

Esteem Care Ltd

Brandon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brandon House is a 'care home' which provides accommodation and personal care for up to 42 older people some of whom may be living with dementia. At the time of the inspection there were 27 people using the service.

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

People felt safe. People received medicines safely and on time, however medicine documentation was not robust. Incidents and accidents were recorded and there was evidence of appropriate action taken however the service did not monitor themes and trends.

We observed some staff not wearing masks correctly during our inspection. This was raised during the inspection and the provider agreed to take immediate action. There were enough staff employed to ensure people's needs were being met. We observed staff responding to people's needs in a timely manner and staff presence in communal areas. Staff were recruited safely. The provider had recruitment checks in place to ensure staff were suitable to work in a care setting, however recruitment documentation was not clear.

The home did not have a registered manager. The regional manager was providing additional support whilst the service was in the process of recruiting a manager. The lack of a registered manager had impacted the service negatively. Since the previous registered manager left staff had not received regular supervision and the service did not hold regular meetings. Feedback from staff and relatives about the management was mixed, however all staff and relatives we asked stated they noticed a negative change in the service without a manager.

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.

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 provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The last rating for this service was requires improvement (published 10 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We 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 COVID-19 and other infection outbreaks effectively. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe section of this full report. You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brandon House on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 will take further action if needed.

We have identified breaches in relation to the oversight of the service 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brandon 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 Health and Social Care Act 2008.

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

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 July 2022 and ended on 3 August 2022. We visited the location on 21 July 2022.

What we did before the 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 reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with eight relatives about their experience of the care provided. We spoke with six staff members including the regional manager. We looked at three people's care records and three medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.



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 safe was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider used a log to record any safeguarding referrals. The log lacked details and we were not assured the provider had sufficient oversight.

We recommend the provider reviews their practice to ensure robust safeguarding systems are in place.

- The safeguarding policy was in date and relevant to the service.
- People felt safe living at the home. Relatives we spoke with had no concerns about their family member's safety. One relative said "Yes I think [family member] is safe, [they] seems okay, plenty of staff, nice people there, certainly no signs of any form of abuse."

Staffing and recruitment

At our last inspection the provider failed to recruit staff safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 19.

- Recruitment documentation was not clear. All staff files we checked had the correct criminal checks however we found some documentation out of date. We felt the issues regarding the recruitment documentation related to poor governance. Please see the well-led section of this report.
- Staff were recruited safely. The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.
- Staffing levels were safe. The provider used a dependency tool to calculate staffing levels and staffing rotas indicated staffing levels were always above minimum.
- There were enough staff employed to ensure people's needs were being met. We observed staff responding to people's needs in a timely manner and staff presence in communal areas.

Using medicines safely

- Medicine documentation was not robust. We found some documentation regarding medicines were not signed or dated. We felt the issues regarding the medicine documentation related to poor governance. Please see the well-led section of this report.
- People received medicines safely and on time. Staff gave people time to take their medicines and supported people appropriately if they were reluctant to take their medicines.
- Guidance protocols on the use of medicines to be taken only when required were person centred and up to

date.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. We observed some staff not wearing masks correctly during our inspection. This was raised during the inspection and the provider agreed to take immediate action.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people in accordance with the current guidance.

Learning lessons when things go wrong

- The service did not monitor themes and trends of accidents and incidents. We felt the issues regarding monitoring themes and trends related to poor governance. Please see the well-led section of this report.
- Incidents and accidents were recorded and there was evidence of appropriate action taken to reduce the risk of reoccurrence.
- Lessons learnt were shared with staff. Staff told us lesson learnt were discussed in meetings.

Assessing risk, safety monitoring and management

- Risks were assessed appropriately. The service had measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information which provided guidance for staff on how to manage risks to people's health and wellbeing.
- Staff were aware of people's risks and how to keep them safe. We observed members of staff using de-escalation techniques to reduce one person's agitation.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 well led was rated as requires improvement. At this inspection this key question has remained the same. 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

- The home did not have a registered manager. The regional manager was providing additional support whilst the provider was in the process of recruiting a manager.
- Documentation was not coherent. Records was accurate however we found gaps in medicine records and out of date recruitment records.
- The provider used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. These had been used to identify shortfalls, generate actions and drive improvements. However, these has not always driven improvement and some issues were not addressed.
- The home used a continuous home improvement plan to record any actions or issues identified via auditing, monitoring or feedback from people and/or staff. We saw this was regularly reviewed and actions addressed timely.

We were not assured there was robust management of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- Support for staff was insufficient. Since the previous registered manager left staff had not received regular supervision.
- Meetings were not held regularly. We found gaps in meetings since the previous registered manager left the service.
- Feedback from staff about the management was mixed. Some staff told us they felt supported and leadership was approachable however staff felt the service had deteriorated since the previous manager left. One staff member said, "It's a little bit down at the moment, I am hopeful they will get a new manger soon and things will get better."
- The provider completed surveys for staff, this was well documented and included follow up actions.
- Relatives feedback was mixed. One relative said, "Only issue is manager wise, management is ticking along."

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; Working in partnership with others

- The provider was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives told us any concerns they had were addressed by the management team when discussed.
- The home had established good working relationships with health professionals and received compliments from visiting professionals.

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
Treatment of disease, disorder or injury	There was not a robust management system in place.