Inspection Report

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 On Trent, DE14 3DB

Tel: 01283510088

Date of Inspection: 12 November 2013

Date of Publication: December 2013

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
Management of medicines	✓ Met this standard
Staffing	✓ 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'.

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 November 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 carers and / or family members, talked with staff and talked with other authorities.

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

Systems were in place to gain consent for care and treatment from people using the service. The staff respected people's decisions and understood their responsibilities to ensure people could make informed decisions.

Staff had a good knowledge of people's support needs and we saw they were respectful to people when providing this support. People were relaxed with staff and one person told us, "We can have a laugh with the staff and tell them what we think. They're very good at listening."

People using the service had care records which recorded how they wanted to be supported. Information was reviewed to ensure the information matched any identified risk or changes to people's care.

The staffing was organised to meet the needs of people using the service.

The provider had systems in place to ensure people could raise concerns and improve the quality of the care received. Complaints were responded to and people were able to voice their opinions.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we saw that staff gained verbal consent from people using the service for their day to day care. People were asked where they wished to sit and what they wanted to do. People confirmed that the staff asked their permission before supporting them to do something. This meant that the provider acted in accordance with people's wishes and people were asked for their consent prior to any care, support or treatment.

Through a process called 'pathway tracking,' we looked at five care records, spoke with twelve staff about the care people received and observed the staff on duty in communal areas when they provided support. We spoke with people using the service or their relatives where possible, as well as observing the support these people received. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about the service.

Some people may wish to make some very specific choices about future health care, should a time come when you lose the capacity to make decisions. The Mental Capacity Act (2005) introduced new rules which must be followed when making advance decisions to refuse treatment. Expressing wishes and preferences about future care can be done by a process of advance care planning discussions with care providers. We saw one care record where a person had made advance decisions about the type of treatment they wanted and when they wished to refuse any treatment in the future. The staff we spoke with understood this was completed at a time when the person had capacity to make these decisions, and these specific choices would be followed. This meant people's decisions and rights would be upheld.

We saw one record where decisions had been made on someone else's behalf through a lasting power of attorney (LPA). Whilst people have capacity they can choose to set up a LPA. This gives someone the authority to make decisions on the person's behalf. For other people to make decisions about health and personal welfare, the provider must be able to

evidence a LPA is in place. Where people had a LPA the registered manager sought evidence of this. This meant decisions were being made by people had the authority to do this in the person's best interests.

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.

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

Reasons for our judgement

Some people using the service had dementia and we used our short observational framework for inspection (SOFI) tool to help us see what people's experiences were like. The SOFI tool allowed us to spend time watching what was going on in a service and helped us to record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff. We spent 90 minutes watching people in the lounge on the ground floor and found that overall people had positive experiences. The staff knew what support people needed and they respected their wishes if they wanted to manage on their own.

We saw staff treating people with care and listening to people's wishes. We observed staff interacting with people who had communication difficulties and we found that they took time to make sure they understood what people wanted. We spoke with staff who told us that they always made sure that they treated people respectfully and made sure their privacy was protected when they provided support.

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

We looked at five care records which contained details of the individual preferences of people using the service. We saw that risk assessments were in place to ensure people were protected from the risk of harm. The risk assessments contained clear guidance for staff to follow to keep people safe whilst maintaining their independence. Staff we spoke with explained the individual risks for people using the service and how they supported people safely. This meant that people were supported with their needs in a consistent and safe way.

We saw the care records included information about 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, district nurses and the optician. This meant that people were supported to maintain their health and wellbeing.

People were supported to undertake activities throughout the day by a designated activity co-ordinator as well as members of care staff. We saw plans for activities such as themed days, personal grooming, the hairdressers, external entertainment and trips out into the local community. The staff told us people had attended the local college and enjoyed participating in craft activities and learning computer skills. People also had opportunities to go shopping for personal items and clothes. One member of staff told us, "We try and organise it so people can go and choose what they want for themselves rather than shopping for people, it's generally better this way as people know what they want." People we spoke with told us that they chose whether they were involved in the activities on offer. One person we spoke with told us, "We can join in where we want to. Sometimes I prefer to sit and chat and that's okay too." This meant people had opportunities to continue to do the things they liked.

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

Medicines were kept safely in a locked cabinet. The nursing staff were responsible for managing and administering medicines and we saw appropriate arrangements were in place in relation to obtaining and recording of medicines. We looked at medication stocks and records and we found they were well maintained. The storage of medications was organised and the expiry dates were checked on a regular basis. This meant there were systems in place to ensure medicines were suitable to administer.

We looked at how medicines were stored that were required to be kept at a specific temperature. We found there was an effective system in place to monitor and ensure the safety of these medicines. This meant people's medicines were stored safely.

The medication administration records (MARs) were completed after each person had taken their medication as required. This meant the provider reduced the possibility of mistakes, as a record was kept only after medicines had been given. We checked the MAR charts for three people and found they were all correct.

We observed four people being given their medication and this was done in a considerate, encouraging way with an explanation of what each medication was. We saw people were offered a drink and assisted to take their medicines on a spoon where this was appropriate. This meant medicines were safely administered.

One person needed one tablet to be halved and the remainder of the tablet was placed back into the unsealed packet. We talked to the registered manager about this practice, as this meant the tablet was not stored securely and there was an increased risk of possible contamination. The registered manager agreed to review the administration of this medicine with the pharmacy and review the dispensing arrangements.

We saw two people needed 'when required' (prn) medication. A protocol detailing when this medication should be administered was in place. When the medication was administered, it was recorded on the MAR as to why this had been required. This meant people using the service could be confident that there was clear information why and when to provide this medication as prescribed.

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

On the day of our inspection, there were 39 people resident in the home. There were two care teams, each working either on the ground or first floor of the home. Each care team was led by a qualified nurse who had the responsibility for administering medication and for overseeing the care staff. There was also domestic, laundry and kitchen support staff who worked across all areas of the home.

We looked at three weeks staffing rosters and the registered manager told us that staffing levels provided were assessed depending on people's need and occupancy levels; the staffing levels were then adjusted accordingly. They told us where there was a shortfall, for example when staff were off sick or on leave, existing staff or agency staff worked additional hours to make sure people were safe and had received suitable support.

People we spoke with told us they were satisfied with the numbers of staff on duty. One person told us, "There's always someone around, and you don't have to wait for long if you need some help." We observed staff working in the home during our SOFI observation and we saw there were sufficient numbers of staff to meet the needs of the people at that time.

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

The registered manager audited the views of people using the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The manager told us that they were always available to speak to people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints.

We asked for and received a summary of complaints people had made and the provider's response. People's complaints were fully investigated and resolved where possible to their satisfaction. Checks of the complaints record showed that complaints received in the past year had been handled in accordance with the complaints policy.

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. One relative told us, "If you have any complaints, you just tell them and they sort it out. There's no ill feeling or anything like that, they just put things right." This meant people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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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