

# Peace of Mind Healthcare Ltd

## Branch House

### Inspection report

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Bridgwater  
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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

Branch House is a residential care home providing personal and nursing care to four people. The service is registered to provide care and support to four people. An annexe had been built and adapted to meet the needs of one person.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by a caring, knowledgeable and committed staff team who respected them and knew them well. The staff were kind and respectful. Staff understood how people communicated.

People had built strong and warm relationships with staff and were relaxed in their company. 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. Staff respected people's choices and preferences.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to fill their time with things they found enjoyable and/or meaningful. They were supported with skill by a reflective staff team who spoke respectfully of people's achievements. This meant the staff team helped people find enjoyment and security in their day to day lives and relationships.

The staff understood their responsibilities and how to protect people from abuse. Staff understood the risks people faced and the support they needed to reduce these risks.

People had access to healthcare when they needed it. Appointments for routine monitoring, such as dental and optician appointments, had been made. Complex and ongoing health care needs were supported. People were supported to eat and drink safely and their preferences were reflected in the food they shopped

for and cooked.

The staff team were well led by a senior team committed to promoting person centred care within a framework of robust monitoring and developments. There were systems in place, and in development, to monitor standards and plan continual improvements.

Staff felt supported by the management team. All staff shared an ethos of personalised care and support to enable people to live the life they chose to live. Staff were happy in their jobs and wanted to provide the best care they could.

#### Rating at last inspection

The last rating for this service was good (published June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

# Branch 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Branch House 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. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager registered with CQC at Branch House was also the nominated individual for the provider organisation. A new manager had been appointed at the service in November 2019 and they were applying to take over this registration.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We looked at the information we have received from, and about, this service since the last inspection. 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

During the inspection we met the four people living in Branch House and its annexe and spoke with two of them about the support they received. We also spoke with two members of staff, the deputy manager, the manager and the registered manager/nominated individual. We were able to observe how staff and the people interacted with each other during our visit.

We looked at a selection of records which included;

Two people's care and support plans

Quality assurance documents

Medication Administration Records (MARs.)

Compliments and complaints

Following our visit we spoke with relatives of three of the people who lived in the home. We heard from relatives up to 6 March 2020.

# 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

- People told us they felt safe. One person told us, "The staff keep me safe." All people were relaxed in the company of the member of staff supporting them and initiated contact or conversation. Relatives were all confident that their loved ones were safe at Branch House. One relative told us they were absolutely positive that their loved one felt secure at Branch House.
- Staff had received safeguarding adults training. They understood their responsibility to report concerns both within their organisation and with other agencies. They were confident in whistle blowing processes and were sure that action would be taken if they did raise safeguarding concerns or needed to address poor practice. One member of staff said: "I am confident to raise any worries."

Assessing risk, safety monitoring and management

- Staff knew people well and understood the risks they faced and how to reduce these risks. They spoke confidently about the support they provided to reduce risks whilst promoting independence. Risks were managed in person centred ways that reflected how people liked to live their life. The risks associated with the way people acted when they were anxious or frustrated and angry had been reduced by working alongside people in this way.
- Staff had received appropriate training and understood how to support people if they became distressed. A relative commented on the positive impact of this support for their loved one, explaining they were distressed far less now.
- Emergency plans were in place to ensure appropriate support in an emergency.

Staffing and recruitment

- There were enough staff to support people to live the lives they wanted. People were able to choose staff to support them with specific tasks. One person described how certain staff helped them with the physical outdoor work they enjoyed.
- Recruitment processes had been enhanced since our last inspection with additional recording in place around any risk management decisions. The manager discussed plans for involving people in the recruitment process.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to carry out this role safely. Medicines were given in ways that suited each person; this included consideration of supporting people to manage their own medicines as much as possible. One person described how they were starting to take more of an active role in this. They had learned how to apply their creams and were

now learning more about their tablets.

- Staff had worked with health professionals to review people's medicines to ensure people were taking the right medicines at the right time. This included medicines that helped people manage their emotions and their medical conditions.
- Medicines were audited regularly with action taken to follow up any areas for improvement.

Preventing and controlling infection

- The home was kept clean by people and staff. People and staff understood their jobs.
- Staff understood the importance of infection control and supported people sensitively and efficiently to maintain their dignity in a healthy environment.

Learning lessons when things go wrong

- Staff recorded accidents, incidents or concerns and the actions they had taken. The senior team reviewed these records to ensure lessons could be learned. Any lessons learned were shared across the organisation if appropriate.



# 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

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.

- Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The MCA was used to support and enable people to make decisions about their lives and to ensure care and support was not overly restrictive. Mental capacity assessments were completed appropriately. Consent to care was checked by staff whenever they supported people with personal care.
- When other people had legal powers to make decisions for people this was recognised and respected by the staff team. When people wanted to make decisions that others did not agree with the staff were confident in their understanding of the law and supported people.
- The senior team understood their responsibilities in relation to the MCA. They had made appropriate applications for DoLS and ensured staff had the knowledge they needed.

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

- Assessments were comprehensive and covered areas important to each individual including communication, health and how people spent their time. Individual needs were regularly reviewed, and the associated care plans updated.
- Keyworkers reviewed care delivery records monthly to ensure any changes were reflected in the person's care plan. They discussed this with people as appropriate.
- The care and support provided reflected people's preferences. The staff understood the need to be flexible to ensure people's choices were supported.

Staff support: induction, training, skills and experience

- New staff told us they worked alongside experienced staff as part of their induction. They felt supported to learn their role and get to know people. A new member of the team commented on how supported they had

been through their induction. They explained how they had been shown and learned what mattered to people and that they were encouraged to ask questions.

- Robust systems were in place to ensure staff had received appropriate training. Staff were confident they had the skills and knowledge they needed. Training had been arranged in response to requests made by staff.
- Staff were all positive about the support they received from each other and the management team. They commented on the availability of management and the knowledge of their colleagues.

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

- Changes and adaptations were made to reflect people's needs. One person lived in an annexe designed specifically to support them in a way that reduced the challenges they faced. The person's relative commented that this environment had been created around the person and kept them protected.
- The home decor reflected people's choices and lifestyles, both in their private spaces and the communal rooms.

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

- One person said, "The staff are good at cooking", they added that they also cooked and described the meals they cooked with staff.
- People went shopping to buy the ingredients for meals that they planned together.
- There was a system in place to monitor people's weight to ensure action would be taken if they did not eat and drink enough. People were supported to eat healthily and where they needed to follow specific diets due to their health they were supported to do so.

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

- Staff observed and recorded any changes in people's well-being. This meant they were able to make referrals to health professionals such as GPs, specialist nurses and dentists.
- A health professional; had provided feedback identifying that staff were effective in their communication and followed guidance.
- People were supported to maintain their physical and mental well being. For example, staff understood how to support people to maintain their oral health and followed guidance in place. Staff also understood how to support them with complex health conditions; liaising with specialist health care professionals effectively.

# 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

- Staff all spoke about the people they supported with respect and compassion. They knew people well and described the sort of support that made people secure and happy. The comments we heard reflected a staff team that respected and valued the individuality of the people they supported. People spoke warmly and with assurance about the staff.
- Staff were attentive to people and communicated skilfully enabling them to take the lead. Staff also supported people to contribute to the inspection process by encouraging open discussion.
- People's relatives and friends were able to visit at times that suited the people living there. Relatives commented that they felt welcome. One relative said, "They are always very welcoming." Another relative told us the staff were always friendly.
- Relatives reflected positively on the kindness and consideration of the staff. One relative commented that the staff were always looking for ways to reduce their loved one's stress.

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

- People were supported to make decisions about the support they received where possible. Staff told us, and we observed, how they took their lead from the people. One member of staff explained that even when people had regular routines that it was important never to take these for granted but to offer choice and check what the person wanted.
- Staff knew people very well and could describe their individual likes and dislikes. Staff understood the importance of building trusting relationships based on shared experiences.
- Communication needs were assessed and tools were in place and being developed to enhance people's opportunities to make their own choices and plans. After our visit we were told that action had been taken to provide information to a person in a way they had commented on to us. Other people had been showed this and asked if they would like information this way too.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop, and maintain, skills that gave them more control over their life. Staff understood the importance of independence to people and offered support only when it was needed.
- People had created personal spaces that they valued and used. They were supported to be comfortable to spend time alone knowing staff were available if they needed them. This meant people had privacy whenever they chose.
- Relatives were very confident in the way their loved ones were respected and valued and believed their independence was promoted. One relative commented on the skills their loved one had gained.

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences 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

- The environment and staffing were planned to reflect the way the people preferred to live their lives. The registered manager described how the property had been sought out to reflect the needs of people living there. They had recognised that rural living was important for some people living at the previous location before they moved to Branch House. Two relatives commented on the importance of countryside to their loved ones and a person spoke with others with enthusiasm about the country lifestyle they enjoyed. Staffing was influenced by what people wanted to do and the specific staff that enabled them to do this.
- Staff understood the importance of getting to know people, so they could provide care and support that enabled people to live meaningful lives involving the places, things and people they valued. They were consistent in their description of people's needs and what made them happy. One member of staff described the role music played in a person's life. The member of staff had learned to play the piano so that they could share this music making with the person.
- This meant people had support that reflected their individual needs and preferences and valued their individuality. The impact of this support was evident in the change in people's support needs. One person was able to spend time on their own and had changed from being a passive observer of the activity of others to someone who spoke with confidence about the way they spent their time and the tasks they undertook; such as growing vegetables and decorating, alongside their staff to ensure the running of the home. This confidence coupled with staff understanding about how best to structure time and communicate was also reflected in far less anxiety for the person. Another person had gained in skills and ability to decide how to spend their time to the extent that they needed less one to one funded time and agreement had been made with the funding authority to reduce this whilst maintain close monitoring in case it was needed again. Another person was supported to make decisions and communicate these by knowledgeable and assured staff. A member of staff described the change they saw in another person identifying how restricted their life had been previously. They told us they were very proud of the person who was now strong and independent and making decisions about their life.
- Staff and relatives continued to give thought to things people may enjoy and considered efforts to extend the range of opportunities available were ongoing. Staff were reflecting on the role of sensory stimuli on another person after reflecting on their reaction to situations. They were developing new opportunities based on this reflection. A relative commented that their loved one was always telling them they had been "doing this and doing that". Another relative reflected on how the staff team had tried a variety of opportunities. They reflected that not all of them had worked but they appreciated the thought and efforts of the staff.

- Care records contained detailed and appropriate information such as information related to risks, communication, care needs, likes and dislikes, medical history and medicine details. There was also clear information available how best to support people if they became distressed. Staff spoke confidently and consistently about the support they provided.
- Staff told us they communicated well as a team and that this was supported by the senior team. This meant staff understood people's current support needs.

#### 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.

- Communication needs had been assessed and specific needs were recorded in people's care plans. People were supported to communicate their needs in ways that suited and respected them. One person described a method they had for communicating their emotional state to the staff. They used this tool to help them navigate the emotions involved in their relationships with others.
- The staff team were committed to developing their own communication skills to support people more effectively.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People told us they could talk to staff if they were not happy. They referred to situations that had been resolved. One person observed that the staff always helped if they were 'fed up'.
- Relatives knew how to make complaints should they need to. They were confident that they were listened to by the team. One relative said, "I have no complaints, but I would feel very happy to contact them if I did."
- Relatives were confident in the senior team's commitment to address, respond to and learn from any issues that arose.

#### End of life care and support

- Care plans included information, gathered from people and relatives, about how best to support the person should they become very unwell. This was an area of ongoing work.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, manager, and senior staff, were all clear about their functions and responsibilities to ensure good quality care. Staff were all committed to providing high quality and personalised care and recognised the support they received from the senior team to achieve this. They felt valued. One member of staff said, "This is an amazing company."
- Systems were being developed and embedded to monitor standards and address shortfalls. These audits were effective in identifying actions needed such as the need for changes to the medicine storage. Actions identified as necessary had been taken.
- The manager had started a comprehensive review of systems and paperwork in place. This involved staff who had identified ways to improve the paper work, so it met the needs of people and the team and these were reflected in the new systems. Staff felt involved in this process and told us they understood the benefit of these changes.
- The registered manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.
- Staff, people and relatives, all reported senior staff were available, approachable and responsive. Relatives reported that they felt kept in the loop.

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

- There had not been any situations that required the provider to follow duty of candour guidance, they understood their responsibilities and were committed to ensuring transparent and open communication. Relatives reported good communication with the organisation. They told us they would hear about any concerns and felt their views were sought.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Records indicated liaison between staff and health professionals to ensure appropriate care.
- Relatives were encouraged to feedback informally and through a survey. They told us they were asked

their views.

- A staff survey had been carried out to ensure the new manager understood the organisation's challenges and strengths. A member of staff told us that their appointment was a "really good change" they told us that the new manager brought experience and complimented this with an ability to respect and hear the team's experience.