Inspection Report

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

Branwell Manor

Heckmondwike Road, Dewsbury Moor, Dewsbury, WF13 3PG

Tel: 01924466800

Date of Inspection: 26 July 2013

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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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Voyage Limited
Registered Manager	Mrs. Gail Withington
Overview of the service	Branwell Manor is a purpose built home which provides accommodation and support for up to eight younger adults with learning disabilities who may also have a physical disability or behaviours that challenge. Branwell Manor is owned by Voyage Care which supports people with learning disabilities, autism, head and spinal injuries and other complex disabilities. At the time of our inspection, seven younger adults were living at Branwell Manor.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

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 26 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Branwell Manor Care Home is a modern, purpose built building with eight bedrooms, all with ensuite facilities. There is a large dining kitchen leading to a patio and secure gardens for people to enjoy.

On the day of our visit there were seven younger adults living at Branwell Manor, three of whom were wheelchair users. During our visit we spoke with the registered manager, a senior support worker, support worker and one of the people living at the home. We also looked at two sets of care records and three staff personnel files.

Throughout our observations we saw people living at the home appeared relaxed in their surroundings and were engaged in different activities. We observed interactions between people and staff that were positive, people frequently laughed or smiled. Staff gently reassured and supported people if they became unsettled or anxious.

We saw people's individual needs were assessed thoroughly and care and support was developed from an assessment of their needs. People were encouraged to be independent and to make choices for themselves if they were able to.

There were sufficient numbers of staff with the right knowledge, experience, skills and qualifications to support people at all times. Staff received appropriate training and were qualified and experienced to carry out their role. They told us they felt well-supported by the managers.

When we spoke with a support worker and a senior support worker they told us Voyage was a good company to work for and they felt confident the service provided was good. They told us they had a good staff team working at the home and felt well-supported by their managers.

The manager told us "I truly believe this team works together and staff do their best; the people that live here have good, fulfilled lives."

Staff told us people living at the home and their relatives knew how to complain and

several of them had done so. We saw evidence that complaints were dealt with effectively and to the satisfaction of the person making the complaint. The person we spoke with confirmed that they felt any complaints or concerns they had were dealt with appropriately.

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

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 privacy, dignity and independence were respected.

People were given appropriate information and support regarding their care or treatment.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People were supported in promoting their independence and community involvement.

During our visit we looked at the care records of two people who lived at the home. We saw these were person-centred and personalised to meet peoples' needs. For example the first care plan said "Staff must respect this person's personal space by asking permission to enter their room" and the second care plan said "It is important that staff are patient and do not finish this person's sentences for them, allow them time to finish them themselves."

In one care record we saw that a 'person centred review' had been held on the 25 July 2013, with members of staff, the person's family and healthcare workers; an action plan had been produced as a result of this meeting. This showed people and their families participated in decisions relating to their care and treatment.

The manager and staff told us people were encouraged to be independent where possible. For example people were encouraged to help with shopping, cooking and laundry. This was confirmed by the care plans we looked at. These indicated whether people needed support from staff with these types of tasks, and how much assistance each person required. We saw the care plans also identified how much assistance was required for other daily living tasks. For example the second care plan we looked at said "Staff to support this person with visiting their family, phone calls and texting."

People were encouraged to take part in stimulating activities on a daily basis. The support worker we spoke with said "People get to go out and do something every day if they want to" The first care record showed the person had a pictorial activities board to enable them to visualise their choice of activities for the day. This person's care record also told staff they must only give two or three options when asking the person to make a choice. For

example when choosing what to eat or wear. We saw that photographs of the staff on each shift were on display in the reception area. This reassured people living at the home by letting them know who would be looking after them. This showed reasonable adjustments were made in order to inform people and support them to make choices and express their views.

We saw that the second person's care plan recorded "Church is important to me." When we looked at this person's daily records we saw they attended church services and events on a regular basis, usually twice a week. This showed the home respected things that were important to people and supported them to meet these needs. They also encouraged people to be part of their community.

This person's support guideline relating to their use of the home's vehicle stated they had 'verbally contributed to these guidelines.' It went on to say that the person was 'able to indicate their wishes and state how they would like their support.' We saw their care records recorded "My powered wheelchair is important to me as it aids my independence to move around the home without assistance." This showed people were involved in assessing and planning their care, treatment and support.

During our visit we also looked at the daily records for the two people whose care plans we had looked at. We saw the entries were thorough and recorded in detail what each person had done that day. Entries included:-"chose to listen to music this evening" and "refused to have a shower today."

We saw that the home had a dignity champion and that people living at the home had hung statements on a dignity tree in the reception area. Each person living at the home had a frame on the wall on the staircase with pictures of them and lists entitled "What's important to me" and "How to support me well". For example one person had listed 'cinema, swimming, MacDonald's and my bedroom' as things that were important to them.

The home also held regular 'house meetings' for staff and people living at the home. This meant people living at the home were encouraged to contribute to how it was run.

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

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our visit we looked at two care plans for people living at the home. We also spoke with the manager, a senior support worker, a support worker and one person who lived at the home. Most of the people living at Branwell House had complex needs which meant they were unable to talk to us.

When we looked at the care records of two people who lived at the home we saw these were comprehensive, up to date, person centred and individually tailored to meet people's needs. They also contained detailed life histories, including people's likes and dislikes and what they liked to be called. This information helped staff deliver personalised care and showed people and their relatives were involved in planning their care and support.

Both of the care records we looked at had individual support guidelines in place. For example the first record was for a person who was diabetic, so they had support guidelines for hypoglycaemia, hyperglycaemia and blood glucose testing. Both care records contained guidelines for sleep and rest, personal care, finances, activities and living skills. Records clearly demonstrated that documents in the care records were regularly reviewed. This showed care planning took account of people's changing care needs.

The second person whose care record we looked at was a wheelchair user. We saw this person needed regular stretching exercises which needed the support of staff. We saw photographic information in the care record to help staff deliver this care correctly. We saw this person's care record also contained an epilepsy seizure record, pressure care movement chart and fluid intake chart.

The provider may wish to note that this person's fluid intake chart had not been fully completed for the two days previous to our visit and the day of the visit. When we asked the manager and senior support worker about this they agreed that the chart should have been completed. They said they would speak to the member of staff concerned and bring it to the attention of all staff at the next staff meeting.

Each care record we looked at contained records of visits by GPs and healthcare professionals. These included dentists, opticians, podiatrists, diabetic nurses, learning disabilities nurses, specialist community physiotherapists and social workers. This showed people living at the home received the additional support required to meet their care and treatment needs.

There was evidence in the care records that people's safety was taken into account. For example the second person had an alert system and seizure monitor in their room. The care record also stated "I must always have a member of staff available who is trained in the administration of buccal midazolam" and "Staff must be trained in moving and handling before assisting me with any transfers."

From what we saw and heard during the visit we found there was plenty for people to do; activities people participated in were recorded in the daily records. The support worker we spoke with told us they had been taking people to the gym. One person, who was a wheelchair user, had been doing weight training to build up their upper body strength and another person had tried boxing and really liked it. A third person liked to play basketball in the garden. We saw photographs of all these and other activities at the home. This showed people's emotional and social needs were being met.

When we spoke with a person living at the home they told us they had just been out shopping. They also introduced us to the home's guinea pig. When we asked them about activities at the home they told us they liked going out on day trips best. They said "We went to Holmfirth yesterday and I'm going home for the weekend." They told us they went food shopping with the staff once a week and that everyone living at the home was asked what they would like on the list.

The home had the use of its own vehicle which could accommodate wheelchairs.

Management of medicines ✓ Met this standard

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.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recording and handling of medicines. Medicines were prescribed and given to people appropriately.

During our visit we looked at the company's management of medicines procedure. We saw this procedure included the requirements for ordering, receiving and storing medicines.

The senior support worker told us one person living at the home self-medicated but needed some prompting and reminding. The other six people living at the home needed staff to support them to take their medicines correctly. People's medicines were kept in a locked in cupboards in the medications room. This meant medicines were stored safely.

The senior support worker told us told us there were always two members of staff to administer medicines to people that needed support. Two staff also carried out the weekly stocktake and weekly medicines audits; we looked at recent copies of these. We looked at medications stock check sheets and completed medication administration record (MAR) sheets and saw these were completed appropriately.

We saw that staff who administered medicines were appropriately trained and their competency was regularly audited. Staff had to be signed off as competent before they could administer medicines. We saw evidence of training and competency assessments in the three staff files we looked at. This showed staff working at the home had been trained to administer medicines safely.

When we looked at two people's care plans we saw that any medicines they were taking were listed in the front page along with any side effects or contraindications, such as drinking alcohol. This meant a current list of people's current medications was easily accessible.

We saw that one person whose care plan we looked at was diabetic and needed insulin injections twice a day. The senior support worker told us staff supported this person to administer their own insulin via an 'epipen'. They told us this person's family was very happy about this as it had encouraged their independence and had also helped this person to achieve one of their goals.

The senior support worker showed us the temperature monitoring records for the medications room and fridge. They also showed us the medicines communication book, which was kept in the medicines room and recorded any changes staff needed to know about. This showed procedures were in place to ensure the administration of medicines at the home was safe.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development

During our visit we looked at three sets of staff records. The manager told us staff had supervisions every 1-2 months and an annual appraisal. They said these were all up to date. This was confirmed by the staff records we looked at and the support workers we spoke with. We saw that staff received a mixture of observational supervisions and one to one meetings with the manager.

We looked at the staff training matrix which was on display in the manager's office. We saw that all staff mandatory training was up to date. This included Mental Capacity Act and Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults, Autism, Makaton, Understanding Behaviour, Values and Attitudes and the administration of buccal midazolam.

The manager told us the company sent them a monthly reminder about which staff needed training updates. They showed us their latest reminder and we saw that staff names on the training matrix were colour coded to indicate whether training was in date or not. For example names in green indicated staff whose training was in date, amber for those due an update soon and red for those whose training was out of date. None of the staff working at the home were out of date with any training. This was confirmed by the two staff we spoke with.

The manager explained the induction process to us and we looked at the staff file of the most recent member of staff to start work at the home; who started in 2012. The manager told us they carried out monthly supervisions for new staff members during their six month probationary period. The records we looked at confirmed this.

The manager told us there were 18 staff working at Branwell House; these included a deputy manager, two senior support workers and 14 support workers. The two senior support workers had a National Vocational Qualification (NVQ) Level 3 in care and the manager had an NVQ5 in Health and Social Care. At the time of our visit five of the support workers were working towards NVQ Level 2 in care. The manager told us this was a rolling programme and that all support workers at the home were encouraged to

undertake this course. This showed staff that were competent to carry out their roles, as they received appropriate learning and development to keep their skills up to date.

The staff we spoke with told us the managers were approachable and they felt supported. They told us they received appropriate training for the requirements of their role and that the staff team worked well together.

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

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We asked the manager about the company's complaints procedure. They showed us the 'Concerns and complaints log sheet' which was available to staff in the office and was in use at the home. They also showed us a poster which was on display in the entrance foyer, which told people about the company's 'Say Something' campaign. The manager told us they were the nominated person to deal with any complaints received. They said any verbal issues raised by people living at the home would be dealt with by the home's dignity champion or the person's keyworker.

We asked to look at home's systems for managing complaints. The manager told us the home had not received any complaints in the last twelve months. We were told that complaints would be fully investigated and resolved, where possible, to the complainant's satisfaction. The manager related to us a historical complaint which was made by a parent of one of the people living at the home. This complaint had been fully investigated and all parties involved were satisfied with the outcome.

The manager told us they operated an open door policy and held regular residents' meetings so that that people could raise issues. This was confirmed by the person we spoke with. They said "If I had a complaint I would speak to the manager or one of the staff, but I've never had to complain about anything."

The manager told us that they worked closely with families so that any minor issues could be addressed. They told us this system worked positively and meant that concerns were addressed prior to them becoming a complaint.

From what we saw and heard during our visit we were assured that people and their relatives would be able to raise concerns and know they would be listened to, and that action would be taken to resolve any problems.

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.

Contact us

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