

## Parkcare Homes (No.2) Limited

# St Brannocks

### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

St Brannocks is a small residential care home for up to six people with a learning disability. The service supports people to access the community and to develop their independent living skills as much as possible. At the last inspection on 13 August 2014, the service was rated Good. At this inspection we found the service remained Good.

People were safe at the service. Staff knew about abuse and to report any concerns that they had. Risks to people were well-managed and staffing levels were sufficient to ensure people received the care they needed. People's medicines were administered by the service and there were systems in place to ensure that this was done safely.

Staff had the training and support they needed for their roles. People were supported 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. Nutritional needs were being met and people were supported to attend appointments with healthcare professionals.

There were positive relationships between people and members of staff. Staff adapted their communication and involved people and their families in decisions about their care. People's privacy and dignity was maintained by members of staff.

Care was person-centred. People had individual care plans in place which provided staff with information about specific goals, preferences, needs and abilities. Activities were provided in the service and local community and the feedback of people and their family members, including complaints, was welcomed.

There was a positive culture at the service and staff members were motivated by their roles. The registered manager had a visible presence and was known to people, relatives and staff. There were quality assurance processes in place to monitor and review the care being provided.

The leadership of the service had changed since the last inspection; we found that staff morale had improved and staff felt opportunities to express their views had improved. Staff told us they felt valued and listened to.

## 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 remains good.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse by staff who knew how to recognise and respond to abuse.

There was sufficient staff to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good ●

The service remains good.

Staff understood the importance of gaining consent and giving people choice.

New staff received an induction and all staff received support and training.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service remains good.

Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff supported people to maintain contact with their family.

People's records were stored securely to protect their confidentiality.

### Is the service responsive?

Good ●

The service remains good.

People's care and support was planned in line with their individual care and support needs.

People were supported to take part in activities that were individualised and meaningful to them.

There was a complaints system and people knew how to complain.

Views from people and their relatives were taken into account and acted on.

### **Is the service well-led?**

The service was Good

Staff morale had improved since the last inspection. There was an open, positive culture where staff felt supported and listened to.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

**Good** ●

# St Brannocks

## 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 checked 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. This comprehensive inspection took place on 2 February 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also looked at previous inspection reports and other information we had about the home including statutory notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a safeguarding incident or a serious injury.

Throughout the inspection we met and spoke with all six of the people who lived at the home and observed how they interacted with each other and with staff and what they did during the day. People were able to tell us about living at the home and we spent time with them during the course of the inspection.

We reviewed a variety of documents. These included two people's care files, staffing rotas, two staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with two members of staff to seek their views and opinions of the service, as well as the registered manager. In addition, we received feedback from three family members of people who lived at the service.

## Is the service safe?

### Our findings

People were protected from harm and abuse. People felt safe, one person told us, "Yes, I'm safe. The staff help me." Relatives commented, "They do a great job, I know X is safe and well cared for" and "I'm on the phone all the time, they keep me up to date – they know what they're doing."

The service took appropriate action to manage accidents and safeguarding incidents. Staff members were prepared to report any suspected abuse and knew about the procedure for this. One staff member said, "Protecting people is very important, I report any concerns straightaway." Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. There were systems in place to manage risks at the service. There were individualised and general risk assessments in place as well as a continuity plan, to provide staff with important guidance on action to take in the event of an emergency.

There were enough staff members on shift to meet people's needs and keep them safe. One relative said, "They've worked hard to get extra staff, and it's really benefitted X." Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one support was provided when people needed it. Staffing levels were consistent and regular to help provide continuity. Suitable pre-employment checks, such as Disclosure and Barring Service (DBS) checks and references from previous employers were carried out, to ensure staff were of good character.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Clear records were kept of all medicine that had been administered. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines. Regular medicine audits were carried out by the manager or senior staff and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place.

## Is the service effective?

### Our findings

People told us that staff looked after them well. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. New staff received an induction and all staff received continued support in the form of training, supervision and appraisals. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

We observed staff providing care and support to people throughout our inspection. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." Applications had been made for DoLS authorisations for people who needed them.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People who had specific medical conditions, such as epilepsy, had detailed personal guidance for staff to follow. This described specific symptoms they may display and how to support them.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. During the inspection one person was preparing their own meal. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge and dining areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

## Is the service caring?

### Our findings

There were positive relationships between people and members of staff. A relative told us, "The staff are all lovely and have got to know X really well." People were clearly comfortable in the presence of staff and we observed staff members adapting their communication to meet the needs of each individual. People were relaxed and looked to staff for reassurance if they felt unsettled or anxious. One person commented, "I can talk to the staff, and they listen to me."

Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well, and how they would respond. One person became distressed; we saw that staff calmly supported them, in line with their planned care guidelines, and soon after the person settled.

People told us they were happy living at St Brannocks, sometimes they did not all get along but that the staff helped with this and they could have privacy in their own rooms. People were treated with dignity and respect. A relative told us, "They always make sure they treat X right. I have no concerns whatsoever." We saw that staff took care to ensure that people were treated in a dignified manner. Tasks such as personal care were discussed discretely with people and carried out in private.

People were involved in making decisions about the care and support they received. One person told us, that they change their mind a lot but the staff help and support them. Another person told us that they meet with their keyworker and talk about and plan things they would like to do. For example; one person had been supported to take a trip on the Orient Express and another was planning a holiday abroad. Care was planned around the individual and centred on the person.

Relatives were involved in care planning and kept updated with any developments at the service. Information was available throughout the service and guides were given to people and their family members to ensure they had all the information they needed. People were supported to be part of their local community and helped to be as independent as possible.

## Is the service responsive?

### Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. Staff had developed positive relationships with people and their friends and families. Relatives told us that staff kept them up to date with any changes in their loved one's health.

Most people had lived at the service for many years. When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I follow the care plans and guidance, and ask if I need to know more or need help". Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations.

Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People were supported to take part in a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. They were specific to the preferences for each individual and supported them to develop their independence and achieve their goals. During the inspection people were supported to go on shopping trips and lunch out, one person chose to go bowling. Where people wanted to they were supported in taking part in everyday household tasks such as laundry or light housework and gardening.

Feedback, including complaints, was welcomed. A relative said, "They are very responsive to any concerns and listen to what you say." The registered manager told us that any comments were used to help develop and improve the service. There were policies in place for complaints and that information on how to raise complaints was readily available. Complaints and compliments were recorded, along with the action that had been taken by the service as a result.

## Is the service well-led?

### Our findings

At our last inspection we found that the service was not always well-led. Although staff told us they liked working at St Brannocks, morale was low and staff felt that they were not always listened to. At this inspection we found that staff morale had improved; staff told us they felt well supported and able to openly communicate with the registered manager.

There was a registered manager at the service. 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.'

Since our last inspection a new manager had been appointed. During this inspection there was a positive culture. One staff member told us they found the registered manager to be "open and honest", they said, "They run decisions past the team; there's a good structure. They {the manager} are involved in all the day to day things." People said that the manager was approachable and always around, so they felt they could speak with them if they wished. Our observations showed that staff were professional, caring and respectful during this inspection. We received positive feedback from professionals who have regular involvement with the service. Relatives also felt the manager was approachable and easy to talk to. One relative told us, "{the manager} is very good. I can get hold of them if I need to."

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the area manager. A detailed report was produced after each visit with an action plan for the registered manager; this was reviewed at the next visit. Recent quality assurance surveys from relatives gave positive feedback.

The visions and values of the organisation were putting people first, being a family, acting with integrity, being positive and striving for excellence. The registered manager and staff were clear about the aims and visions of the service; these were displayed clearly on the office wall. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first. Staff were clear about their roles and responsibilities.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. This enables us to check that appropriate action had

been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.