

Branch Court Limited

Branch Court Care Home

Inspection report

Livesey Branch Road
Blackburn
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Date of inspection visit:
12 March 2019
13 March 2019

Date of publication:
08 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Branch Court Care Home is a residential care home that was registered to provide personal care for up to 30 people aged 65 and over at the time of the inspection. Some people were living with dementia.

People's experience of using this service:

The registered manager had made improvements since our last inspection of 31 July 2018 and 1 August 2018.

Improvements had been made in how medicines were being managed. People told us they felt safe. The service had safeguarding policies and procedures to guide staff in their roles. Staff told us and records confirmed they had completed training in safeguarding. Staff regularly assessed and reviewed risks to people's health and well-being to keep people safe. The service followed robust recruitment systems and processes when recruiting new staff members. The service was clean and tidy and we observed good infection control practices.

Improvements had been made in relation to the implementation of the Mental Capacity Act 2005 within the service. 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. Staff carried out appropriate capacity assessments and best interest meetings and decisions were recorded. Where necessary, Deprivation of Liberty Safeguards applications had been made to ensure no one was being unlawfully restricted.

People felt staff had the appropriate knowledge and skills to support them. We saw staff had access to mandatory and optional training courses, including National Vocational Qualifications. Staff were also supported through supervisions and appraisals.

People and their relatives told us staff were kind and caring. We observed interactions that were sensitive, kind and respectful. Staff had access to equality and diversity policies and procedures.

Activities were available on a daily basis for people to enjoy. This included community activities as well as activities within the service. During our inspection, we saw a flower arranging session, light exercises and a game of bingo being played.

People's end of life wishes had been considered and recorded within care plans. Staff were able to describe how they would support someone at the end of their life and the necessary policies and procedures were in place to guide them.

We received positive feedback about the management of the service. People we spoke with knew who the registered manager was and told us they had a visible presence within the service. Staff felt well supported

in their roles by the registered manager. The provider used regular meetings and surveys as a means of gaining feedback on the service.

Improvements had been made in relation to the quality assurance systems in place. We found regular audits were being undertaken to monitor and improve the service.

Rating at last inspection: Requires improvement (29 September 2018).

Why we inspected: We undertook this inspection based on the previous rating of the service.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Branch Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection that experience was older people.

Service and service type:

Branch Court Care Home is a 'care home' which is registered to provide personal care for up to 30 people. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection, we reviewed all the information we held about the service and completed our planning tool. We also checked for feedback we received from members of the public, local authorities, Healthwatch, safeguarding and clinical commissioning groups. We also checked records held by Companies House.

We had not asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

During inspection we spoke with four people who used the service and three relatives to ask about their experience of the care provided. We also spoke with the registered manager, regional manager, two care staff and a visiting healthcare professional.

We reviewed a range of records. This included, four people's care records and five staff files around recruitment. We also looked at various records in relation to medication, training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked around the premises to make sure they were safe and hygienic for people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection of 31 July 2018 and 1 August 2018, this key question was rated requires improvement. We found concerns in relation to medicines. At this inspection, we found the required improvements had been made. The rating for this key question had improved.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- The service managed people's medicines safely.
- People told us they received their medicines on time. Comments we received included, "I get them at the same time every day", "I was given a printout of my medication and I questioned one of them. They explained that the doctor had increased my dosage, which I had not remembered" and "I get them when I need them."
- New topical cream charts were in place for staff to sign when they had been administered; these were detailed and robust. Thickeners were being managed safely. Protocols were in place for those medicines to be administered 'as required'. These contained detailed information to guide staff.
- The storage, disposal and administration of all medicines was safe.
- All staff had received training in medicines administration and their competencies were checked on a regular basis. The provider had medicine policies and procedures to guide staff.
- The registered manager audited medicines on a regular basis to ensure they were being managed correctly and safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. Comments we received included, "Of course I do [feel safe]" and "The staff are great, no problems whatsoever." Relatives told us they felt their family members were safe. One person told us, "I am impressed with their safety."
- Staff confirmed they had received safeguarding training and were aware of their responsibilities.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, and were managed safely. Staff carried out regular reviews of people's risk assessments.
- The service had also considered risks within the environment, to ensure the safety of people, staff and visitors.
- The registered manager had completed a variety of environmental checks and ensured equipment and installations had been serviced.
- We looked at fire safety. We found checks were being undertaken to ensure equipment, including alarms, was safe. However, we found these were not always completed within the time frames identified. We discussed this with the registered manager, who took immediate action to address this issue. The service

had a fire risk assessment.

- We found personal emergency evacuation plans were in place for all people who used the service. The staff reviewed and updated them when people's needs changed.
- Staff had been trained in moving and handling and we observed safe practices.

Staffing and recruitment

- The service had robust recruitment systems and processes in place. The service had not employed anyone since our last inspection.
- People told us they felt there were enough staff on duty to meet their needs. Comments we received included, "I have never noticed that there isn't enough but they can be very busy at times". And, "I think there is, from what I can see". Another person said, "I think so, everything runs smoothly."
- Staff told us there were times when they were very busy, such as mornings and meal times, but in the main they felt there were enough staff.
- We observed call bells were answered in a timely manner and there was a relaxed atmosphere throughout the inspection.

Preventing and controlling infection

- The service protected people from the risk of infection.
- We observed the service was clean and no malodours were present throughout our inspection. The service had housekeeping staff who ensured the service was cleaned daily.
- Staff told us they had received training in infection control and knew their responsibilities.
- We saw personal protective equipment (PPE), such as gloves and aprons, were available throughout the service and used appropriately.
- The laundry was clean, tidy and organised. One person told us, "The washing facilities are fantastic! They put your name and room number in your clothes so nothing goes missing, I have never lost anything! They come back washed and ironed and they put them away, it is amazing."

Learning lessons when things go wrong

- We found good evidence to show the service discussed and shared lessons learned.
- Accidents, incidents and near misses were recorded. The registered manager reviewed them to ensure any themes and trends were identified.
- Staff understood their responsibility to record accidents and incidents.
- We saw lessons learned were discussed in handovers, staff meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection of 31 July 2018 and 1 August 2018, this key question was rated requires improvement. We found concerns in relation to the Mental Capacity Act 2005. At this inspection, we found the required improvements had been made. The rating for this key question had improved.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service ensured consent to care and treatment was gained and acted on within the law.
- We saw records showed capacity assessments and best interest meetings had been completed when necessary.
- The registered manager had made appropriate DoLS applications to ensure people were not unlawfully restricted.
- Staff had the appropriate knowledge to apply the principles of the MCA and were aware of its implications.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People told us they felt staff knew what they were doing and how they needed supporting. One person told us, "Yes I do think they know what to do but I don't know why they do it for the money they get, it is hard work." Relatives told us, "Yes they know what they are doing and they are very patient as well". And, "They all seem to know what they are doing."
- Staff confirmed they had completed an induction when they commenced employment.
- We saw staff had access to training in various course.
- The registered manager supported staff through supervisions and appraisals.
- Staff knew people well and how to meet their needs.

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

- The service assessed people's needs and choices and followed best practice guidance.
- Staff reviewed people's care plans on a regular basis to ensure they remained suitable and were updated to reflect changes.
- Staff used assessments obtained from other health professionals to plan effective care for people. For example, information from speech and language therapists.

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

- People were supported to eat and drink enough.
- People told us the food was good. Comments we received included, "You are not going to get cordon bleu but they are very good. If I don't like what is on offer they will make me baked potato and beans". And, "They [the meals] are nice and plenty of choices." Relatives commented, "They seem good meals. My mum is a fussy eater and I sat with her when she was having lunch and she ate everything". And "Last week she ate a full plate of cottage pie! She never used to eat that much."
- The service supported and catered for people's special diets. One relative told us, "She has to have a special diet. They are all aware and they have a chart showing she is on a pureed diet. Sometimes she will have meals from here but we get her pureed food which are frozen. They always ask her what she wants, the choice is hers."
- We observed a pleasant atmosphere through the lunch period. Meals looked appetising and people were supported to eat their meals when necessary.
- The service had received a five star, very good rating from the food standards agency.

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured timely action had been taken when people required the use of different services. For example, we saw speech and language therapists had been contacted promptly when concerns were highlighted.
- One visiting healthcare professional provided us with positive feedback on the service and confirmed staff always acted on their advice.

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

- The provider had adapted, designed and decorated the service to meet people's needs.
- People liked their bedroom. Comments we received included, "I like it [bedroom], it is very close to the toilet". And, "My room is very nice. I have everything I need and it is very clean". Another person said, "It is very nice, and cleaned regularly."
- We observed bedrooms were very personalised.
- We saw signage throughout the service to support those people living with dementia to be as independent as possible. We also saw memory boxes were outside people's bedrooms; this supported the person to identify their own bedroom.
- Communal areas were inviting and well used.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare professionals. One person told us, "I had a doctor see me about an ear infection. I don't know who called him but it must have been one of the staff."
- We saw records showed people had access to opticians, dentists, GP's, district nurses and other health care professionals, to effectively meet their health needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were treated with respect and without discrimination.
- People told us staff were kind and caring. Comments we received included, "I cannot fault the staff". And, "They are very kind". Another person said, "Yes they are very kind and caring." Relatives told us, "From what I have seen, yes they are kind and caring". And, "They all seem to be very kind and caring."
- Staff told us they knew people well. Comments we received included, "I know them really well through reading care plans, getting to know their like and dislikes, talking to them when I am getting them up or putting them to bed, mealtimes or just a general chat". And, "I know them inside out because of the care plans; everything is in there. There is also the communication book."
- We observed interactions were sensitive, kind and respectful.
- People appeared relaxed around staff and were treated with respect and without discrimination.
- Staff had access to equality and diversity policies and procedures. Whilst equality and diversity training had not been provided, the registered manager assured us this would be sourced for staff.
- Staff knew people well, including their preferences, personal histories and backgrounds.
- Staff understood how best to communicate with people. The service had previously used technology to communicate with a person whose first language was not English.

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

- The provider used a variety of methods to gain people's views and involve them in decisions.
- People told us their views were respected and staff were willing to listen. One person commented, "They asked if a male carer could give me a shower but I refused; they did respect that." One relative told us, "They always ask and respect her wishes."
- The service had access to an advocacy service to support people who used the service. Advocacy seeks to ensure that people can have their voice heard on issues that were important to them.
- We saw the information contained in people's care records about their histories and backgrounds, showed the person and their family had been consulted with.

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's privacy, dignity and independence.
- All the people we spoke with told us their privacy and dignity was maintained at all times. Comments we received included, "They do respect your privacy here". And, "They always knock."
- Staff respected people's privacy and dignity when providing support with personal care. We observed staff knocked on doors before entering.
- The service stored confidential information stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of

personal information of individuals.

- People and their relatives told us they were supported to be as independent as possible. Comments we received included, "Her mobility is a lot better and she looks a lot better". And, "She has flourished since she has come in here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service worked with people to plan care around their individual needs and preferences.
- People were not always sure if they had been involved in developing their care plans. Comments we received included, "I cannot remember. I just know I am being well cared for". And, "I cannot remember but I am very happy with the care, they are very pleasant". Another person said, "I have never thought about it but if I want anything I just have to ask." One relative told us, "I think my mum was involved in it [developing the care plan]."
- Care plans set out how to meet people's needs in a personalised way and reflected people's choices, wishes and preferences and things that were important to them. Staff reviewed and updated them on a regular basis when people's needs changed. Whilst these had not always been signed by the person, the level of detail contained in them showed people and/or their family had been consulted with.
- The service provided activities on a daily basis. People told us, "I know of the activities but I don't join in with all of them. They have taken me out to a bingo hall and they had a dance night three weeks ago which was really nice", "I don't join in and they never try to force me to". And, "I know about activities but there is no pressure to join in." Relatives we spoke with told us, "They take them out to places". And, "We can take her out whenever we want". Another told us, "She likes to watch her own TV in the afternoon. She has her own routines and they respect that."
- The service had an activities co-ordinator. During our inspection we saw light exercises being undertaken, a game of bingo and flower arranging.
- The registered manager and staff understood the Accessible Information Standard.
- Staff identified people's communication needs and care plans directed staff on how best to communicate with the person.
- The service used technology effectively to stay safe and communicate effectively.

End of life care and support

- The service had systems to ensure people experienced a dignified and pain-free death, taking into account their wishes.
- No one was receiving end of life care and support at the time of our inspection. However, end of life care plans were in place for people who used the service. These contained information on people's wishes at the end of their life to support staff.
- Staff were able to describe how they would support someone at the end of their life.
- The service had end of life policies and procedures, which were accessible to guide staff.

Improving care quality in response to complaints or concerns

- The provider considered complaints and concerns to make improvements to the service.
- People knew how to make a complaint and believed any concerns raised would be acted upon. Comments

we received included, "I would say something, in a nice, polite way". And, "If I wanted to complain I would, but there has never been a reason to." The relatives we spoke with had never needed to make a complaint.

- The service had a complaints policy and procedure. A copy of this was made available in everyone's bedroom.
- The service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection of 31 July 2018 and 1 August 2018, this key question was rated requires improvement. We found concerns in relation to quality assurance systems and processes. At this inspection, we found the required improvements had been made. The rating for this key question had improved.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Management and staff had clear roles and understood their responsibilities.
- The provider had a learning culture and used systems to identify areas for improvement in the service delivered.
- Since our last inspection, the registered manager had improved their quality assurance systems. They completed a range of audits to monitor the quality of the service. These included audits of the environment, accidents and incidents, care plans, medication, infection control, maintenance and legionella.
- We saw lessons learned from incidents and accidents was shared amongst the team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We asked people if they felt the service was well managed. People told us, "As far as I can tell it is well organised [the management of the service]. Everything we require is available", And, "I do think it is well managed, [registered manager] is on the ball." Relatives we spoke with told us, "It seems to be well managed". And, "Yes, I would say it is well managed."
- Staff gave us positive feedback about the registered manager. They told us, "The registered manager is approachable. You can go to her anytime and talk". And, "The registered manager is fabulous. She is so approachable, you can go to her with anything. There is no blame culture here either." Staff felt supported in their roles.
- The provider ensured policies and procedure were reviewed and updated to support staff in their roles.
- The last inspection rating was displayed in the office and on the company website as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager demonstrated clear visions and values and was passionate about providing an excellent person-centred service for people.
- The culture within the service was one of openness and transparency.
- The registered manager knew people well and was a visible presence within the service
- The registered manager was also supported by a regional manager, who visited the service on a regular basis.

- The provider had policies and procedures to guide them around the duty of candour if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of methods to ensure people were engaged and involved.
- The service held regular meetings and carried out surveys to obtain the views of people.
- The registered manager told us relatives' meetings had not worked in the past, they had therefore introduced individual meetings. These gave relatives the opportunity to discuss their family member, care and support as well as the service in general.
- Staff members confirmed they had regular meetings and we saw evidence of recent surveys that had been completed by staff. These had not been analysed at the time of our inspection but we saw positive outcomes.

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority, safeguarding teams, and multi-disciplinary teams.