

Branksome House

# Branksome House

## Inspection report

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11 March 2019  
13 March 2019

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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

This inspection took place on 6, 11 and 13 March 2019 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. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were seven 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. This includes five 'supported living' settings, so that they can live in their own home as independently as possible. These include shared toilet and bathroom facilities, lounges and staff offices/sleeping rooms. The service was supporting ten people with the regulated activity in shared accommodation at the time of our inspection. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Branksome House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions of Safe and Well-Led to at least good.

At this inspection we found improvements to how risks to people's safety were managed such as choking and environmental risks. Improvements had been made to quality monitoring systems. These were now effective in identifying areas for improvement action such as maintenance issues. Staff recruitment procedures had also improved.

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

Branksome House had four 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.

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

supported them in the least restrictive way possible; the policies and systems in the service supported 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.

## 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 safety of the service had improved and the service was safe.

Improvements had been made to how risks to people's safety was managed.

Staff recruitment procedures had improved.

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.

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.

People's rights were protected in accordance with the principles of the Mental Capacity Act (2005).

### 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?**

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.

**Good** ●

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

The leadership of the service had improved and the service was well-led.

Improvements had been made to quality monitoring systems.

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

**Good** ●

# 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 6 March 2019 and was unannounced. We visited people in their own homes on 11 March 2019 and visited the care home again, announced on the 13 March 2019. One inspector carried out the inspection. We spoke with four people using the service, three of the registered managers and five members of staff. In addition, we reviewed records for five 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. We also received views about the service from two healthcare professionals.

# Is the service safe?

## Our findings

At our previous inspection in November 2017 we found risks to people from the environment in the care home were not always identified. The provider had not assessed the risk of people falling from height from some windows and had therefore not taken steps to reduce this risk. We also found some risks such as the use of bed rails and the risk of choking were not always robustly assessed where people were supported in their own homes. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took prompt action in the care home following our inspection to fit restrictors to two windows. Action was also taken where people were supported in their own homes, which included reviewing a risk assessment for the use of bed rails, updating risk assessments and introducing an emergency protocol for staff to follow in the event of a person choking.

Following our previous inspection, the provider wrote to us about the improvements they were making to the management of risks to people using the service. They told us the improvements would be completed by 31 May 2018. At this inspection we found improvements had been made and the service met the requirements of this regulation.

At this inspection we found audits were in place to check the effectiveness and safety of window restrictors and to ensure risk assessments were reviewed and updated when needed. Staff had also received first aid training to ensure they had the knowledge and skills to deal with a person who was choking. One member of staff confirmed they were aware of a choking protocol for one person and had received relevant first aid training. They felt confident to deal with a choking incident. Spot checks were made on the knowledge of staff for dealing with a choking incident.

At our previous inspection we also found improvements were needed to ensure the provider's pre-employment checks would always be completed robustly to ensure only suitable staff would be employed. At this inspection we found robust recruitment procedures were in place with appropriate checks on an applicant's previous employment. Improved recruitment documentation supported this. In addition, identity checks, health checks and Disclosure and Barring service (DBS) checks were carried out before staff started to work with people.

We also found at the previous inspection, monthly safety and quality audits did not include specific checks on infection control within the care home or where people were supported in shared accommodation. At this inspection we found infection control audits were taking place, these had picked up issues with the flooring in the laundry for which remedial action was being planned.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any safeguarding concerns reported to the manager would be dealt with correctly. People told us they felt safe. Procedures were in place to protect people

against financial abuse.

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.

People were supported by sufficient staffing levels. The manager explained how the staffing levels were currently organised throughout the care home and in people's own accommodation in response to people's individual needs.

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. 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.

People's medicines were managed safely and in accordance with recommended guidance throughout the service. People confirmed they received their medicines as prescribed. 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 the people's pharmacy. 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.

The registered manager described how accidents and incidents were analysed for any patterns or trends. Incidents involving a person going missing had resulted in improvements to procedures for dealing with this occurrence including a multi-agency meeting. New accident forms had been introduced which included a body chart to record the position of any injury.

## Is the service effective?

### Our findings

On-going assessments were in operation using recognised assessment tools and following national clinical guidance relating to areas such as nutrition and continence. One person was receiving input from community nurses for treatment for a pressure ulcer. However, there was no recognised assessment tool in use to assess the risks to other people using the service of developing pressure sores. We discussed this with the registered managers and although there were no other people considered to be at risk, they agreed and immediately started to source a suitable tool to use.

People using the service were supported by staff who had received training for their role. Staff had received training such as, emergency first aid, diversity and equality and health and safety. Some staff had also received training specific for the needs of people using the service such as managing challenging behaviour and epilepsy. Staff confirmed they received enough training for their role.

Staff had regular individual meetings called supervision sessions with senior staff, staff told us they felt supported in their role. Supervision sessions were also used to address any practice issues such as a missed signature on a person's medicine record. The frequency of supervision sessions was monitored by the management. Annual performance appraisals were being completed.

People were regularly consulted about meal preferences with the menu updated monthly to reflect people's preferences. At the care home during our inspection people enjoyed homemade pizzas for lunch. Once a week people went for a local pub lunch. One person described the meals as "Nice." and told us their favourite choices. Another person described the meals as "Very Good".

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.

At the care home people had access to a communal area 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. Since our previous inspection the garden and (as a result) people's involvement with it had improved with people growing flowers and vegetables.

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. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. One application had been made and approved for authorisation to deprive a person of their liberty.

## Is the service caring?

### Our findings

People had developed positive relationships with the staff that supported them. Staff were polite to people and checked to see if they were happy to speak with us. One person told us, "They treat me well", another person confirmed staff were polite to them. During our observations we saw people were at ease in the company of staff and managers. We also saw how emotional support was provided to one person in a sensitive way. The Provider Information Return (PIR) stated, "Staff are observed in their work practices to ensure that people are treated with kindness".

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. We saw staff communicating with one person using Makaton sign language.

People were consulted about the care and support they received. One person confirmed this and we saw evidence of people signing their support plans. Information about advocacy services was available at the service. One person had used the services of a statutory advocate in relation to Deprivation of Liberty Safeguards (DoLS) application. 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). The PIR stated, "Service users are encouraged to express their views and be involved in all decisions of care and treatment, we have service users who have advocates when needed."

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. Arrangements had been made to protect the privacy of one person who would not always tolerate furnishings in their room. 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. This approach was reflected in people's care plans. Staff had completed training about confidentiality of information about people.

People were able to maintain their independence and this was highlighted in their support plans. For example, with shopping and aspects of personal care. People were supported to maintain contact with family and friends in response to their wishes. One person at the care home was supported to visit a friend and another person was supported to visit a close relative in another part of the country. One person living in their own accommodation had been supported to telephone family members living abroad.

## 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. A health care professional commented, "I did not have any concerns at the time and felt they supported the individual I was seeing very well". Each person had a document titled "This is about me" which gave information about a person's individual likes, dislikes and activities they enjoyed. Staff told us providing personalised care and support meant, "providing for each individual's preferences, their likes and dislikes". People's plans set out their wishes and aspirations for their ongoing support.

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.

People were supported to take part in activities and interests such as, cake making, walks, horse riding, swimming, 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 such as a boat trip and a trip to the seaside. A Christmas party had also been held. Minutes of house meetings recorded people were satisfied with the activities they took part in. People particularly enjoyed the boat trip and the Christmas party.

There were arrangements in place 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. No complaints had been received about people receiving the regulated activity since our last inspection.

Arrangements had been made to support people at the end of their life. End of life care had been provided to people using the service in conjunction with health care services. People's wishes about the arrangements at the end of their life had been recorded for reference where possible. Staff had received training in end of life care. The Provider Information Return (PIR) stated, "We plan to further develop our end of life care plans to ensure all wishes are on record and we are clear about the service users wishes."

## Is the service well-led?

### Our findings

At our previous inspection in November 2017 we found quality monitoring systems had not always identified shortfalls in quality and risks to people using the service. We identified shortfalls that had not been identified by the provider's own internal audit systems these included environmental risks, lack of reviews of a risk assessment and shortfalls with staff recruitment procedures. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to the management of risks to people using the service. They told us the improvements would be completed by 31 May 2018. At this inspection we found improvements had been made and the service met the requirements of this regulation.

At this inspection we found effective quality monitoring systems had been introduced. The Provider Information Return (PIR) stated, "We carry out a comprehensive set of audits across all services which are carried out at regular intervals to ensure good care is being given, documentation is completed and the environment is continually assessed with respect to health and safety and maintaining a good environment. The audits are key in identifying and dealing with any issues that may arise and helps assessing that the managers, team leads and staff are completing their post fully. A maintenance log is kept and all maintenance is actioned with levels of priority and addressed accordingly". Quality monitoring systems had been effective in identifying issues for improvement such as maintenance of the care home environment. They were also used to ensure robust staff recruitment and staff knowledge for dealing with a choking incident.

The service carried out a range of audits which included audits around financial, infection control, window restrictors care plans, nutrition and dining. As part of the changes in the management structure, team leader posts had been created. Their duties involved auditing and oversight of the completion of documentation. Training was being provided for team leaders to provide supervision sessions for support staff.

Quality monitoring visits by the local authority had found improvements to the service such as improved health action plans, staff appraisals and improved range of activities. Staff acknowledged improvements to the service such as the refurbishment of the kitchen.

A survey of the views of stakeholders such as people's relatives and professionals had started with the intention of producing an action plan for any issues identified. The survey was not complete at the time of our inspection with some responses still expected.

Branksome House had four 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.

Staff were positive about how the service was run and the approachability of the management. They told us

they often saw the registered managers visiting people to check on their wellbeing and that of staff. Regular meetings ensured staff were informed about developments with the service and the expectations of the management such as the introduction of team leaders and completion of training.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating in the care home and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The registered manager described the current challenges of providing a service such maintaining the environment of the care home. Two of the registered managers kept up to date with current practice in the field of adult social care through a registered manager's group operating on social media. In addition, the service was a member of a local care providers organisation. The service was in the process of being taken over by new providers and the registered managers were anticipating developments with this.