happened and slowed down with their meals, still seeming to enjoy their food.

During the inspection we saw people were offered regular refreshments between meals. Staff offered people hot and cold drinks as well as snacks such as biscuits and cakes. This meant there was always a variety of food and drinks available for people throughout the day.

We saw people had access to a wide range of health professionals including GPs, district nurses, speech and language therapists, dieticians, CPNs and chiropodists. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions staff had with health professionals or treatments people had received.

During the inspection we found communal areas to be clean, tidy and decorated nicely. There were pictures of local landmarks both recent and historic, ornaments, clocks and flowers giving the building a more homely feel. We observed people had their names and photos of themselves or specific pictures they had chosen, displayed on their room doors to help them identify their rooms. There were clearly identifiable signs around the home containing pictures as well as words to help people locate areas in the home such as the lounge, dining rooms and bathrooms.

Is the service caring?

Our findings

People and relatives told us they found the service to be good and the staff to be caring. One person said, "Very caring, very comfortable. Staff are extremely helpful. They go out of their way." Another person told us, "Everyone is so organised and the staff are so friendly. It is a care home and they do care." A relative said, "Brilliant, very friendly. They're more like friends really. I couldn't fault the place. They're very caring. They go above and beyond sometimes."

The atmosphere within The Branches was warm, calm and welcoming. People and relatives had similar views. One person said, "It's very welcoming." They went on to tell us a lot of relatives visited people regularly and they felt this was lovely that relatives felt comfortable and able to visit whenever they wanted. A relative told us, "It's lovely here. You don't feel like you're coming into someone else's home, you feel like you're coming into your own home."

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible.

Throughout the inspection we observed staff treated people with dignity and respect. Staff spoke to people in a respectful and polite manner, and referred to them by their preferred name. Staff were observed knocking on people's doors and waiting for a response before entering. Staff explained support they were offering to people and gained permission before providing it. We asked people if they felt staff treated them with respect as well as protected their dignity while providing support. One person said, "Oh yes definitely." Another person told us, "They're very discreet. When they're getting you dry (after bathing) they always cover you with a towel."

Relatives said they were kept up to date about their family member. They told us they felt involved in their family member's care and support needs and were involved in support planning. One relative told us, "I've been involved all the way through. They always keep me informed. If there was any issues they would ring me and I'd be here straight away."

At the time of inspection no one received support from advocacy services. We spoke with the registered manager about advocacy services and if people ever accessed them. The registered manager told us, "A few people have RPR's (Relevant Persons Representative) from Your Voice Counts (a local advocacy service) who come in to see them."

Is the service responsive?

Our findings

People had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about people to help staff better understand their needs. This included a life history and their existing support network. The assessment also included communication needs, daily living skills, medicines and the person's social interests.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin integrity, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person. Relatives told us they were involved in reviewing care plans of family members. One relative said, "Oh yes we have review meetings."

At the time of the inspection the service didn't have an activities coordinator. The registered manager said, "We've been trying to get an activities coordinator but it's hard. The carers do activities. I sent one carer on training." The registered manager told us they scheduled in additional care hours for staff to facilitate activities with people.

During the inspection we saw people taking part in activities with staff? as well as watching television and listening to music. The service had an activities programme which included quizzes, gentle exercise, bingo, karaoke and a variety of games. One person told us activities took place in the home but said, "I don't join in with many things because I have a bad shoulder. I join in with the quoits and snakes and ladders. They also have a big ball they throw around. I sometimes join in with that." They went on to tell us, "In the summer we go out for the day like to the beach and to [local ice cream parlour]."

Regular resident and relative meetings were held in the home and various topics were discussed regarding activities, the premises, complaints procedure and menus. Minutes showed people's and relatives' views were recorded and considered. This meant people and their relatives were involved in the future planning of the service.

The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. Copies of the complaints procedure were on display around the home for people and their relatives to see. People and relatives told us they knew how to make a complaint if they were unhappy with something in the service and they felt comfortable raising issues with the registered manager, deputy manager or staff. One person said, "You couldn't complain, the staff are lovely and it's very clean." Another person told us, "No I haven't actually (had any complaints)." A relative we spoke with said, "No, I have no complaints. I would tell [registered manager] straight away if I did."

The registered manager kept a log of all complaints received and detailed investigations that had been

carried out. Outcomes of investigations and responses communicated to complainants and others concerned were also stored appropriately.

Is the service well-led?

Our findings

At the last inspection in December 2015 we found audit systems were not fit for purpose as they were not recorded. This meant the registered manager or provider did not have access to all necessary information when needed and we could not see how the results were used to monitor or improve standards.

During this inspection we found improvements had been made. The registered manager and senior staff completed a number of audits around the quality of the service. These included medicines management, care records, staff training, maintenance and kitchen audits. All findings were recorded as well as required actions. During the inspection we saw that actions had been completed where identified. For example, minor jobs around the home to fix things that were broken or loose.

Questionnaires were sent to people and relatives annually asking for their views of the service. The latest responses that had been received in recent months were all positive and complimentary of the service. One person stated, 'I am very happy at the Branches and feel satisfied.' Another person wrote, 'I am very happy here. I love all the staff. They are so kind and caring.' A relative had completed a questionnaire and said, 'I can't praise the staff highly enough. They are kind, compassionate and caring. I know my [family member] gets cared for to a very high standard. Eileen the manager is always available; she is professional with a lovely caring manner. The Branches is an amazing care home. I am more than happy with the love and care they give my [family member].'

The registered manager also sent questionnaires to external professionals who worked with the service to obtain their views on the quality of the service and any improvements that could be made. A GP commented, 'When you ring or visit the staff are pleasant courteous and helpful. They know about the residents' medication, allergies and past history. They are caring and look after the residents well.' A community staff nurse stated in their questionnaire, 'I would happily recommend this home to anyone. The care given is superb, the staff friendly and helpful and the home has a wonderful "homely" atmosphere.' A nurse practitioner who completed a questionnaire stated, 'All carers have a good knowledge of residents' physical and mental health needs. Good relationships with families. Always very helpful to me.' All questionnaires had been received within the last six months. This meant that external professionals' feedback was used to monitor the quality and standards of service provision.

People and relatives felt the service was well managed and spoke highly of the registered manager. One person said, '[Registered manager] is so good. If you have any issues you just let her know and she sorts it out for you straight away. She keeps you up to date with appointments and things. She sorts transport for you as well if you need it. She's an excellent manager.'

The home had an established registered manager who had been in post for a number of years. During our inspection we noted that one statutory notification had not been submitted to the Care Quality Commission. The notification related to a person who had suffered an unexplained fracture to their arm. We discussed this with the registered manager who explained it had been a misunderstanding on their part as the safeguarding alert had been raised by the hospital. The registered manager had submitted a serious

injury notification at the time of identifying the injury. Statutory notifications had been received in relation to other areas both before and after this instance. The registered manager acted immediately and submitted the notification to the Care Quality Commission. We are dealing with this outside of the inspection.

Staff told us the registered manager operated an open door policy in the home which staff said made them feel supported. During our inspection we observed staff enter the office as well as approach the registered manager on the floor to seek guidance or discuss any specific issues.

Throughout the inspection visits there was a management presence in the home with the registered manager readily available for staff, people who use the service, relatives and visiting professionals to speak to. During out of hours, the registered manager told us staff had access to contact details for her and the provider to be used should staff need to speak to them with any issues or problems with the service or building.

Staff meetings took place on a regular basis. The registered manager told us, "I do talk to them (staff) on an individual basis but I do feel it's important to get them all together as a group to discuss things all together." Minutes we viewed included discussions around the importance of care plans being kept up to date, evaluations being meaningful, staff training, safeguarding, team work and infection control and entries in the daily diary.

We asked people, relatives and staff what they thought the service did particularly well and if they thought any improvements could be made. All the answers were positive and no one felt there was anything the service could do to improve.