

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Branksome House

26 Tuffley Avenue, Gloucester, GL1 5LX

Tel: 01452535360

Date of Inspection: 04 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Branksome House
Registered Managers	Mrs. Taranjit Singhera Mr. Bahadar Singhera
Overview of the service	Branksome House is a small house for up to nine people with a learning disability.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Staffing	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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During our visit we witnessed a good rapport between people who used the service and staff.

People who used the service were able to have time with staff on a one to one basis to develop their person centred plans. The service was able to offer support to enabled people to develop confidence and independence skills. People who used the service become were accessing community facilities on a regular basis.

Staff said that they enjoyed working in the home. Staff demonstrated a commitment to maintaining, a clean, safe and comfortable environment for people used the service. A person who used the service smiled and said, "I really like the staff here and living here".

Systems were in place to monitor quality and to keep people safe.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People were supported in promoting their independence and their community involvement was encouraged. People's diversity, values and human rights were respected.

People who used the service were at home during the course of the inspection visit. At the beginning of the visit a home baking session had just taken place, involving a number of people who used the service. They were supported by staff; this was a popular activity in the home, following armchair aerobics and lunch. During the visit a person was escorted into the local community to visit shops. A number of people who use the service were occupied with range of activities including relaxing watching TV, listening to music, drawing and playing with games. Some people were in the lounge others preferred the private space of their bedroom.

A good rapport was observed between people who use the service and staff offering them support. A few people were able to tell us that they liked living in Branksome House. They found the staff supportive of their needs, "They help me a lot, and they are kind to me". A number of people who used the service were unable to verbalise their views about their care plans or staff support; however were demonstrating through their body language a positive response to support given by staff, welcoming staff coming into the building for example.

Staff demonstrated that they were able to communicate with some people who use the service using sign language to ascertain their needs and preferences. There was a regular review of care plans where effort was made by staff to involve people who use the service to contribute as much as they are able. Staff said that if people needed to make major decisions in their lives they would seek to involve independent advocates.

People who used the service had regular meetings where they are able to have an input to decisions around day to day living within the house. We saw a specially designed picture book to support menu choices. A "person-centred" planning system is in place that

involves people who use the service in decision making around their own care or to participate in very specific activities they enjoy. Some people were being supported to follow musical stars or football teams or to become more independent when out in the community. There is evidence within individual plans that people are being supported to do things that are important to them, these are clearly identified.

During the visit there was evidence of people who used the service being treated with dignity and respect. Staff knocked on doors and asked people who used the service for permission before entering their bedrooms. An incident happened during the visit; incontinence was involved. This was discreetly dealt with by staff, to avoid embarrassment and maintain the dignity of the individual. A member of staff is a dignity in care champion and was able to tell us about how dignity is maintained around a number of aspects of care.

People who used the service were able to access the community. Staff said that they encouraged people who used the service to go out every day, even if only for a walk. A range of facilities in the community were accessed by people who used the service, these include the cinema, skittles, bingo, restaurants, pubs, shops, church group, social club, discos and performing arts. People told us that they were able to form relationships outside the home and went on holiday every year.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We reviewed a sample of four Care Plans. The plans viewed were detailed, addressing people's personal care needs, emotional and psychological needs. The plans were reviewed on a monthly basis and were updated when needs changed. People who use the service also have individual Health Plans, which were reviewed regularly with contributions being made by a range of health professionals. There was signed evidence that staff were reading the plans. We saw detailed risk assessments which related to the care plans. A positive risk taking policy was in place.

The plans detailed people's wishes, listed activities and things they wanted to achieve. The plans were very personal and ranged from developing independence skills to participating in new activities in the community. Some achievements were broken down into steps to be taken.

Staff said, "We love to work with service users in a "person centred way". Some staff had training in person centred planning.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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There was evidence to suggest that the service took steps to protect service users from abuse.

A full training programme was available for staff that included adult safeguarding. All staff receive adult safeguarding training according to records we were shown. We saw records that showed this.

The four staff we spoke to confirmed that they understood what adult abuse was and confirmed what they would do when they suspected or witnessed abuse. Staff said that they would urgently alert management to any safeguarding concerns. They were also aware of who to contact outside of Branksome House. A member of staff told us "in certain circumstances I would report to the Care Quality Commission or Social Services". The home had a Whistle Blowing Policy and staff told us they were aware of its contents.

An easy read guide had been produced for people who use the service, this includes information on safeguarding.

Systems were in place to ensure that money belonging to people who use the service was safely held and subject to audit. There were inventories listing personal property in care plan files.

The home had used DoLS applications and the Mental Capacity Act to protect the interests of a few of the people who use the service.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean and hygienic environment.

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**Reasons for our judgement**

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At the time of our visit the home was clean and staff said that they were very committed to maintaining high standards in this area.

One member of staff said, "It is really essential to have a very high standard of hygiene here, particularly when some people who use the service may have low immune systems, we owe it to them".

The home had an infection control policy together with policies and systems to maintain cleanliness.

There was evidence that all staff had training in infection control and food hygiene. Policies had been signed off by staff to show that they understood them.

People who used the service were encouraged to wash their hands and to maintain a clean environment. We saw evidence of hand wipes and hand gels being used in the home routinely.

There were clear instructions in the laundry room regarding the washing of soiled clothing and bedding. We were able to see the supplies of protective clothing and gloves that were made available for staff to use. Bins had foot pedals and paper towels were available. A cleaning rota was in place that included daily and weekly cleaning, this included deep cleaning rooms on a regular basis.

In the kitchen we saw high levels of cleanliness. A recent Environmental Health Inspection awarded the home a 5 star rating to reflect their compliance in the area of food safety, the manager showed us evidence of this. There were rotas to ensure that all areas in the kitchen were cleaned. A labelling system was in place to ensure foods were consumed in a safe condition.

We were able to review a detailed auditing system that covered aspects of cleanliness and infection control, this was monitored by management.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

We found that there were adequate numbers of staff on duty to meet the needs of people using the service during our visit. At the time of the inspection there were eight people living at the home, one room was vacant. We checked the staff rota for two months. The usual number of staff on during the day on rota was three staff on duty and the manager. A member of staff slept overnight in the house, there was also a senior "on call" rota.

There was a core group of fourteen members of staff on the rota, with additional back up at times from staff who work at other homes managed by the provider. These people could be called upon when there were staff vacancies or sickness occurred at short notice.

We were told that the registered managers often offered additional support for example when people who used the service were escorted to medical appointments. During the inspection the registered manager came into the home to cover staff sickness.

Senior staff in the home had relevant professional qualifications and had level 4 accredited National Vocational Qualifications. Some other staff had level 2 and level 3 NVQs in Health & Social Care. All staff had completed a range of training courses including, safeguarding adults, safe handling of medication, first aid, food hygiene, manual handling, fire training, dementia care, DoLS, Mental Capacity Act, Managing Challenging Behaviour, and Person Centred Planning. Completion of these courses and others were listed on a Care Staff Training Matrix. We looked at some certificates that confirmed course completion. Staff confirmed that there was very good access to training. A member of staff told us, "There is plenty of opportunity for training here, my induction was very good and I was able to have some time shadowing other staff during my first shifts".

All the people we spoke to responded positively to the support staff gave them. We observed that staff supported people promptly. The staff were friendly and courteous to people who used the service. The staff we spoke with demonstrated a knowledge and insight into the needs of people who lived at the home. This demonstrated an insight into the needs of people who lived at the home.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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There were a number of systems in place to monitor the quality of service provision in the home.

A Quality Assurance Framework was in place. There were regular checks for safety and compliance by management; this covered a number of areas. The areas checked included, regular quality monitoring sheets, fire alarm tests and drills, risk assessments, record keeping, maintenance of boilers, water temperatures, training and first aid.

Staff meetings and supervision were opportunities for quality issues to be raised. We saw records of staff meetings that confirmed this.

Accidents and incidents are recorded. We saw evidence that these were audited and action taken to avoid reoccurrence.

Recently, the home had specialist input from the Gloucestershire Fire Service to ensure that emergency fire procedures were adequate. We were able to see that each service user had a Personalised Evacuation Plan that paid special attention to mobility issues.

Adequate systems were in place to manage the money of people who use the service and these involved two members of staff signing for withdrawals. Receipts were held and the manager audits money regularly. We checked the balance of money held by the home for two people during the visit.

Systems were in place to receive feedback from people who used the service and other stakeholders. Staff we spoke to said that people were encouraged to raise any issues that they are unhappy about in relation to their support. This happened at their regular one to one meetings, held with their key workers and as part of the person centred planning process. A person who used the service told us, "If I was unhappy I would talk to the manager". Complaints leaflets were available in easyread pictorial form for people who use the service.

The manager showed us a quality assessment carried out by commissioners of the service. We were shown evidence that some service improvements were made as a result of the audit. This demonstrated that managers of the service were able to reflect and make positive improvements to the service. An additional shower was made available as a result of the audit.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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