

Anchor Hanover Group

Brackenfield Hall

Inspection report

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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

Brackenfield Hall is a residential care home providing personal care to up to 60 people. Some people using the service were living with dementia. At the time of our inspection there were 54 people using the service. The home provides accommodation on 4 units over 2 floors. At the time of our inspection, some people were living with dementia.

People's experience of using this service and what we found

The home was clean and well presented. However, kitchenettes on each unit required a deep clean. The registered manager took immediate action to address these concerns. People were safeguarded from the risk of abuse, staff received training and knew how to recognise and report abuse. There were sufficient staff available to meet people's needs. The provider had a safe recruitment procedure in place to ensure appropriate staff were selected to work at the home. Risks associated with people's care had been identified and actions taken to keep people safe. Accidents and incidents were monitored and analysed to ensure trends and patterns were identified and actions taken to prevent reoccurring incidents. People received their medicines as prescribed by staff who were competent to administer medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training and support to enable them to carry out their roles effectively. People received a healthy and balanced diet which met their needs and suited their preferences. People had access to healthcare professionals when required.

We observed staff interacting with people and found they were kind and caring. People received person-centred care from staff who knew them well. We saw people were engaged in activities and social interests. People were supported to raise concerns and the registered manager could demonstrate they had taken appropriate actions to address concerns and improve the service.

Audits were in place to ensure the management team identified and actioned any concerns. People were involved in the service and asked their opinions and views. Resident and relative meetings took place frequently and questionnaires were sent out to people to request their feedback about the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 19

December 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Brackenfield Hall

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Brackenfield Hall is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing staff interacting with people. We spoke with 10 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, team leaders and care staff. We reviewed a range of documentation. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure in place and staff were knowledgeable about how to recognise, report and record abuse.
- We saw evidence that safeguarding concerns were reported to appropriate authorities.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed to keep people safe.
- People we spoke with felt safe living at the home. One person said, "The staff are nice and check on me every 2 hours."
- Safety checks of the building took place to ensure the environment was safe. Equipment such as hoists, slings and wheelchairs were serviced regularly to ensure they were safe to use.
- Some baths within the home required attention and were not in use at the time of our inspection. People had access to working bathing facilities and the registered manager was in the process of getting the other baths repaired.

Staffing and recruitment

- Through our observations and talking with people, relatives and staff, we found there were enough staff available to meet people's needs in a timely way.
- The registered manager used a dependency tool to ascertain how many staff were required to meet people's needs. We found this system was effective.
- The provider had a robust recruitment process in place which ensured appropriate staff were employed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed by staff who were trained and competent to administer medicines.
- Some people required medicines on an 'as and when' required basis (PRN). Protocols were in place to guide staff when they should be given.
- Medicines were stored correctly, and temperatures were taken of the medication fridge and room.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises. We found some minor concerns which were addressed immediately.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits to the care home. People were supported to maintain contact with their families and friends. The home has a separate family room for people to use if required.

Learning lessons when things go wrong

- Accidents and incidents were analysed, and trends and patterns were identified to minimise risk of future incidents occurring.
- Each accident was analysed separately, and appropriate actions were taken. For example, a sensor mat was put in place, or crash mat, or referral to relevant healthcare professional. This demonstrated that people were kept safe.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care plans were in place to ensure care was delivered in line with standards and guidance.
- Assessments were reviewed regularly to ensure care delivered was current and in line with people's needs and preferences.

Staff support: induction, training, skills and experience

- The registered manager had a training matrix in place to ensure all staff received regular and updated training.
- Staff told us training was of a good standard and they felt supported to carry out their roles well.

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

- People were offered a healthy diet which took into consideration their dietary needs and preferences.
- The catering team were knowledgeable about people's dietary requirements such as pureed meals and gluten free options.
- Snacks were available on all units throughout the day, such as crisps, biscuits and fresh fruit. Drinks were made throughout the day and people were assisted to drink as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans reflected involvement with healthcare professionals. This included support from the GP, district nurse and chiropodist.

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

- The home was purpose built as a care home and therefore had wide corridors which facilitated wheelchairs.
- Dementia friendly signage was available throughout the home which assisted people to navigate around the building.
- People had access to well-maintained gardens and outside space. There were places to sit and awnings to sit under if the weather was wet or hot. People told us they enjoyed spending time in the garden area.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were knowledgeable about MCA and ensured best interest decisions were in place where people lacked capacity.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spent time observing staff interacting with people and found they were caring and kind.
- Some people in the home had become friends and staff had facilitated this. One relative said, "Another resident had moved in the day after their relative and they had become pals."

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

- People were involved in their care and supported to make decisions about their preferences.
- People were asked what they would like to do and were supported to do what they wanted and what they chose to do. Staff offered choices such as lunch options by using show plates.
- People felt involved in making decisions about their care and what they wanted to do. One person said, "I like to have a gin and tonic and have 2 every day about 7pm." Another person said, "I chose this wallpaper and I am waiting for the handyman to come and put up the new matching curtains." This demonstrated people were involved and their views were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff were organised and responded appropriately when people requested their support.
- We observed staff working within the principles of dignity set out by the provider such as respecting people as individuals, and ensuring their ethnic, cultural and religious preferences were met at all times.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were given opportunities to be involved in their care and their choices and preferences were considered.
- Care plans detailed and included information regarding how people liked to receive their care.
- People's bedrooms were individually presented and suited to people's tastes. People were supported to choose décor and bring in personal items to make their room more homely.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met and information displayed throughout the home was in a presentable format.
- People had a communication plan in place. For example, one care plan stated that due to memory impairment the person could struggle to find the appropriate words to use and it may take her more time to process what its being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and take part in a range of social activities.
- All staff were responsible for ensuring people received social activities and these were provided throughout the day.
- We saw a range of photographs showing different activities people had been involved with.
- People also enjoyed the homes facilities such as the cinema room, tearoom and pub.

Improving care quality in response to complaints or concerns

- The registered manager kept a record of complaints received and used them to improve the service.
- 'Little niggles' were also documented and areas for improved practice were developed.
- People and relatives felt the management team and staff were approachable and easy to talk to if they had a problem.

End of life care and support

- No one living at the service at the time of our inspection was in receipt of end of life care.
- Staff informed us that when people do reach this stage in their lives, a care plan specific to their end of life care is instigated and considers their wishes and preferences.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was well managed, and the entire staff team were focused on providing people a person-centred experience.
- People were supported to make their own decisions which impacted on their life.
- The registered manager had a clear understanding of their responsibilities regarding duty of candour and were open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was supported by a deputy and a team of senior care workers, who worked well together to ensure effective leadership was in place.
- The management team carried out several quality audits to ensure standards were maintained in line with the providers expectations.
- Action plans were used to address any areas for development and clearly evidenced that measures were put in place to rectify issues.

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

- The provider had a questionnaire which had recently been completed. This gave people an opportunity to voice their ideas and opinions about the service. A recent questionnaire had provided positive feedback and relatives were highly satisfied.
- A range of meetings took place between people, relatives and staff to gain feedback about the home.

Working in partnership with others

- The provider and registered manager could evidence they had worked with other professionals to provide a good service.
- This included working with the local authority, safeguarding and other professionals to ensure people received a good standard of care.
- The registered manager also took notice of internal audits undertaken by the provider.