

***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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Complaints	✓ 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
Summary of this inspection:	
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
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Meeting nutritional needs	8
Management of medicines	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 October 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We met with eight people who used the service, to find out what they thought of Branksome House care home. We also spoke with three staff, who were on duty.

People had positive views of Branksome House. Comments from people who used the service included, " (the provider) is great, he's like a dad to us ", " it's good here", the staff "are good, I like going shopping".

People were effectively assisted by the staff so that their range of care needs were met, engaging in activities to develop independence and confidence.

The majority of people spoken with felt satisfied with the meals that were provided with at the home and liked being involved in menu planning.

The service also operated a small domicillary care service. Comments from three people using the Domicillary Care Service. included, they bend over backwards to assist me and provide a personalised service" and "very good, usually on time" ,and " quite happy".

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Systems were in place to ensure that people using the service were able to give consent to care and treatment, or had been suitably assessed if they were unable to do so.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Consideration had been given to people's capacity to consent to care and treatment. The proprietor told us that everyone had had their mental capacity assessed, under the Mental Capacity Act 2005.

Each person living in the home had been asked to sign a consent form to show that they agreed to their care plans and contracts with the provider, if they were able. Best interest meetings were held with their next of kin, or nominated advocate if unable to complete themselves.

We observed people being consulted about their daily lives. For example, choices about food, reading material and activities. This meant that people enjoyed the activities that they had chosen and felt that they had control over their lives.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We reviewed three sets of care plans. The plans comprised, a health action plan, a person centred plan, a care plan (historical) and daily notes, for each person.

These records were clear and comprehensive. We saw they made provision for people with little or no spoken communication, by pictorial records, as people were involved in completing their own records. They provided detailed information for each individual's personal care, psychological, emotional needs, health needs and risk assessments.

We saw that these care plans were person centred, contained a photograph of the person with a detailed needs analysis. The plans detailed people's wishes, likes/dislikes and aspirations.

Each person's needs were assessed and any associated risks to their welfare were included in their comprehensive plans. There was a standard format of care records used throughout the records we looked at.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The staff we spoke with, demonstrated a knowledge and insight into the needs of people living at the home. Changes in people's needs were responded to appropriately and referrals to health care professionals were made promptly.

The interaction observed between staff and people was friendly, supportive and respectful. It was clear that the staff knew people very well. Whilst chatting over a cup of tea, people made reference to events from the past and plans for the future, both as a group and as individuals. This showed how comfortable and involved people felt living at the home.

Staff described working at Branksome House as, " Great, I'm able to use transferable skills which I know is helping people and the other staff." " I'm happy to come to work and love

taking people out into the community". Rewarding, people who live here, like living here ".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People are supported to eat and drink in sufficient amounts for their needs. Choices of suitable nutritious food and drink are made available.

Reasons for our judgement

There was evidence that all staff had training in food hygiene and infection control. People were encouraged to make choices about food shopping and menus. We saw a specially designed picture book to support menu choices.

We were told that menus were reviewed every two to three weeks, according to people's wishes. We saw a list of food that had been compiled at recent meetings, with the people living at the home. They told us that they were looking forward to going shopping. This meant people were involved and their preferences considered in the menu choices in the home.

There were no designated catering staff. Staff prepared and cooked meals, often with assistance from people living at the home. This meant people were supported to learn life skills, such as cooking and food preparation.

People were encouraged to get involved in cooking, baking and making drinks. We saw people making cups of tea for the group. We were also told that people can help themselves to food and drink at any time. People said they "liked the food here" and "I like going shopping for food, because I can choose".

We saw eating, drinking and nutrition guidance and advice from the National Health Service, for two people in the kitchen. Health issues were affecting the type of food and preparation that was suitable for them. This information ensured that staff prepared and served food which was appropriate for these individual's needs.

We were told that weight charts were kept for each person and any significant changes noticed, were referred for nutritional advice, usually to the general practitioner. Action and support would be taken to meet people's needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

Reasons for our judgement

All people living at the home were supported with taking medication safely. A monitored dosage system was used. Medication and records, were seen to be kept in a locked cupboard. Controlled drugs were not in use.

The medication records reviewed, showed that medication was being given at the prescribed times, by staff trained to administer medication. The reason for use of prescribed medication was included in each record.

There was a form signed by each persons' general practitioner, regarding the use of non-prescribed medication, also known as homely remedies. These listed the non-prescribed medication which was suitable for use with prescribed medication.

We saw that all staff had completed an on line training course, for the safe handling of medication. The provider told us that staff have to be deemed competent through an in house training programme, before they are allowed to administer medication to people living in the home. This was confirmed by the staff that we spoke to.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Systems are in place to ensure that people have their comments and complaints listened to and acted upon.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Each person living at the home and or their advocate, had a copy of the 'service user guide, which contained a comprehensive system for dealing with complaints, both pictorially and easy read text.

A copy of this document was also accessible in the hallway for visitors, staff and people living at the home. Posters regarding abuse were also available in an accessible format. These contained information with what to do and who to contact if concerned.

The provider told us that they could not recall any complaints being made. They said that any concerns raised by either people, staff or advocates were dealt with promptly and informally, without the need to go to a formal process.

They said that all family members had the owners' telephone numbers and could talk to them directly. They told us that concerns were taken seriously and resolved to the satisfaction of the people concerned.

Staff told us that the provider and the registered manager spent a lot of time at the home, which helped to resolve swiftly, any issues that may have arisen.

One person spoke about a long standing issue, which for them, had become a problem. They said that they had told the provider, who was trying hard to help them. The staff were able to confirm the situation. They described the steps that had been taken and the plans that were in place, to relieve the problem.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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