

Mr R & Mrs C Fagbadegun

The Brandles

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

About the service

The Brandles is a small care home located in Bury, Greater Manchester. The service provides accommodation and support for up to seven people with mental health needs. At the time of our inspection there were seven people living in the home.

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

The provider continued to meet the regulations in relation to safeguarding and complaints, recruitment and training, medication, health care & nutrition, infection control, health and safety and maintenance checks.

People said they were encouraged to be as independent as possible. People who were able were seen to come and go freely following routines and taking part in activities of their own choosing in the local and wider communities.

Care records were personalised and reflected people's individual needs, wishes and preference. Risks to people's health and well-being were assessed and planned for to help keep them safe.

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. Where necessary, staff continued to support people in making decisions with support from social workers, health professionals, relatives and advocates. Legal authorisation had been sought where people were being deprived of the liberty.

Relevant recruitment checks were completed. Sufficient numbers of skilled and experienced staff were available to meet people's needs. Staff said they received lots of training and were supported in their role. People's current and changing needs were effectively communicated and responded to.

People's prescribed medicines were managed safely. Staff worked closely with healthcare agencies so people received the care and treatment they needed. People were encouraged to follow a balanced diet and took part in the planning, purchasing and preparation of their meals.

People were provided with comfortable, homely accommodation. Relevant maintenance checks were carried out to maintain the safety of the building. Hygiene standards were maintained.

The registered manager continued to monitor and review the quality of service provided and took action to make improvements where shortfalls they had found. Safe systems were in place for responding and reporting safeguarding concerns and complaints. People said they felt safe and their views were listened and responded to.

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 17 August 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 effective.

Details are in our effective findings below.

Good ●

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 ●

The Brandles

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 was carried out by one inspector.

Service and service type

The Brandles 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 reviewed information we had received about the service. Prior to the inspection we received a letter from one of the residents about their satisfaction at living at The Brandles. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was in the process of completing a provider information return at the time of 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.

During the inspection

We spoke with four people who used the service, the relative of one person and a visiting professional to seek their views about the care provided. We also spoke with three members of the staff team including the provider, registered manager, deputy manager and support staff.

We reviewed a range of records, including the medication administration records (MARs), the care records for two people, two staff personnel files, training records as well as information relating to health and safety and management and oversight of the service.

After the inspection

Following our visit to the home we also spoke with two members of staff to seek their views about working at the home.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help protect people from the risk of abuse.
- People told us they felt safe, adding, "Yes I'm safe and looked after" and "This is the best place for me, I'm okay".
- Staff were able to demonstrate their knowledge and understanding of signs of abuse and knew what to do if they were concerned about someone in their care.
- Prior to the inspection we contacted the local authority. No issues or concerns were raised about the safety and protection of people living at the home.

Assessing risk, safety monitoring and management

- Suitable arrangements were in place to ensure people living and working in the home were kept safe. Where risks to people's health and well-being had been identified these were assessed and planned for.
- Servicing certificates showed mains facilities, such as gas and electric, and equipment had been serviced and maintained in accordance with the manufacturer's instructions.
- An updated fire risk assessment had been carried out. Regular in-house checks were also undertaken to make sure the alarm, means of escape and emergency lighting were in good order. The service had a 'grab file' which include important information about people and the home in the event of an emergency arising.

Staffing and recruitment

- Relevant recruitment checks were carried out prior to new staff commencing employment.
- The staff team remained stable with little turnover. Sufficient levels of staff were maintained throughout the day. Where additional support was required, for appointments or outside activities, this would be provided. The registered manager and deputy manager also provided on-call advice and support where necessary.

Using medicines safely

- People's prescribed medication continued to be managed safely. People told us staff ensured they took their medication when needed. One person commented, "The staff help me with my medication, I prefer it that way."
- Records were completed on receipt and administration. Additional guidance was available where people needed 'when required' medicines. The registered manager planned to review the recording of homely remedies so this was easier to monitor.
- Staff completed training and had their competency assessed to check they knew how to administer people's medicines correctly.

Preventing and controlling infection

- Hygiene standards were maintained within the home. The premises were clean, tidy with no malodour. One person told us, "This is a lovely home, they [staff] look after it".
- Staff had access to protective clothing and received training to help minimise the risks of cross infection.
- The service was audited by the local authority health protection team in September 2019 and was given a compliance rating of 95%.

Learning lessons when things go wrong

- Records were made of all incidents and accidents that occurred. The registered manager kept these under review and took appropriate action to reduce the risk of them happening again. Any changes were clearly communicated to the staff team.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 registered manager continued to monitor the application and renewal of all DoLS application to ensure guidance was complied with.
- People told us and care records showed they had been involved and consulted with about their care and support. One relative we spoke with said they too were consulted with about their family member.
- Where people were unable to make decisions for themselves staff worked closely with health and social care professionals, family members and advocates so decisions made were in the person's 'best interest'.
- Information and training to guide staff in the MCA and DoLS was available. Staff told us, "We encourage everyone to make their own decisions" and "People are offered a choice, it's up to them".

Staff support: induction, training, skills and experience

- Staff had opportunities for staff training, development and support. Staff said they completed both e-learning and face to face courses. One staff member said, "The training is good, covers everything". A new member of staff confirmed they had been supported through an induction and felt they understood what was expected of them.
- People felt staff supported them in a way they wanted and needed. We were told, "They are very good, know us and what we like" and "The staff are great, help me when I need it".
- Staff said communication about people and events within the home were effectively communicated. In addition to the handover notes there was a communication diary and occasional team meetings.

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

- People said there was a good choice of quality food. Some of the people remained independent by cooking their own meals and snack.
- Staff maintained a record of meals provided as well as monitoring people's weight to make sure people's nutritional needs were met.
- Staff continue to be provided with training in food hygiene. In December 2019 the service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

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

- People had access to a wide range of healthcare professionals to help maintain the health and well-being. These include, GPs, community mental health team, optician, dentist and chiropody.
- People, where able, took responsibility for their own healthcare appointments however staff offered help and support if needed. People told us, "I do all my own appointments, I can manage" and "There's been a lot going on so they help to keep an eye on things."
- Feedback from health professionals provided in the 2019 surveys was positive about their working relationship with staff. One community psychiatric nurse (CPN) commented, "Staff are always very accommodating and helpful. Good at liaising with [the health team] if any issues".

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

- The Brandles provided comfortable homely accommodation, which was clean and tidy.
- People were independent requiring minimal support therefore adaptations were currently not required. Staff were aware should needs change this would need to be kept under review. Several of the bedrooms were situated on the ground floor providing level access for those people reduced mobility.

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 the same. 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 said staff were respectful and treated them well. Interactions were polite, friendly and good humoured.
- People told us they were happy and settled, adding, "I'm very happy" and "I've seen some changes, all good, I'm happy here". The relative of one person said "They [staff] appear to know [person's name] very well and know what they need."
- Consideration was given to areas of equality and diversity. Information was available to guide staff in the 'protected characteristics', such as, disability, race, religion and sexual orientation. Within the new care plan information was gathered about people's spiritual and religious wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people to be as independent as possible by taking part in everyday tasks, such as changing beds, washing up and cooking meals.
- People received varying levels of support, dependent on their individual needs. Those people we spoke with felt they received 'the right balance' as they were able to remain independent. People told us, "I come and go as I please", "I like it, have my independence and can do what I want to" and "The staff are very helpful, there if I need them but I can make my own decisions and do my own thing".
- People's records were stored securely. Staff understood their responsibilities in maintaining confidentiality so that information was only shared with people who needed to know people's personal details.

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

- People said they were actively involved in making day to day decisions. Each had an allocated keyworker who they spoke with about their care and support. This was reflected in their care plan. Records were person centred and included what was important to them.
- People felt confident staff would listen and act on what they said. One staff member said, "The team are respectful, people have choice."

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

- Individual care plans continued to be maintained with people's involvement. These provided personalised information about their needs, wishes and preferences. Information was regularly reviewed to reflect the current and changing needs of people.
- People were aware of the information recorded about them. One person said, "Yes I have one [care plan], they ask me what I want." Another person added, "We've talked about what support I need".
- Staff clearly knew people well. Staff were able to demonstrate their understanding of people strengths and support needs. We were told people's changing needs were quickly communicated and responded to.

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 followed activities and routines of their own choosing both in and away from the home. People accessed local shops and pubs as well as taking part in an annual holiday, should they wish to. Photographs showed people had enjoyed meals out, visits to the art gallery and science museum as well as a summer barbeque and Christmas party.
- Four of the people were able to come and go independently accessing the local and wider community.
- People maintained relationships with family and friends. One person spoke about their friendship with other residents, adding "I have good friendships with some people".
- One staff member felt if anything could improve it would be "motivating people to take part in more activities". However, they felt as people were getting older they were less inclined to take part.

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 were clearly able to communicate their wishes and feelings. However, the registered manager was mindful that alternative arrangements may be required as needs change.
- The registered manager and a relative had created a memory book and introduced a notebook for one person to aid their memory and reduce anxieties.

Improving care quality in response to complaints or concerns

- We saw the service had a complaints procedure and log book in place. No issues had been raised since our last inspection.

- People told us they knew who to speak with if they had any concerns. One person said they felt completely confident in their [staff] response. Another person added, "They [staff] are all approachable".
- Thank you cards and compliments had also been received. One person had recently sent the registered manager a note saying, "Thank you [name] for everything you do for all of us".

End of life care and support

- End of life care plans were currently being discussed with people so their wishes in the event of their death were respected. We saw a 'best interest meeting' was planned for one person, involving their family and an advocate, to discuss arrangements for them.
- The service had an 'end of life' policy and training to help guide and support staff. We were told staff would seek the advice of relevant health care teams so that people received the care and treatment needed.

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, staff and third parties were actively sought. People were consulted with daily, through monthly resident meetings and keyworker sessions. People said they were happy and very settled. One person commented, 'We all get on very well, we're like a family together'. The relative of one person also told us, "More than happy. Staff very good and know what they are doing. Always keep in contact if any issues".
- Staff communication worked well with daily handovers, a communication book and occasional meetings. Staff said, "It's a fantastic Job", "We provide a more personal service" and "Open and supportive".
- Annual feedback questionnaires were completed by people, their relatives and visiting professionals. Results were positive. Comments from professionals included, "Very good for a small home, open to any suggestions" and "Very responsive, would recommend for the right client".

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

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- The registered manager and deputy manager provided a consistent management approach. Staff told us managers were responsive and listened to them. Staff told us, "Can talk to them about anything", "Very approachable, personally and regarding work" and "Always there". The relative of one person said the registered manager was "Very amenable" and "Helpful and supportive"
- Staff spoken with understood their role and responsibilities. Their comments included, "We work really well together" and "There's shared responsibilities between everyone, including the owners".

Continuous learning and improving care

- The provider told us their focus was to continue to maintain good standards of care with a stable staff team. They were confident in the registered manager and staff being able to deliver what people needed.
- The registered manager had systems in place to check areas such as medication, care plans and health and safety were kept up to date. There were plans to revise the homes policies so information was more accessible and easier to read.

Working in partnership with others

- The team worked closely with outside agencies so that people's assessed needs were appropriately met, and their health and well-being was maintained.
- They said there had been no complaints and the registered manager was "keen to maintain standards at the home".