The Brandon Trust

# Branwell Care Home

## 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? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Branwell Care Home on 31 March 2016. When the service was last inspected in February 2014 no breaches of the legal requirements were identified.

Branwell Care Home provides personal care and accommodation for up to eight people. At the time of our inspection there were five people living at the home.

A registered manager was in post at the time of our inspection. 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.

The service ensured people were safe by having positive risk assessments in place which promoted independence but identified and minimised risk. Medicines were managed safely by staff who were suitably trained and assessed for competency. Safe recruitment procedures were in place and new staff completed a full induction aligned with the Care Certificate. On going training ensured that staff were skilled and effective in meeting the needs of the people they supported.

Staff were knowledgeable about the Mental Capacity Act (MCA) 2005. Examples were given of how staff used the principles of the act and embedded it into their work practice. The home had systems in place when people lacked the capacity to make a particular decision. Best interest decisions were made with the involvement of relatives and health and social care professionals.

The service was not always responsive to people's needs as investigations and actions taken in response to complaints made were not clearly documented. This meant that the service did not always make changes or improve from concerns raised.

People's needs were fully assessed and care records were person centred. Records described how people preferred care and support to be delivered. Staff knew people well and we observed positive relationships between people and staff.

The service engaged with people to gain their feedback. People contributed to the running of the home. They did this through meetings, questionnaires and one to one sessions.

Staff felt valued and supported within their roles. They attended regular team meetings and received on going supervision.

Positive comments were received about the team leader and the way the home was organised and led. Communication with staff and relatives was effective. A range of systems were in place to monitor the quality of the service provided to people.

## 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.

Staff knew how to recognise potential signs of abuse and how to report safeguarding concerns.

Staffing levels were safe. Appropriate recruitment procedures were followed to ensure checks were completed before staff began work.

People's medicines were managed safely and administered by trained and competent staff.

Risk assessments were in place to help keep people safe whilst promoting independence.

### Is the service effective?

Good

The service was effective.

Staff were supported through effective induction and supervision.

Staff had regular and specific training to ensure they were skilled in their roles.

The home was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported in their access to healthcare.

People's nutrition and hydration needs were met.

### Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect.

People's visitors were welcomed at the home.

### Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints were not always effectively responded to.

Care records detailed people's preferences and staff were knowledgeable of these.

People were encouraged to give feedback and be involved with how the home should run.

Care and support was person centred.

## Is the service well-led?

Good

The service was well-led.

Staff felt supported and valued in their roles.

There were effective communication systems and regular meetings with staff.

There were systems in place to monitor the quality of care provided.

# Branwell Care Home

**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 was planned to check 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.

The inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had a learning disability and autism and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with three people living at the home and five staff members which included the team leader. After the inspection we spoke with three relatives and one health care professional. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person when asked if they felt safe at the home replied, "Yes." One relative commented, "I know [relative's name] is safe at Branwell." We observed people moving safely around the home and being offered support when needed. People's independence was promoted. Appropriate guidance and assessments were in place to support people safely and minimise risks.

The provider had policies in place for safeguarding vulnerable adults and whistle blowing. This contained guidance on the action that would be taken in response to any concerns. Staff we spoke with were able to describe different types of abuse and ways these could be identified. One staff member said, "I would keep the person safe and inform my team leader." Staff received training in these subjects within their induction programme, which we viewed a copy of. There was on going refresher training in these subjects and the training records confirmed this. Information we held about the provider showed that when concerns were raised in relation to people's safety they had reported them to the local safeguarding team.

The provider had safe recruitment processes in place before new staff started working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A checklist detailed all steps taken in the recruitment process, when information had been requested and received.

We viewed staffing levels for the previous eight weeks. There were sufficient staff on duty to meet people's needs safely. People at the home required different levels of support within the home and out in the community and this was provided for. One relative said, "There is always more than enough staff on duty." Another relative said, "I have never visited when there is not enough staff on duty." An on call system was in place to support staff in dealing with emergencies or issues out of hours.

The home had systems in place to record accidents, near misses or incidents. Staff knew the procedure to follow when an incident occurred and how they recorded this information. A senior member of staff would follow up the incident and take any relevant action. However we did note that follow up action was not always recorded and that audits were not always regular. This was highlighted to the team leader who said this would be reviewed.

We viewed records which showed that appropriate checking and testing of equipment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included testing of electrical equipment, emergency lighting and call bells. Servicing of gas, water are fire safety appliances was evident. Risk assessments were in place for the premises and environment to ensure risks were kept to a minimum.

Systems were in place to regularly test fire safety equipment such as alarms and extinguishers. Staff performed practice fire drills and recorded how people responded. Staff had completed a questionnaire to

check their understanding of fire safety procedures. This ensured training had been embedded into practice. People had an individual emergency evacuation plan (PEEP) in their care records. This detailed how people were likely to react on hearing the alarm and the support people would require to stay safe. It was brought to the attention of a senior staff member that the disaster policy and procedure for the home and individuals was out of date. They said this would be reviewed and amended without delay.

Individual risk assessments were completed and there was clear guidance for staff on risk management. This included how to manage behaviour that may be viewed as challenging. Risk assessments enabled people to retain independence whilst reducing risk and remaining safe. For example, a risk assessment was in place for one person to make hot drinks in their room. One relative told us, "They promote [person's name] independence."

Medicines were ordered, stored and administered safely. The home had a separate medicines area which contained a secure storage cupboard. Medicines arrived at the home every four weeks and were signed onto the Medication Administration Records (MAR) by two staff members. There was clear guidance for when 'as needed' medication may be required. For example for one person, this described the situations when they experienced anxiety and required additional medication. Training records showed staff had appropriate training in administering medicines and this was kept up to date. Staff also had regular competency observations by a senior staff member to ensure they had the correct skills and knowledge to administer medicines safely. Staff were knowledgeable about the procedure to follow should any medicines error occur. There were procedures and risk assessments in place for people who managed their own medicines. Regular stock checks, auditing of medication and random sport checks occurred to ensure systems were safe.

Good

# Is the service effective?

## Our findings

Care and support was effective and met people's needs. One person said, "I am happy here." Another person said, "I must like it as I've been here quite a while." One relative described their family member as being, "Very happy" at Branwell Care Home. Another relative told us about the changes and improvements to their family member's wellbeing since living at the home. They said, "It is a suitable place. It is happy, friendly and pleasant."

Senior staff were aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. A senior member of staff had made appropriate applications for all the people living at the home. The process was awaiting completion by the local authority for all applications.

We viewed documentation that went through a process to establish if people had the capacity to make a certain decision. For example, we saw that an assessment had been made in relation to a person's intended medical treatment. It recorded who was involved in making the assessment and how the outcome had been established, as to whether or not the person had the capacity to make that decision. Another example we viewed was for a person who had a kettle in their room. It detailed they had the capacity to understand the associated risks and the steps to take to keep themselves safe.

Records showed that staff had completed training in the Mental Capacity Act 2005 (MCA) and DoLS. Staff were knowledgeable about how the MCA impacted on their role and how they actively promoted the principles of the act. This included assuming people had the capacity to make a decision, respecting choice and being aware how people made their decisions. For example, a staff member explained how one person would like unusual combinations of food in their sandwich and how this choice was respected. People's care records described how staff could support and empower people to make their own decisions. For example, some people could verbalise their choices whilst other people preferred to write them down. One member of staff described how they supported a person to make their own choices by using pictures.

New staff completed an induction programme when they joined the organisation. All staff we spoke with confirmed they had received an induction. The induction programme contained a corporate day, training days in key areas, orientation to the home and learning modules aligned with the Care Certificate. For example, equality and diversity, safeguarding and fire safety. We viewed two new staff members' induction pack. It was a comprehensive document detailing training, practical observations and knowledge checks. A checklist was signed to show when staff had completed each part of the induction process. Staff spoke positively about the induction saying it was in depth, interesting and prepared them for their role. Staff were supported through the induction by a senior staff member and had one to one meetings with them. New staff said they shadowed a more experienced member of staff before they began working on their own. This ensured new staff had time to get to know people and people could feel comfortable with them. A senior staff member told us how new staff could be unsettling for people and so this process must be done slowly and sensitively.

Staff received regular training in a variety of subjects so they could care for people effectively. The training records showed staff had completed training in fire safety, moving and handling and first aid. Training specific to the needs of people living at the home had also been completed such as autism and person centred approaches. The provider also facilitated staff to pursue further nationally recognised qualifications in care. Staff spoke positively about the training they received. One staff member described a recent training course they had attended as, "Very good." Staff also received regular supervision and an annual appraisal from a senior staff member. Staff said they felt well supported in their roles. One staff member described their supervision as, "constructive and useful." Another person said it was, "beneficial."

Menus rotated on a weekly basis. We saw from the meeting minutes held with people that food choices were regularly discussed. People could make suggestions and contribute to the planning of the menus. One person said. "The food is nice." Another person said, "Yes, I can make suggestions of what to eat." Information was available in people's care records about their preferred food choices and staff we spoke with were knowledgeable about these. People could prepare their own drinks, snacks and meals whenever they wished and support was available as needed. People could choose to have the meal prepared by the home, an alternative if it was not to their liking or to prepare a meal themselves. The home promoted healthy eating but respected individuals' choice in their diet. Where concerns had been identified for one person in their food and fluid intake, in depth monitoring had commenced and liaison with appropriate health professionals.

Health notes were kept to monitor and communicate information about people's health needs. Dates of appointments with health professionals such as the dentist, GP and optician were recorded. We viewed when people required access to further healthcare then referrals were made. For example, with the community learning difficulties team or the orthotics department. This information was conveyed to staff in handovers and the staff communication book, to ensure all staff were notified.

People had a 'hospital passport'. This was a document containing vital information about the person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals. Staff worked closely with other healthcare professionals when healthcare conditions had been identified. For example, one person's caffeine intake was being monitored due to the suggested effects this was having on their mental well-being.

Good

# Is the service caring?

## Our findings

We observed positive relationships between people and staff. Staff showed they knew people well and how people preferred their care and support delivered. Relatives told us that people were well cared for. One relative said, "I know she is very happy there." Another relative said, "The staff are wonderful."

People told us about their care and support. One person said, "I like going out with staff." Another person said, "I like the staff." However, not everyone was able to tell us about their care and support. During our observations we saw staff speak to people with kindness and respect. We watched people being asked what they would like to do and when. We observed staff assist people to prepare their lunch, giving the amount of support which people preferred. We observed choices being offered and people responding using their chosen method of communication. When a person became anxious, staff calmly comforted and supported them as detailed in their care plan. A person asked on several occasions what time they were going out. Staff gave consistent answers as many times as needed to reassure the person of their plans for the morning.

The home promoted and supported people's independence and diversity. Care records detailed what people liked to do for themselves and areas they required support. For example, one person's care record said, "I like to prepare my own breakfast." Another care record described the support a person required to attend a religious service. One person described to us why they enjoyed living at the home, "I like doing things myself, like going out on the bus. But I can ask for support when I need it." We observed several people going out independently or with staff support to access activities in the community. For example, going to the cinema, the shops or out for a meal.

People's care records gave information and guidance on how people preferred to communicate. This detailed the verbal communication, signs, sounds or behaviours that informed others of people's choices and feelings. In our conversations with staff they showed they knew this information well. For example, a member of staff described how they had supported a person to go out for lunch that day. They explained the support they gave to the person to look through the menu and how the person indicated their choice.

The home encouraged people to be kind, caring and respectful of one another. In the residents meeting minutes we viewed a discussion around bullying. People described behaviours they would consider bullying for example, "Being picked on, staring at people or shouting at others." People spoke about how this would make them feel and how everyone should feel safe and happy in their home.

Staff respected people's privacy by always knocking on people's doors and waiting to be invited in. We observed people spend time in different areas of the home. People choose to have time to themselves in their room if they wished and this was respected.

The home did not have a formal record of compliments. A senior staff member recognised this would be a useful record to keep. We spoke to a health professional who had worked closely with the home. They gave very positive feedback about the care and support at Branwell Care Home. They commented, "The staff

were excellent.  Going above and beyond the expected support.  They showed great insight and supported the person very very well."

Staff told us that family and friends could visit the home at any time.  One relative said, "There are no restrictions.  We are very welcome to visit when we like."  Another person said, "I have been made very welcome at the home."

Requires Improvement

# Is the service responsive?

## Our findings

People received person centred care designed to meet their individual needs. People told us they had the support they needed in the way they wished. One staff member said, "It is a very person centred home." We observed staff being responsive to people's needs. For example, asking if people were comfortable, offering a hot drink or spending time reassuring a person when they were anxious. Relatives spoke positively about the opportunities available to people. One relative said, "We have seen a big change in [name of person]. There have been great improvements."

The complaints file was disorganised and contained information that was out of date. The file did not include an up to date policy of how a complaint would be dealt with. Complaints had been noted on a single piece of paper without full details, rather than being written on the appropriate documentation. Three complaints had been made since August 2015. None of these complaints clearly recorded what investigation occurred, action that had been taken or an apology when necessary. One complaint had been sent to another department within the organisation to be processed. Whilst it was recalled by a senior staff member that the complaint had been investigated and a response sent, there was no evidence of this. This meant that no learning or improvements had been made from people raising concerns.

People had personalised rooms. Rooms had been decorated according to individual choice and contained items that were important to people. One person showed us their record collection and the pictures they had chosen to display of the music they liked. A senior staff member explained that people had moved rooms when available so personal preferences could be accommodated. For example, the type of bathroom or location within the home. One person said, "I choose my room because the sun comes in. I like my room."

Care records contained an assessment to ensure the home could meet people's needs. Important information about people's history and background was described. This gave an overview of people's lives. For example, information on people's families and the areas they had lived in. Care records gave information on what people could do for themselves. For example, verbally communicate. Areas where people required support were described. For example, one person's record showed how they will appear to understand information but actually do not. Guidance was given on how staff could assist. For example, by writing things down in the person's diary.

Care records described routines that were important to people. This ensured staff were clear how people wished for their care and support to be given. For example, one person's personal care routine described how they did not like water on their face and how they preferred to be supported. Details were given of people's usual night time routines. For example, a settling down time or if a person liked to have a drink before bed. In one care record it explained how the person did not like the dark and how they kept a side lamp on. People were involved in regular reviews of their care plan and relatives confirmed they were invited to be involved if people wished. One relative said, "We are invited to reviews."

Daily notes were written by staff to help them monitor people's care and support. This described what

people had done during the day and how they had been feeling. Staff read these notes as part of their handover process to ensure information was effectively communicated. Where people needed further monitoring for a specific reason this was recorded. For example, one person was experiencing disturbed sleep. Sleep patterns were being recorded. The home worked in partnership with other health professionals. By sharing this information strategies could be implemented to promote better quality sleep for the individual concerned.

People had an allocated key worker. This meant that the staff member who was in the role of key worker took responsibility to ensure needs identified in the person's care plan were met. The home had a system called 'day back' where people got a day of one to one support with their keyworker. People had support to tidy their rooms or could choose to an activity in the community or day trip. People had a one to one session with their key person on a regular basis. Whilst this was a positive time with their key worker, the notes we viewed of these sessions were often repetitive and were a description of things they did rather than hearing the current thoughts and feelings of the person.

People were involved in a range of activities based on their individual preferences both within the home and in the community. Staff told us about the activities people were involved with such as listening to music, attending day centres, eating out and visiting places of interest. People required different types and levels of support for activities. These were described in people's care records. For example, one person liked to go to concerts and shows. The care plan described how they preferred to find and attend these events independently but needed support from staff in purchasing the ticket.

Residents meetings were held regularly. One person told us, "We have meetings where we can say what we like or don't like." Meeting minutes were in an accessible format of words and pictures. We viewed the minutes from the meeting held in January 2016. A variety of topics were discussed which involved and informed people about their home. New information to be kept in people's rooms called 'Keeping you Safe' was looked at. It was discussed what this meant for people. Feedback was asked for in regards to the recent changes in the menu. One person commented, "I am happy with the changes to the menu." The vacant room in the home was talked about and people were informed that it had not been decided yet who was coming to live there. People considered the jobs they did around the home. Some people wished to continue doing the same job and others wished to change. People agreed amongst themselves what they would like to do.

People had completed a survey to give feedback about a range of topics such as the food, the environment and what they did with their time. Relatives told us they had received a survey from the organisation asking for their feedback. One person told us, "I received a family questionnaire." Relatives told us they felt well informed and confident that they would be notified of anything significant.

Good

# Is the service well-led?

## Our findings

The registered manager spent their time between Branwell Care Home and the other services they managed within Brandon Trust. Within the home, they were supported by a team leader who undertook a lot of the day to day management tasks. The registered manager attended the home regularly and undertook quality audits.

People were not always able to tell us if they thought the service was well led. However, the feedback we received from staff, relatives and a health professional was positive. They spoke highly of the team leader and described the home as operating and communicating well. One relative said, "The home promotes independence and is well organised."

All the comments we received about the team leader were positive. One member of staff described the team leader as, "A very good leader." Another member of staff commented, "They are fair and understand the needs of people that live here". A relative said, "they are organised and do a good job." A health professional commented, "They are very good. Always ensured things got actioned. There was good communication and joint working."

Information was communicated effectively to staff. Messages and important information were written down in the staff communication book. We saw details about a dental appointment, a message from a social care professional and instructions to staff to read a person's health notes in reference to their medication. Staff also used a diary to keep appointments and arrangements for people.

The registered manager and team leader arranged regular, well attended staff meetings. Staff said they were involved in adding items to the agenda and the meetings were useful and beneficial to them. One staff member commented, "The meetings are very handy." Another person said, "Staff are involved and input into the meetings." We saw from minutes that information about changes and developments were communicated to staff. Discussions and reflections on how care and support was being delivered and actions arising from the meeting were recorded.

Most staff we spoke with confirmed they had received and completed a staff survey. However staff were unclear on any changes that had been made in response to the findings.

Staff felt valued and supported within their roles. The staff team was well established. New staff members told us they were supported by more experienced staff members but were encouraged to contribute new ideas. One member of staff described the home as, "Homely and runs the way people want it to." Another staff member said, "It is inclusive and friendly." Another member of staff said, "People and staff are treated as individuals and respected."

Staff were knowledgeable in the values of the home in line with Brandon Trust's vision. In discussion with us staff described how they supported people to have access to opportunities, independence and meeting people's individual needs. Some people had attended a celebration day. Open to all, this event showcased

how the organisation how empowered and supported people to achieve their individual goals.

Regular audits took place to check and monitor the quality of the service. This included audits of medication, care records and health and safety requirements. Senior staff also undertook a regular review of the home in line with the key questions that the Commission asks at inspections: is the service safe, effective, caring, responsive and well led. The document detailed what the home was currently doing and ways it could improve and how this would be achieved.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the PIR within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.