Branksome House

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 20, 21 and 22 November 2017 and was unannounced.

Branksome House is a care home for up to nine people with a learning disability, autistic spectrum disorder or mental health problems. There were eight people living in the home at the time of our inspection. Branksome House also provides staff to support people with their personal care who live in shared accommodation or in their own homes. The service was supporting 13 people in shared accommodation at the time of our inspection.

The provider was a partnership. Branksome House had two registered managers 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 provider demonstrated they could be responsive in making some improvements when needed. During our inspection they made improvements that immediately reduced the seriousness of some of the risks we found to people's safety and wellbeing. They had also reviewed risk assessments after our inspection to improve the quality of information available to minimise risks to people. However it was too early to judge whether these improvements could be sustained and maintained.

At this inspection we found the provider had not taken account of the recommendation we made at our previous inspection in May 2016 to improve the management processes and we found ongoing issues with the management and quality monitoring of the service.

Monthly audits were carried out to monitor the quality and risks in the home. However, these had not identified the shortfalls we found in relation to identification and management of environmental risks and staff recruitment procedures. Improvements were needed to ensure the provider's own management systems would effectively identify any shortfalls in the service.

Staff recruitment procedures needed some improvement.

We found improvement with the reporting of deaths of people using the service where reports had previously not been sent to us.

People received support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received personalised care and had opportunities to take part in activities both in their accommodation and in the wider community. People were supported to maintain contact with their

relatives.

People were protected from harm and abuse through the knowledge of staff and management. Sufficient staffing levels were maintained and staff were supported through training and meetings to maintain their skills and knowledge to support people. There were arrangements in place for people and their representatives to raise concerns about the service.

We found breaches of The Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

Risks to people's safety were not always identified to ensure risks were sufficiently managed.

Staff recruitment procedures needed improvement.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

We found improvements to the recording of the use of the Mental Capacity Act (2005).

People were supported by staff who had the knowledge and skills to carry out their roles.

People's health care needs were met through on-going support and liaison with healthcare professionals.

People were consulted about their meal preferences.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People's privacy and dignity was upheld and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were supported to take part in a variety of activities.

There were arrangements in place to respond to concerns or complaints from people using the service and their representatives.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems had not always identified shortfalls in quality and risks in the service.

We found improvements with the position of reporting deaths of people using the service where reports had previously not been sent to us.

The management team were accessible to people using the service and staff.

Branksome House

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.

This inspection took place on 20 November 2017 and was unannounced. We visited the care home again announced, on the 21 November 2017 and also visited people in their homes on this day and on the 22 November 2017. One inspector carried out the inspection. We spoke with eight people using the service, the two owners of the service, one of which was the registered manager, the care manager and seven members of staff. In addition we reviewed records for eight people using the service, toured the premises of the care home and examined records relating to staff training, recruitment and the management of the service.

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 reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

Risks to people from the environment in the care home were not always identified. We saw window restrictors had been fitted to some people's rooms however we found two individual rooms where there were no window restrictors fitted. Window restrictors allow the opening of a window to be restricted, which ensures that people who cannot manage the risks related to open windows would be safe within their home. One window in a first floor room opened out at low level above a bay window. This meant people were not sufficiently protected from the risk of injury or harm that could result from a fall from height from these windows. The provider had not assessed the risk of people falling from height from this window and had therefore not taken steps to reduce this risk. We raised the issue with the registered provider who took prompt action to fit restrictors to the two windows

Risks to people from the use of equipment were not always reviewed when they were supported in their own homes. We found two people were using bed rails. When we spoke with staff they were aware of the risks posed by using bed rails and the actions they should take to minimise any risks. However, the risk assessment for one person had not been reviewed since January 2017. Therefore risk management strategies were not up to date. Following our inspection the registered provider sent us a copy of an updated risk assessment for the use of bedrails for this person.

Where people were supported in their own homes we found some risks were not robustly assessed. One person had been assessed as at risk of choking. A risk assessment was in place which included some information to minimise the risk however there was a lack of information for staff to follow in the event of the person choking. When we spoke with a member of staff they were unclear about the exact response to follow if the person choked. They had received first aid training although this did not include practical skills to follow in an emergency. Following our inspection the registered provider sent us evidence of an updated risk assessment and a new emergency protocol for staff to follow if the person choked.

Although the provider had made some immediate improvements to ensure people's safety, the issues we found constituted breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issues we found above in respect of risks posed by the environment we saw the provider continued to carry out some checks of the premises and equipment. For example, checks had been carried out at the care home to ensure the safety of electrical and gas equipment and systems, fire safety and water temperatures. People had personal fire evacuation plans in place in the care home and where they were supported in shared accommodation. We found some areas where maintenance was required to walls in an upstairs corridor and in the laundry. The registered provider added these issues to a list of maintenance work to be actioned.

Improvements were needed to ensure the provider's pre-employment checks would always be completed robustly to ensure only suitable staff would be employed.. We examined documents relating to the recruitment of three staff. All of the staff had previously worked in services providing care and support for

adults. For one staff member a reference had been obtained from a work colleague and not from the employer. The colleague had stated because of their position they were unable to answer two of the questions on the reference. A second member of staff had three previous roles in care services. The registered provider had attempted to get information about the person's conduct in one of these roles but had been unsuccessful. However there had been no attempt to gain information about the staff's conduct in two other roles and the reason for leaving these roles were not verified.

We found identity checks and health checks were completed. In addition Disclosure and Barring service (DBS) checks were carried out before staff started work with people.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. People confirmed they felt safe where they lived. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. People using the service and staff told us there were enough staff to meet people's needs. Agency staff were not used which meant people were always supported by staff familiar with their needs.

People's medicines were managed safely. People confirmed they received their medicines as prescribed. People's medicines in the care home were stored securely and storage temperatures monitored. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Individual protocols were in place for medicines prescribed to be given as necessary, for example for pain relief or anxiety. Medicines were given to people by staff who had received suitable training and competency checks. The use of domestic medicines had been checked with people's GPs. There were records of medicines being received and being disposed of when required. Regular medicine audits took place to check that medicine stocks correlated with the medicine records to reduce the likelihood of errors occurring. A procedure was in place to deal with any errors when supporting people with their medicines.

We found the environment of the care home was clean and people told us it was kept clean. The latest inspection of food hygiene by the local authority for the care home in November 2017 had resulted in the highest score possible. Staff had received food hygiene training and infection control training. However a monthly safety and quality audit did not include specific checks on infection control within the care home or where people were supported in shared accommodation. Shortfalls in infection control practices might therefore not always be identified promptly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Good

Is the service effective?

Our findings

We found improvements to how the Mental Capacity Act 2005 (MCA) was implemented. At our previous inspection of May 2016 we found records of the assessment of people who had been considered as lacking mental capacity to make certain decisions about their care and support were variable and did not always relate to specific decisions about their care. The 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. At this inspection we found assessments had been completed for people of their capacity to consent to their care and support for example with medicines, personal care and managing their post. During the inspection we observed staff giving people choices, respecting their decisions and supporting their independence. Staff had received training in the Mental Capacity Act and demonstrated their knowledge of the legislation when we spoke with them.

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). An application for authorisation to deprive one person of their liberty had been approved. We checked and the conditions relating to the approval were being met.

Staff received training in subjects such as infection control, health and safety, first aid and moving and handling. Some staff had also received training specific for the needs of people using the service such as epilepsy, end of life care and managing behaviour. In addition other staff had been studying nationally recognised qualifications in social care. Staff told us the training they received was adequate for their role. One member of staff commented "I'm always happy to do more training." Staff had regular individual meetings called supervision sessions with senior staff, the care manager told us the sessions were "Slightly behind schedule." However, staff told us they felt supported in their role. The Provider Information Return (PIR) stated, "During staff supervision we ensure that there is a work knowledge topic discussions." The annual staff performance appraisals were being completed.

People were regularly consulted about meal preferences with the menu updated monthly to reflect people's preferences. One person told us how they enjoyed the "Nice pancakes." Once a week people went for a local pub lunch. People also enjoyed making their own pizzas. One person had some meals that reflected their cultural background. The care manager told us how an emphasis on healthy eating had resulted in some success keeping people's weight down.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health check by people's GPs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to manage health conditions and to maintain contact with health services. People had hospital assessments in place which contained information for use in the event of admission to hospital. One person had been referred to an

occupational therapist for advice after they were found to be slipping out of their chair.

At the care home people had access to communal areas used for sitting and watching television and a dining area. There was also a garden at the rear which people could access independently depending on their needs.

Good

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. One person described staff as "Really good people." and commented "The staff here are absolutely brilliant." Another person commented, "I like them." People also confirmed staff were kind to them and treated them well. One person was very positive about the support they received, telling us, "I would stay here for ever." We observed staff engaged in appropriate and warm conversation with people using the service and responding to requests for assistance. People had staff allocated to work with them known as keyworkers. Key workers are staff allocated to work closely and consistently with people to ensure their individual needs are met.

Information about various subjects related to people's needs was available to people in an accessible format using pictures, words and plain English such as how to complain, minutes of house meetings, fire evacuation procedure and tenancy agreements.

People were consulted about the care and support they received. One person told us how the care manager had discussed their support plan with them. Another person told us they had a copy of their care plan. Meetings were held in the care home and where people shared accommodation. People were asked their views on such areas as the support from staff, their living environment and activities and given an opportunity to raise any other issues.

Information about advocacy services was available at the service. One person had used the services of a statutory advocate in relation to a Deprivation of Liberty Safeguards (DoLS) application. Another person had used a lay advocate. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected. Information was available for staff reference about the name people preferred to be called by. People confirmed that staff knocked on doors before entering and this was the practice we observed during our inspection visits. People also confirmed they were able to have their own privacy. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as ensuring doors were closed and covering people up. Staff had completed training about confidentiality of information about people.

People's cultural needs were identified. One person's support plan anticipated how any cultural and religious needs may be met if the person wished using resources such as a local church.

Support plans included detailed information about areas where people were independent and where staff may need to intervene for staff reference. For example one person was independent with personal care tasks but staff were required to support them to complete tasks such as vacuum cleaning and washing their own laundry. One person had become more independent with some household tasks such as taking plates and cups to the kitchen for washing. Another person carried out their own personal banking with minimal staff support.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People's support plans included guidelines for staff to follow to provide care and support in an individualised way. These had been kept under regular review. There were detailed guidelines for staff to follow to understand and manage aspects of people's behaviour. A document titled "This is about me." gave information about a person's individual likes, dislikes and activities they enjoyed. People also had person-centred plans which included important information about people for staff to refer to such as people important to the person, activities they enjoyed and things they planned to do. For example one person enjoyed cookery on a one to one basis with staff and had a goal for being able to tie their shoe laces. Staff described personalised care as, "Each individual has their own unique care." and "What they would want, their preferences and beliefs."

Information was available for staff about how people communicated including non-verbal communication. For example one person used sounds and gestures and the meaning of these were recorded to enable staff to understand the person.

People were supported to take part in activities and interests such as cake making, walks, bingo, shopping and art work. One person who lived at the care home went to a local social event on a weekly basis and also went to a local pub with other people for a meal and to play skittles. There were also day trips in the summer. Another person, support plan recorded "It is important to get out of the home every day." In response staff went with them for daily walk. One person often chose not to take part in activities as a group and was offered other suitable activities of their choice. Minutes of house meetings recorded people were satisfied with the activities they took part in.

People were supported to maintain contact with family in response to their wishes. Plans were being made for some people to spend time with relatives over the Christmas period. One person told us how they received regular visits from a friend and enjoyed walking the friend's dog together.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available for each person in a suitable format using pictures, symbols and plain English. People were asked if they had any concerns at monthly house meetings. One complaint had been passed to the registered provider to investigate from the local authority. Which the provider investigated under their complaints procedure.

Care was provided to people in their final days. The Provider Information Return (PIR) stated, "We promise to care for our service users until the end of life. This is maintained by reaching out to other professional teams to support us and our service users throughout the process." During our inspection visits, arrangements were being made to provide end of life care for one person who was returning to the care home from hospital. This was in response to their wishes and the wishes of their relatives. Support from health professionals and the provision of suitable care equipment was being organised. Following our inspection we were notified the person spent their final days at Branksome House. Training records showed five staff had received end of life training in 2017.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in May 2016 we found the monitoring of some areas of the management of the service was variable which had resulted in some inconsistencies in the running of the service. For example systems in place to review documents relating to people's care records and risk assessments had not always ensured they were consistently reviewed and up dated. We made a recommendation for the provider to seek and consider guidance from a recognised body around good governance processes and the management of the home and service being provided. At this inspection we found ongoing issues with the management of the service.

It was evident through our conversations with the registered manager and provider they were motivated to continually improve the service and were keen to take action to ensure good care was provided to people. Prompt action was taken to immediately address the seriousness of the shortfalls we found. However, improvements were needed to ensure the provider's own management systems would effectively identify any shortfalls in the service.

We found the provider's quality checks had not always identified all shortfalls in quality and risks in the service. We identified shortfalls during this inspection that had not been identified by the provider's own internal audit systems so that prompt action could be taken to improve the service and keep people safe. A range of monthly audits were completed with the most recent example being a safety and quality monitoring audit completed in October 2017 by the Care manager. However, during this audit the provider had not identified that their staff recruitment policy had not always been operated effectively and failed to identify that robust information had not always been gathered about staff's conduct in previous employment. Their audit had also not scrutinised the environment sufficiently and had not identified that window restrictors were absent and the risk this could pose to people's safety. It had not identified that environmental risks assessments were not readily available or routinely reviewed to ensure the environment would remain safe. At the time of our inspection a legionella risk assessment could not be found for the care home. At the end of our inspection the registered provider produced a risk assessment dated December 2016. Audits also did not include specific checks on infection control. A robust system was not in place to ensure that infection control practices would be monitored so that the provider could be assured that staff were implementing their infection control policy appropriately.

Other audits included medicine audits, weekly checks on care plans, staff training and maintenance and spot checks on staff time-keeping. The results of a survey of the views of people using the service were due for analysis. However, the care plans checks had not identified that one person's bedrail risk assessment had not been reviewed for nine months and another person's risk assessment for their dietary needs did not adequately address their risk of choking.

Quality monitoring systems had not always identified shortfalls in quality and risks to people using the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found at our previous inspection that deaths of people using the service had not been reported to us. Following the inspection the registered provider sent us the relevant death notifications. The provider wrote to us following our previous inspections and told us the improvements they were going to make to ensure notifications were sent to us. At this inspection we found there had been no deaths of people using the service since before the previous inspection. The registered provider was clear about the requirement to notify us if such deaths occurred.

Branksome House had a registered manager in post who had been registered as manager since October 2010. 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 rating from a past inspection was displayed in the entrance to the care home. However this did not relate to our previous inspection. We brought this to the attention of the Care manager who was able to remedy the situation by the second day of our inspection visit.

The registered manager described the challenge of providing a service within financial constraints. The vision of the service was, "To Provide the best care possible." The management team aimed to "Lead by example." Covering shifts including sleep-in shifts where needed. We heard positive comments about the approachability of the management. Regular meetings ensured staff were informed about developments with the service and the expectations of the management such as working with new documentation and time-keeping.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	People using the service were not sufficiently protected against the risks associated with receiving care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems had not always identified shortfalls in quality and risks to people using the service.