

Robert Shaw

Brantwood Residential Care Home

Inspection report

112-114 Congleton Road
Sandbach
Cheshire
CW11 1HQ

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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:

Brantwood Residential Care Home is registered to provide accommodation for up to 21 people who require nursing or personal care. The service is located in a residential area of Sandbach close to local amenities. At the time of the inspection there were 18 people accommodated at the service.

People's experience of using this service

People told us they were settled and happy living at Brantwood. People said that the managers and staff team were kind and caring and promoted their independence where possible. They told us they got their medicines on time and staff supported them with all their needs as required.

People's needs had been assessed, care plans developed, and risk assessments put in place to ensure people's individual needs could be met and risks reduced or mitigated. People told us they were fully involved in this process.

Staff had developed positive relationships with people and their family members. They had a good understanding of how to meet each person's individual needs. We saw people's dietary needs were managed with reference to individual needs and choice. People's privacy and dignity was consistently respected.

People told us that they felt safe in the home. Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. The staff and management team worked closely with health and social care professionals.

There were a selection of audits carried out. Actions identified we used to continually develop and improve the service. Feedback from people and their family members was regularly sought.

People were supported to have 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.

Rating at last inspection:

The last rating for this service was Good (published 12 May 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.

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

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.

Details are in the safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in the effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in the caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in the well-led findings below.

Brantwood Residential 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 was carried out by one inspector.

Service and service type

Brantwood Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with six people who used the service and four family members about their experience of the care provided. We spoke with five members of staff including the registered manager, registered provider, housekeeper and support workers. We spoke to two healthcare professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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 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

- People told us that they felt safe and secure living in the service. One person said, "I didn't like living by myself. I feel safe here as there is always someone near if I need anyone."
- Staff had received training in relation to safeguarding and whistle blowing. Policies and procedures were in place relating to these.
- Staff understood it was their role and responsibility to keep people safe from harm. They described how they would raise a safeguarding concern if they were worried about a person's safety.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place that reflected their individual needs. These gave clear guidance to staff to minimise or mitigate risk and were reviewed regularly.
- Systems were in place for checking the safety of the environment and all equipment.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently completed.
- People told us there were enough staff available to meet their needs.
- Staff knew people well and had a good understanding of their individual needs and routines.

Using medicines safely

- People told us they received their medicines on time. One person said "I used to forget my medicines and get confused. Staff always make sure I have my medicines at the right time every day."
- Medicines were administered by trained and competent staff.
- Policies and procedures for the management of medicines were readily available along with other good practice guidance.

Preventing and controlling infection

- People spoke positively about the cleanliness of the home and their comments included; "The home is very, very clean and that's very important to me", and "They keep the home and my room very clean."

Learning lessons when things go wrong

- Accidents and incidents were recorded. Actions were taken to reduce the risk of reoccurrence.
- The registered manager regularly reviewed all accidents and incidents to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and occurrences.

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.

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

- People's needs were fully assessed, considering their physical, mental and social needs prior to moving into the service.
- Care plans reflected people's individual needs, preferences and personal choices. They included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- People and family members told us that staff had the skills and knowledge to provide them with appropriate care and support.
- Staff received training appropriate for their role along with regular refresher updates.
- Staff received regular support and supervision.

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

- People were supported to eat and drink in accordance with their assessed needs and personal preferences.
- People and family members were complimentary about the food provided. Comments included; "The food really suits me, I have no complaints", "All the food is very good. I like everything that is offered," and "Lunch is always fabulous."

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 their GP and other healthcare professionals as required.
- Comments from healthcare professionals included; "Referrals made for home visits or support are always appropriate", "The management team are always on top of things" and "I have no concerns, it's a good home."

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

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas.
- The provider was reviewing their signage to aid people's orientation around the building.

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.

- Staff had received training in the MCA and DoLS and understood the importance to assume a person has capacity to make decisions, unless assessed otherwise.
- People's care records evidenced their mental capacity had been considered and assessed, where appropriate, and any best interest decisions were clearly recorded.
- Throughout our inspection we observed staff giving people choice about various aspects of their daily life.

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

- Family members and visiting professionals told us they were always welcomed and their comments included; "We are always offered a drink and welcomed each time we visit" and "The managers and staff are always available to answer any queries."
- Our observations showed that people displayed positive signs of well-being. There was a friendly atmosphere where people were engaged in activities of their choice.
- Staff interacted with people in a natural and familiar way. They were consistently polite, courteous and appeared genuinely happy in their work.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's dignity was maintained, and they were treated as individuals. One person told us "Staff help me with washing and dressing and they always keep me covered up with a towel."
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- People appeared well cared for, groomed and appropriately dressed. Staff ensured people were dressed in clothes of their choice and appropriate to the season.

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

- People and their family members where appropriate, told us that they were involved in their care arrangements.
- People's individual communication needs were clearly documented, and guidance included for staff to meet these needs.
- People were given the opportunity to express their views and opinions through daily contact with the management team.
- Staff supported people to make choices where needed, for example about what to wear or whether to join in an activity or not.

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 and their family members were involved in the development of care plans which contained sufficient information regarding people's preferences and wishes. Information guided staff to meet people's needs.
- Care records reflected people's interests along with ways to maintain and promote their independence, including what the person could do for themselves.

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 encouraged and enabled to pursue their hobbies and participate in activities of their choice. They told us their family members were free to visit any time.
- People told us there were activities for them to participate in at the service. Comments included; "I have a newspaper delivered every day and I really enjoy reading this", "I like going to the church service, my faith is important to me" and "The hairdresser visits regularly to do my hair, this is important to me."
- People told us they enjoyed the visiting entertainers, in particular the organ player and selection of singers.

End of life care and support

- People's specific wishes and preferences for end-of-life care were recorded within their care plan documents.
- Healthcare professionals and family members of choice were involved in people's 'end of life' care plans.
- Staff understood the importance of providing end of life care that reflected each individual person's wishes and preferences. Staff described how they supported people at the end of their life to have a comfortable, pain-free and dignified death.

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.

- Where people had been assessed as having specific communication needs, the provider used a range of accessible communication techniques to meet people's individual needs.
- Information about the service was available in alternative formats when required such as easy read and large print to make it easier for people to understand.

Improving care quality in response to complaints or concerns

- People and family members knew how to make a complaint and felt comfortable to do so. They told us that they were confident that any concerns they had would be listened to and acted upon promptly by the management team.
- Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.
- The registered manager and provider were visible daily in the service. This meant people could raise any concerns they had promptly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured 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

- People and family members were complimentary about the running of the home and held the management team in high regard. One person said, "The managers are always here, they are lovely and very approachable." A family member commented, "We can talk to [Manager Name] and [Manager Name] about any concerns or worries we have. They will always give us time and listen."
- People and family members spoke positively about the service. Their comments included; "I'm very pleased and would never want to live anywhere else", "You would go a long way to get a better place to live" and "We are really pleased that [Relative Name] is safe and well living at Brantwood."
- There continued to be a regular staff team, staff turnover was low which supported continuity of care for people.

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

- The registered manager ensured that staff were trained and were aware of their roles and responsibilities.
- There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- Staff told us morale was good, they liked working at the home, had confidence in the registered manager and felt well supported.

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 understood their legal requirements and appropriate notifications and referrals were made to the CQC.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role in.

Continuous learning and improving care; Working in partnership with others

- A selection of audits to monitor and assess the quality of the service provided were regularly completed. Actions from the audits were used to continually develop and improve the service.
- The home continued to work closely with health and social care professionals. Feedback from professionals was positive and cited collaborative working arrangements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were clear processes in place to obtain the views and opinions of people, family members and staff about the service and the provider. This information was used for future development and improvements.
- Staff told us they felt supported and valued by the management team.