

Chosen Care Limited

# Branksome House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Branksome House is a residential care home, registered to provide personal care for up to nine adults with mental health, learning disabilities and/or autistic spectrum disorder needs. At the time of the inspection, four people were living at the service.

Following refurbishment, Branksome House can accommodate up to seven people over three floors, in one adapted building. The service has wheelchair accessible bedrooms with en-suites on the ground floor. First floor bedrooms have en-suites and there is a communal bathroom on the first floor. The first and second floor bedrooms are accessed via stairs. People had access to the lounge and an enclosed accessible rear garden and were supported to access the dining room and kitchen by staff.

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

People felt safe and supported at Branksome House and had chosen to live there over other alternatives. People's health related risks had been assessed and timely referrals to health and social care professionals were made when people's needs changed. Care records included recommendations by health care professionals. Improvements had been made since our last inspection to ensure choking and infection control risks were managed in line with health professionals' recommendations, provider policies and national guidance.

The provider continued to develop and improve their governance and monitoring systems which included tracking systems to ensure their required checks were completed. Audits had been completed and an action plan was in place. People's feedback had been sought.

People looked healthy and were well cared for. They were supported to express their individuality through their personal choices. People were supported by staff who had received appropriate training and support and whose competency in key areas had been checked.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the Effective and Well-Led domains, we found the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was situated in a residential street, close to local amenities. People's choices were supported and they were involved in setting goals to increase their independence. People were treated with care and dignity and their right to privacy was respected. Positive changes in one person's needs and well-being since moving into the service were evident.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's capacity to make decisions had been assessed. Where restrictions were needed to keep people safe, Deprivation of Liberty Safeguards (DoLS) applications had been made to authorise these. People's wishes were established through a variety of communication techniques, including use of signing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 10 December 2021) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced inspection of this service on 8 November 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Effective and Well-led which contain those requirements.

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 changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Branksome House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: 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?

At our last inspection we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Branksome 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Branksome 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. Branksome is a care home without 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 a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the area manager, registered manager, a visiting registered manager from one of the provider's other local services, two support workers and a cleaner. We observed staff supporting people including during lunch. We reviewed a range of records. This included three people's care records.

#### After the inspection

We reviewed provider audits and trackers, including records of staff training, competency and supervision checks. Feedback received by the service and Branksome House's action plan.

# Is the service safe?

## Our findings

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Visiting was taking place in line with government guidance.

# 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.

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At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

At our last inspection the provider had not done all that was reasonably practicable to mitigate risks to people and to prevent the spread of infection which was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider regularly reviewed and updated their policies in line with standards, national guidance and the law and updates were communicated to staff. Clear processes had been established at Branksome House to support staff in managing risks to people including risk of choking and spread of infection.
- People's needs were assessed prior to admission and their preferences and choices explored. Staff liaised with health and social care professionals and consulted people's representatives to complete the assessment process.
- People's health needs were met in line with health professionals' guidance and support, following recognised pathways of care. This was seen for support in relation to choking, diabetes, epilepsy and dementia.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they started working at Branksome House and had access to a buddy system for additional support.
- The provider ensured staff remained updated with training relevant to their role and people's individual support needs. Staff competency in key skills was checked on a regular basis.
- Staff received regular supervision and an annual appraisal. An on-call system ensured managerial support was always available.

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

- People were involved in menu planning and enjoyed a variety of foods which included good quality fresh fruit and vegetables, some homecooked and some convenience foods. People were supported to make healthier food choices and their weight and intake was monitored.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other



agencies to provide consistent, effective, timely care

- People's health action plan and hospital passport were updated regularly to address their health-related needs and enable effective information sharing. Oral health care needs had been assessed and support plans were in place to manage specific health needs.
- People were supported to access routine healthcare including annual health checks, medicine reviews and dental care. People had received COVID-19 and 'flu' vaccinations.
- Records showed people were supported to access appropriate medical care and/or specialist services when they became unwell or their needs changed.
- People were offered regular walks in the local area. The registered manager told us they planned to arrange more physical activities people enjoyed outside the service.

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

- Extensive refurbishment of the premises was carried out in 2021. Care was taken to provide suitable spaces and facilities to meet people's needs, including adapted bathrooms, accessible ground floor bedrooms and communal rooms.
- The service planned to apply to the provider's innovation fund to add a sensory/break out area in the back garden.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff obtained consent from people before they provided support.
- People's capacity to consent to the support they received had been assessed in line with the MCA. Assessments included people's ability to consent to personal care, to manage their finances and medicines related needs. Best interests' meetings were held when people had been assessed as needing support which they were unable to consent to.
- The service was compliant with DoLS requirements and the provider ensured DoLS applications, authorisations and any related conditions were kept under review. Applications for three people were being assessed at the time of the inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our inspection in November 2021, we found leadership in the service had been ineffective in ensuring safe ways of working. Further to this, new processes had been implemented. We saw these were embedded, staff understanding of people's risks had increased and people's support plans were followed.
- Trackers were used to ensure all required actions were completed. Audits and checks had been completed as expected by the provider and a service action plan was in place. Progress on the action plan was monitored by the provider.

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; Continuous learning and improving care

- Duty of candour requirements had been met in relation to a safeguarding incident affecting one person living at the service while they had been temporarily living at another of the provider's services. The person and their family had been informed and updated.
- The provider and registered manager worked openly and in partnership with external agencies including CQC, safeguarding and the police to report and investigate the incident.
- The provider and registered manager have increased oversight of people's financial records to avoid a recurrence of the above incident. A root cause analysis was being carried out, which would be presented to the Board to ensure any lessons learned are addressed.
- The registered manager said when they identified actions had not been completed as expected by staff, they did a reflective 'lessons learned' session. This ensured the staff member understood the relevance of the action and potential consequences.

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

- We saw the positive impact Branksome House had on one person since moving in. Anxiety related behaviours, evident at our previous inspection, had significantly reduced or resolved. This person had grown in confidence and developed positive and supportive relationships with staff. They told us, "She's nice [registered manager], she is really nice."
- We saw people were confident in expressing themselves, including telling staff if they were unhappy about something.

