

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

Branston Court Nursing Home

Branston Road, Branston, Burton-upon-Trent,
DE14 3DB

Tel: 01283510088

Date of Inspection: 13 November 2012

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✗ Action needed

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (CFC Homes) Limited
Registered Manager	Mrs. Donna Louise Sealey
Overview of the service	The service provides accommodation and nursing care to elderly people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

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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 13 November 2012, 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 carers and / or family members, talked with staff and talked with stakeholders.

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

What people told us and what we found

We carried out this inspection to check on the care and welfare of people using this service. The inspection was unannounced which meant the provider and the staff did not know we were coming. This was part of our schedule of planned inspections.

Some people using the service had special communication needs and used a combination of words and sounds to express themselves. Where people were not able to express their views to us, we observed interaction between people and staff. We saw staff provided sensitive support and people were treated with respect. Personal care issues were discussed sensitively and discreetly. One relative we spoke with told us, "I can't fault the staff. They treat people properly and nothing is too much trouble."

We saw people were dressed in their own style and they told us if they needed support, the staff would help them to continue to take a pride in their appearance. One relative said, "The staff always make sure my mum looks nice. She always dressed well and it's nice to see her still looking good."

Staff told us they enjoyed working at the home and checks were made to ensure they were fit to do their job. Staff felt they worked well as a team and supported each other in order to do a good job.

Medication was not always recorded correctly to demonstrate the quantity of medicines in the service and how these had been administered. This meant people could not be confident the records matched what had been prescribed to them.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We asked one person using the service and two visiting relatives about the experience of choosing and moving into the service. They told us they had looked at many different homes before choosing Branston Court Nursing Home. People told us they were able to look around and speak to other people and the registered manager. There was information available about the service and people told us they were happy with this and how the information was presented.

We looked at four care records for people with a range of needs including people with health needs, dementia and complex behaviour. We saw that a needs assessment had been obtained before the person moved into the service and the registered manager told us they would only accept people whose needs they could meet. Assessments and care documentation included information about the person's preferences, for example, how they liked to be called and their likes and dislikes.

People's diversity, values and human rights were respected. We saw that people's care records included information about their religious beliefs and their cultural needs. The home was visited by preachers of different denominations. People told us they could attend a service in the home or be supported to attend a local church. Staff said people residing in the home at the time of our inspection, attended a Catholic church and the Salvation Army. People we spoke with told us they were satisfied that the current arrangements met their spiritual needs.

People told us their privacy and dignity were maintained and staff promoted their independence. We saw staff approached people in a dignified manner and we saw staff talked politely and offered choices to people. We saw in the care records that people's preferred form of address had been recorded. Staff told us, "Some people like to be called by their first name and others prefer Mr or Mrs X. It's only right we use the name they know." Where people were not able to communicate verbally we saw people responded by looking at staff and smiling. This showed that staff had taken into account people's wishes and they had been respectful to people.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Some people using the service had special communication needs and used a combination of words and sounds to express themselves. Where people were not able to express their views to us we observed interaction between people and staff. We also used our short observational framework for inspection (SOFI) tool to help us see what people's experiences were during the day. The SOFI tool allows us to spend time watching what is happening and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to people using the service by the staff.

We saw that staff provided sensitive support and people were treated with respect. We observed how four people using the service spent time in the morning after breakfast in the first floor lounge. We saw that people were supported with personal care after breakfast. This was carried out sensitively and discreetly and staff approached people and asked if they could help.

We saw that people wore clothing that was appropriate for their age, gender and the weather. Following our observation, people told us they had chosen the clothes and staff had supported them to dress where required. Men were seen wearing a shirt and tie, and women were seen wearing jewellery and co-ordinates. The staff told us they supported people to dress in their own style and people confirmed this to us.

We observed staff using moving and handling equipment to support people to move into a wheelchair. Two staff were present and spoke to people throughout the procedure, informing them of what was happening. The staff ensured the person was comfortable before moving the wheelchair. We saw the foot plates were in place to support people's feet. This meant people were supported appropriately.

Personal care issues were discussed sensitively and discreetly. We spoke with five people and four visiting relatives who told us that they were happy with the care and support in the home, and how the service was managed. One person told us said, "The girls always make sure I have everything we need. When I need help they're around." A relative told us, "It doesn't matter what time I come here, I've always been happy with the care I've seen. They really seem to care about everybody." Another relative told us, "I always know whether X is happy, and when anything have happened the staff let me know. They don't try and hide things."

We looked at four care records which recorded people's general health, including weight monitoring, assessment for pressure care and identified health concerns. We saw that people were seen by a range of health care professionals as they needed to be. These included a chiropodist, dentist, district nurses and the optician. This meant that people's health care had been promoted.

We looked at one record where a person was receiving care and treatment for a pressure sore. We saw information was recorded about how the pressure sore was being treated and the staff we spoke with knew how to provide the care. We asked staff about the pressure relieving equipment the person used. The staff were aware that the mattress was regulated in a specific way, which had been calculated according to weight. One member of staff told us how they had received training for each piece of equipment and knew how to monitor this to ensure it was used the correct way. This meant that staff knew the how to manage pressure care for this person and knew how to prevent and reduce further concerns.

People using the service and relatives told us people were encouraged to take part in activities. We spoke with the activity staff who told us, "We try and organise activities that people used to do, or enjoy doing. This week we're organising a 1950's day. We dress up, play the music from that era and eat the food from that time." Staff told us the last themed day included eating 'dripping' sandwiches and pork pies. Staff told us, "People really enjoyed it. They told us that's what they used to eat, so we arranged to have it for them on the day."

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

Our judgement

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.

Reasons for our judgement

The staff told us they had received training on safeguarding procedures and protecting vulnerable adults. They recognised signs of potential abuse and were able to talk about what action they would take if they were aware people may be at risk from abuse or harm.

Where safeguarding concerns had been raised, the registered manager had liaised with the local authority and other professionals to investigate events. This meant they had followed the correct procedures, including notifying us of their concerns.

We talked to staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and felt they would be able to raise concerns and be supported by the management team. This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

Staff at the home have been given information about the Mental Capacity Act and staff have received training for deprivation of liberty safeguarding legislation.

One person using the service had an order to deprive them of their liberty. The order had been granted by the deprivation of liberty safeguards team. Under the Mental Capacity Act 2005 they have the authority to decide, when a person does not have capacity to make a specific decision, they can assess whether it is in the best interests of people to deprive people of their liberty. We saw the decision was made in consultation with people who were important to the person. This meant the provider acted appropriately to safeguard the person, and decisions were made to maintain the person's well being and their safety.

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

Our judgement

The provider was not meeting this standard.

People were not protected against all the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed. The service had secure storage for medication and the monitored dosage system (MDS) was used for most medicines. This meant medicines were dispensed into monthly blister packs. Medication was stored in a locked cupboard and the medication administration records (MAR) were inspected along with the medication systems. We were informed the qualified nursing staff administered medication.

We looked at three people's medication records to ensure people were receiving their medicines as prescribed. We found that each person had received additional medicines following an admission to hospital. People had been discharged with new medicines.

We tried to carry out an audit of the tablets to determine whether people had received their medicines as required. We could not carry out a suitable audit as the amount of medicines recorded did not match the number of medicines that should have been kept in the service. The quantity of medicines received into the home were not always recorded correctly. The staff had been dispensing tablets from the blister packs dispensed from the local pharmacy and tablets dispensed from the hospital.

The MAR sheets had gaps which did not record why medicines had not been administered. The registered nurse agreed that the current system did not enable us to audit the tablets.

We saw a quality audit had been completed for medicines the week prior to our inspection and had identified concerns in recording medicines. The registered manager agreed an action plan would be developed and the medication system reviewed, to ensure the system was safe and people were receiving medication as prescribed.

We found that the medication fridge temperatures were monitored daily and records were kept to confirm that medication was stored appropriately. This meant that staff had taken action to ensure that medication was stored at the correct temperature.

During our SOFI observation we observed medication being given to people by a staff member. The staff sat next to the person and explained to each person that they were giving them their medication. We saw that people willingly took their tablets and were offered a drink. This meant the medication was offered in a relaxed and sensitive manner.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We saw that the necessary recruitment and selection processes were in place. We looked at the files for three of the newest staff to be employed and found that appropriate checks were undertaken before they had begun work. The staff files included evidence there had been checks for each person's suitability to work in the home, including written references, satisfactory criminal records bureau disclosures, application forms, health and identity checks. There was evidence that new staff had been provided with induction training so they knew what was expected of them in their role. These checks would help to keep people safe and prevent them from harm as they had prevented unsuitable people working at the home.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw a complaints procedure was in place and this was displayed in the entrance hall for people using the service and visitors. The staff and the registered manager confirmed comments were welcomed from people. We saw a copy of complaints was maintained and included a record of correspondence, any investigation and a copy of the outcomes for people. This meant people could be confident that their concerns were addressed.

The registered manager told us they took account of complaints and comments to improve the service. Staff spoken with were clear about what to do if they received a complaint from a person using the service or a visitor to the service. We spoke to one person and three relatives about what they would do if they had any concerns. They told us they would raise any issue with staff and were confident the service would respond appropriately. All people we spoke with told us they had not needed to complain and were happy with the service provided.

Some people using the service were not able to raise concerns themselves and the registered manager told us people could use the services of an advocate to help make decisions or to raise a concern. An advocate is a person who people could speak with, or speaks on people's behalf and makes sure their views are listened to or they get what they are entitled to. This meant people were supported to express their views.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected against the risks associated with medicines although the provider did have appropriate arrangements to oversee the management of medicines.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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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