

Kingsley Care Homes Limited

Branksome Heights

Inspection report

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06 March 2019

12 March 2019

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26 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Branksome Heights is a residential care home.
- The home accommodates up to 46 people in one purpose built building.
- At the time of our inspection 35 people were living at the home.

People's experience of using this service:

- The provider had made good improvements to the service since our inspection in January and February 2018.
- People were safely protected from the potential risk of abuse, and staff were clear on how to identify and report concerns.
- Medicines were now well managed to ensure that people received them safely and in line with best practice.
- Quality assurance systems had improved to ensure that any improvements required were promptly identified and implemented.
- Sufficient risk assessments were in place to ensure that people were safely supported.
- People received support in order to meet their nutritional needs, with good access to other healthcare professionals.
- People's capacity to consent had been assessed in line with legal requirements and their care was now delivered within this framework.
- People told us that staff were kind, compassionate and attentive to their needs.
- People were treated with dignity and respect.
- Activities were provided to ensure people received appropriate stimulation, and people were consulted on their views about their care.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- More information is in our full report.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement". Our last report was published on 5 April 2018.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of the publication of their last inspection report.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality

care. Further inspections will be planned in line with scheduling priorities and monitoring information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Branksome Heights

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was conducted by one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge of supporting people with dementia care.

Service and service type:

- Branksome Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Our inspection planning was informed by evidence we already held about the service.
- We had not asked the service to complete a Provider Information Return before this inspection. This is information providers submit to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.
- We spoke with 10 people who used the service and three relatives. After the inspection we received feedback from a regular visitor.
- We spoke with the registered manager, a provider representative and seven members of staff. We also spoke to a visiting health care professional and received feedback from a social care professional.

- We reviewed nine people's care records, three staff personnel files, audits and other records about the management of the service.
- Throughout our inspection we observed the way staff interacted with people living in the home and performed their roles and responsibilities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in January and February 2018, this key question was rated "requires improvement". We found people were not always appropriately safeguarded from being detained without proper authorisation, risks were not well managed due to ineffective communication and medicines were not always managed safely. There were breaches of regulation. At this inspection, we found the service had taken steps to improve people's safety and medicines management. Therefore, the rating for this key question has improved to "good".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "I feel very safe here and know them all by name" and "I do feel safe here, they just make me feel secure and I can rely on them."
- One recent allegation of possible abuse had not been notified to the CQC. The deputy manager discussed the reasons behind this decision and explained similar information would always now be notified to CQC. The notification was made during our inspection.
- Most staff had received up to date safeguarding adults training and there was a face to face training session planned for those staff who needed this training to be updated.
- Staff were familiar with different signs of abuse and neglect that people living in an adult social care setting might experience, and they knew the action they should take if they believed someone had been harmed or was at risk of harm.

Using medicines safely

- Medicines were now managed consistently and safely in line with national guidance. Staff were observed to follow safe practice during medication administration. This meant people received their medicines as prescribed.
- Medicines were managed by staff who had received the relevant training and who had undergone assessments of their competency. Appropriate management systems were in place to ensure medicines were administered safely.
- Medicines were kept securely and safely in locked trolleys and rooms.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks balances checked tallied with the balances recorded.
- Staff followed the guidance in place on managing 'when required' medicines for each person.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff were knowledgeable about what action to take to reduce

identified risk.

- For some people, risk assessments were in place to help support people at risk of developing pressure sores. Where risk was identified staff knew what action they should take, such as helping people to change position and using specialist pressure relieving equipment.
- The provider had suitable arrangements in place to deal with foreseeable emergencies.
- People's care plans contained a personal emergency evacuation plan (PEEP), which explained the help people would need to safely evacuate the building in an emergency.
- The environment remained safe. Maintenance records showed environmental health and safety, and equipment checks were routinely undertaken by suitably qualified external contractors in accordance with the manufacturers' guidelines.

Staffing and recruitment

- The provider's staff recruitment processes was robust.
- The provider carried out checks on all prospective new staff including: references from their previous employers, proof of identity, eligibility to work in the UK, full employment history and a Disclosure and Barring Service (DBS) check. This reduced the chance of people being employed who were not suitable to work with vulnerable adults.
- Staff were available when people wanted or needed assistance. We saw staff were visible in the main communal areas and observed numerous examples of staff responding quickly to call bells being activated or people's verbal requests for assistance. Call bell records showed that when people called for assistance they received assistance quickly. Staff told us they were busy. People made comments that supported that staff were busy but indicated they were confident they would receive support when they needed it

Preventing and controlling infection

- People were protected from harm by the prevention and control of infection.
- People and relatives told us the home always looked clean and tidy. One person told us, "They always put on gloves when they put cream on my legs."
- The service was kept free from lingering unpleasant odours.

Learning lessons when things go wrong

- The registered manager ensured that any incidents or accidents were promptly recorded and investigated.
- All incidents were fully investigated, with a review of all incidents occurring to ensure appropriate actions were taken and any learning was shared.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection in January and February 2018 arrangements for ensuring people's care was provided within the framework of the Mental Capacity Act were not effective. At this inspection, we found the service had taken steps to improve this. Therefore, the rating for this key question has increased to "good".

Staff support: induction, training, skills and experience

- Staff felt confident they had the skills and knowledge needed to carry out their roles. They felt supported to develop this knowledge.
- Staff at all levels spoke positively about the training and support they had received. Typical feedback included, "My induction was excellent" and "There is a lot of training."
- Records indicated staff had completed training in core areas such as moving and handling and person-centred care. Where they needed to update their training, courses were scheduled and training was also provided in tailored learning circles to meet the needs of the home.
- The provider operated a rolling programme of regular supervision (one-to-one meetings), competency assessments and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs.
- Staff told us they were encouraged to talk about any issues or concerns they had about their work. They told us senior staff were approachable.

Adapting service, design, decoration to meet people's needs

- The premises were being evaluated and changed by the new registered manager to meet people's needs and to enhance accessibility and the quality of people's lives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans reflected their assessed needs and preferences.
- Assessments were person centred and ensured that people's individual needs were identified and that they were protected from discrimination.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure that their nutritional needs were met.
- People told us about the food at the home, "They food is excellent, plenty of it and good choices." and "The food is very good."
- People's care plans reflected if they had any nutritional risks, with detailed guidance for staff so that they knew how to support people. Staff understood these risks.
- The home chef kept a record of people's dietary requirements so that people's meals could be

appropriately prepared.

Supporting people to live healthier lives, access healthcare services and support

- People were promptly referred to other healthcare agencies for support when required.
- A health care professional explained they received appropriate information from staff and that guidance was followed.
- One person explained how they were being supported to get to the bottom of health concerns.
- Care plans were in place for people's specific health conditions, and staff supported people to attend healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that DoLS were applied for in a timely manner, with appropriate capacity assessments in place to ascertain people's ability to consent to specific decisions.
- Where people had made arrangements for others to make decisions on their behalf these arrangements were checked and respected.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with people, relatives and other professionals.
- Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. They were encouraged by the registered manager to reflect, learn and focus on continuously improving their practice.
- The service worked with other agencies and groups to ensure people's care needs were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the service they received at the care home and described the staff who worked there as "kind" and "fabulous".
- People told us "They spoil me", "They are kind to me and treat me with respect." and "They are all very kind to me. They just all are!"
- People who could no longer use words to tell us how they felt looked at ease and comfortable in the presence of staff. We heard warm, respectful and familiar conversations between people and staff.
- People's cultural requirements, such as their diets and spiritual practice, were supported.
- A project to celebrate International Women's day celebrated the achievements of some of the women living in the home.

Supporting people to express their views and be involved in making decisions about their care

- People's care records included life histories and this helped staff in understanding people's individual needs.
- People told us they made decisions about their day to day care and staff described how they supported this.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity promoted.
- People told us staff always checked with them before providing care or support.
- During lunch we saw that staff assisting people who were having their meals in bed, and in the dining room, did so in a kind and dignified way. Staff explained what they were having for their lunch and how they were going to be assisting them.
- Staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- Staff knew how to protect people's privacy when providing personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support which was responsive to their needs and wishes. A social worker explained that the staff had been responsive to the needs of a person with dementia during a difficult time.
- People, and their relatives, were involved in the care planning process and their preferences were recorded, and staff understood these preferences. For example, staff understood where people liked to spend their time and whose company they valued.
- People were supported to follow their interests and live fulfilling social lives. People told us there was plenty to do and we heard about the wide range of ways people filled their time.
- The service took appropriate action to protect people who preferred or needed to stay in their bedrooms from social isolation.
- The activities coordinator was passionate about their role and spoke with confidence about the likes and preferences of people.
- The registered manager was experienced in developing fulfilling lives for people with dementia and had begun to implement a wide range of research based initiatives that would add to the quality of people's lives.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns, and whilst some people told us they would be reticent to complain others were more forthright telling us, "I would be happy about complaining if I had to but I don't need to."
- People were also able to share any concerns at regular meetings and in day to day conversations with staff.
- Complaints received by the home were responded to promptly, including sufficient written correspondence to resolve any issues raised. The oversight of complaints ensured that any learning identified, or changes required, were carried out.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- People's preferences and choices for their end of life care were recorded in their care plan and acted upon.
- The home had received feedback from the relatives of people who had died in the home reflecting positively on the compassionate care their loved ones had received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January and February 2018, this key question was rated "requires improvement". We found that quality assurance systems required improvement to ensure improvement action was taken in a timely manner. There was a breach of regulation. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to "good".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People spoke positively about the management of the home telling us, "I think the home is well managed", "The manager is very nice and very approachable. She listens to me.", "I like the manager and the staff seem happy here."
- The home had been through a period of unsettled leadership. The provider had maintained oversight during this time.
- Staff were positive about management support telling us that although the registered manager had not been in post long they had a sense of her vision for the home.
 - Staff were committed to providing high quality person centred care and spoke with pride about their work. The senior staff spoke highly of the staff team.
- The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to help managers assess and monitor the quality and safety of the care and support people living in home received. For example, representatives of the provider received reports from the manager and routinely visited the home to carry out checks that focused on different aspects of the service.
- The registered manager, and senior staff, ensured that statutory notifications were submitted to CQC in a timely manner. One notification was submitted following discussion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in providing feedback on the care they received including surveys and regular resident and relative meetings.

- Staff attended regular team meetings where they were able to share their views and discuss their working practices.

Continuous learning and improving care

- The provider had taken on board all feedback from our previous inspections and ensured the required improvements were made to the home.
- Records relating to some aspects of care delivery were not accurate on the first day of our inspection. We discussed this with the registered manager and a senior member of staff and this was addressed immediately. Actions included changes to the electronic recording system to enable staff to record more effectively.
- The registered manager told us staffing had been reviewed alongside the care people needed. This had enabled staff to work more effectively.

Working in partnership with others

- The provider worked in partnership with other agencies. We received positive feedback from representatives of partner agencies.