Bupa Care Homes Limited

Branston Court Care Home

Inspection report

Branston Road
Burton On Trent
Staffordshire
DE14 3DB

Tel: 01283510088

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06 February 2017

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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

We inspected this service on 6 February 2017. This was an unannounced inspection. The service provides accommodation and nursing care for up to 45 older people living with dementia. There were 41 people living at the home on the day of our inspection.

At our previous inspection on the 6 January 2016 the provider was meeting all the regulations relating to the Health and Social Care Act 2008, but we saw that some improvements were needed. This was because there was insufficient staff available at specific times of the day, for example to supervise people at the lunch time meal. The environment did not offer sufficient orientation to support people's memories and reduce confusion At this inspection we found improvements had been made. The staffing levels had increased and improvements had been made to the environment to support people living with dementia.

There was no registered manager in post. 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 previous registered manager had left in December 2016 and a new manager was in post and they told us they were in the process of registering with us.

People felt safe and staff understood their role in protecting them from the risk of harm. People received their medicines at the right time and medicines were managed safely. People were supported by staff who had the knowledge and skills to provide safe care and support and there was sufficient staff available to meet their identified needs. Checks were carried out prior to staff starting work to ensure their suitability to work with people

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored and people received specialist health care intervention when this was needed.

The staff were kind and caring when supporting people and supported them in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided. There were regular reviews of people's care to ensure it accurately reflected their needs.

People were able to take part in social activities. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us that the staff made them feel welcome and were approachable.

Quality monitoring checks were completed by the provider and when needed action taken to make improvements. The provider sought the opinions from people and their representatives to bring about

changes. The provider understood their responsibilities around registration with us. Staff were supported in their job and had opportunities to give their views. People knew how to complain and we saw when complaints were made these were addressed.

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.

People were protected from abuse as staff understood their responsibilities to keep people safe from harm and report any concerns. People's welfare was promoted as identified risks were managed. People's needs were met as there was enough staff to support them and the recruitment practices in place checked staff's suitability to work with them. People received their medicines as prescribed and they were managed safely. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Good

The service was effective.

People were supported by skilled and experienced staff. Staff supported people to make decisions and had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored so that action could be taken when needed. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring

People were supported by staff in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew them well and understood their needs and preferences. The provider's complaints policy and the procedure were accessible to people who lived at the home and their representatives.

Is the service well-led?

Good

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the management team were approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Branston Court 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.

Our inspection visit took place on 6 February 2017 and was unannounced, it was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with four people who used the service and four people's visitors, three members of care staff, the manager and their line manager. We did this to gain people's views about the care and to check that standards of care were being met.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

At our last inspection we saw there was insufficient staff available to supervise people during the lunch time meal. At this inspection we saw improvements had been made with sufficient numbers of staff available to support people. We observed the lunch time meal and saw that staff were available to support, redirect and prompt people when needed. This was to ensure people ate sufficiently and in a calm and relaxed environment. The provider confirmed that an additional 12 hours had been allocated to the staffing levels during the day and an additional member of staff was on duty at night. None of the visitors we spoke with raised any concerns regarding the staffing levels in place. We saw that were people required one to one support this was provided in addition to the staffing levels in place.

At our last inspection we identified that the environment did not support people that were living with dementia. At this inspection we saw that redecoration had taken place in the main lounges to provide a more dementia friendly environment. For example, people were supported to identify their bedrooms. A photograph was placed on their bedroom door; some photographs were of them at a younger age that they may be able to recognise. Sensory items were place around the home and near to exits to distract and divert people and provide sensory stimulation

People that we spoke with told us they felt safe with the staff that supported them. One person said, "They are all nice here, I feel safe enough." Visitors confirmed that their relatives were safe. One said, "If I didn't think that they were safe, they wouldn't be here. My relative gets one to one care because she isn't safe without it and the staff that support her know her very well and she seems comfortable with them." The member of staff supporting this person told us, "[Name] is like family to me now as I provide one to one most of the time." Another visitor told us, "I can't fault the staff they are very caring and really do look after people."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns to the manager, deputy or the nurse in charge. I know about whistleblowing and if I ever needed to I wouldn't hesitate." Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace.

Where risks were identified, assessments were in place and care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. We saw that all of the equipment used was serviced and maintained as required, to ensure it was in good working order and safe for people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home or areas of the home to be evacuated. We saw that the information

recorded was specific to each person. This provided staff with the right information to enable them to support people's individual needs.

The provider checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This showed us that people were protected, as much as possible from receiving care from staff that were unsuitable to support them.

We saw that people were supported to take their medicines as prescribed. We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure the medicine had been taken before recording this. Some people required their medicines to be hidden in food or drink. This is known as covert administration. This was done because they refused to take their medicine and did not have the mental capacity to understand the health consequences of not taking this medicine. We saw that the correct procedures had been followed to ensure this was done in the person's best interests and with the agreement of medical professionals involved in their care and in consultation with family members.

We saw that medicines were stored appropriately and staff recorded when medicine had been administered or if not the reason why. This provided clear documentation and demonstrated that people received their medicines as prescribed and when needed. For example some people were prescribed medicines to be given 'as required' such as for pain relief. These medicines are known as PRN medicines. We saw that protocols were in place where people had been prescribed PRN medicine. Protocols give clear information on the signs and symptoms someone might show when they required PRN medicine and when to give this medicine. This meant staff had clear guidance to ensure 'as required' medicines were offered and given when needed.

Good

Is the service effective?

Our findings

We received positive comments about the staff team. One relative told us, "The care here is excellent and end of life care second to none." Another relative said, "I can't fault the care, it's very good the staff know how to support [Name] I would never want them to move from here, I have the reassurance that they are well cared for."

People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. One member of staff told us, "The training is pretty thorough and everyone that doesn't have a health and social care qualification is signed on to do it, which is really good." Another member of staff said, "I didn't work in care before this job. I have now completed the care certificate which I found really useful as it taught me a lot." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff confirmed that they had received regular support and supervision under the previous registered manager. The new manager confirmed that they were in the process of starting staff supervisions and had a schedule in place. Discussions with some staff indicated that new staff would benefit from a mentoring scheme at the start of their employment. We discussed this with the new manager who confirmed that she would put a system in place to support new staff.

We heard staff offering people choices and gaining their consent before providing care. People were asked how they wanted to spend their time and where they wanted to sit. We heard one member of staff asking a person if they wanted to leave the dining table after the lunch time meal and when they confirmed they wanted to stay where they were for a while the staff member respected this.

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. A member of told us, "I always ask people, give them a choice so whenever they can they make their own decisions." Another member of staff said, "Most people can make simple choices like what they want to eat, where they want to go and we always ask." This demonstrated staff respected people's rights to make their own decisions when possible.

We saw that where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. We saw that appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. At the time of our inspection the manager confirmed that five DoLS authorisations were in place and 28 applications had been made to the Supervisory Body and were awaiting an outcome.

We observed the lunch time meal and saw that people were offered a choice of what meal to eat. People we spoke with said they enjoyed the food. One person said, "It was very nice, I had the salmon it was nicely cooked." We saw that staff offered people condiments with their meal and supported them with their meal as needed. The meal time was not rushed and provided a relaxed experience for people. Where people required special diets these were provided. One relative told us, "[Name] has a blended diet and the staff are very vigilant on making sure that [Name] has had the right amount of fluids. Their weight has gone up by four kilograms so I'm really pleased about that."

The care plans we looked at included an assessment of people's nutritional risks, these provided clear instructions to staff on how to support people. For example, we saw that one person had been assessed by a dietician who had provided staff with information which they were following to support this person's dietary needs.

We saw that people's health care needs were monitored and referrals were made to the appropriate health care professionals when needed. Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One relative told us, "The staff know to contact me and they always do. I'm pleased about that as I don't have to worry if I haven't visited because I'm kept informed."

Good

Is the service caring?

Our findings

People and their visitors told us they liked the staff. One person said, "They are lovely people." A visitor told us, "The staff treat the people here like family, they are very caring." People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. For example we saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

People and their relatives confirmed that they were involved in reviews of their care. One relative told us, "I am always involved in reviews." Another relative said, "We are here today for a meeting regarding my relative." This showed us there was an open and inclusive approach to the support people received.

We saw that people were supported to maintain as much independence as possible, for example we saw that aids were used to support people to eat and drink independently, such as plate guards. Plate guards assist with food collection and help to avoid any spillages.

People were supported to celebrate their lives and maintain their sense of self-worth. We saw that special occasions were celebrated such as birthdays. A member of staff told us, "We always celebrate birthdays with a cake, it's important to make people feel special."

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. Care records provided staff with information on people's preferred attire and we saw that people were supported to maintain their sense of style and preference.

Relatives told us there were no restrictions on visiting. One relative told us, "It's like a second home to me, the staff are like family. Whenever I visit I am made welcome and offered a drink." Another relative said, "There's a nice atmosphere whenever I come." This demonstrated that people were supported to maintain contact with people that were important to them.

Good

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person told us, "The staff look after me very well." A relative said, "I can't fault the care [Name] gets. The staff know what they like and don't like, they know how to look after them. I am very happy with the care they get."

We saw from our observations that staff knew people well. One member of staff told us, "I call the people I support 'my residents' because I know them all so well." Another member of staff said, "It's important that we know about people, what they like and don't and how to support them if they get upset or anxious and for them to know us too." We saw that when people became anxious the staff were attentive to them and spent time with them to reassure them.

People were provided with opportunities to participate in recreational activities. One relative told us, "They have a lot going on with entertainment here. They have pet therapy on a Friday and church singers and the choir in and everyone seems to enjoy it." The home had two activities coordinators employed to support people with their interest and hobbies.

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received which showed they had been addressed.

Good

Is the service well-led?

Our findings

A new manager was in post and they told us they were registering with us. At the time of this inspection they were undertaking their induction with the support of a registered manager from another of the provider's nursing homes. Visitors we spoke with knew who the manager was. One said, "The new manager seems very approachable. Visitors told us they thought the home was managed well. One person said, "We looked at a lot of different homes before this one; it is by far the best one we've seen. We are very pleased with the care, the food is very good, the cleaners and laundry is good and it seems well staffed." The staff told us they enjoyed working at the home. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed.

We saw that people were given the opportunity to express their views regarding the running of the home. This was done through an annual satisfaction questionnaire, three monthly relatives meetings and reviews of people's care. This enabled the provider to monitor the care provided and make improvements were needed. We looked at the results of the 2016 satisfaction surveys and saw that people were positive about the care and services provided.

We saw the provider had quality monitoring systems in place; this included daily meetings with heads of services, such as catering, maintenance, activities and care staff to review any issues or actions required. A monthly audit schedule was undertaken to check that people received the care they needed. This included a falls tracker to monitor where and when people had fallen. This information enabled the management team to identify any trends to ensure people could be supported as needed and referred for assessment when required.

The provider supported the management team in developing the service to meet current regulations. Feedback was shared regarding the quality of care provided across the organisation. This was done through quarterly meetings and internal messages.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website. The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.