

Branch Court Limited

Branch Court Care Home

Inspection report

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Tel: 01254682003

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13 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This was an unannounced inspection which took place on 11 and 13 July 2015. There had been a change of provider to the service in February 2016. This was the first inspection since the new provider had taken over the running of the service.

Branch Court is a purpose built home which provides accommodation for up to 30 older people who require support with personal care needs. The home specialises in providing care for people living with a dementia. At the time of our inspection there were 30 people using the service.

There was a registered manager in place at Branch Court. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported in the day to day running of the service by a deputy manager.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the recruitment processes in place were not sufficiently robust. Appropriate arrangements were also not in place to ensure the safe handling of medicines. You can see what action we have told the provider to take at the back of the full version of the report.

Two of the staff personnel files we reviewed did not contain a full employment history. The registered manager had also not undertaken the required additional checks regarding why applicants had left any previous employment involving work with vulnerable adults or children. This meant there was a risk people might not be properly protected from the risk of unsuitable staff.

The stock of medicines held for one person did not correspond accurately with the administration records. Records relating to the administration of prescribed creams were not always fully completed. Staff had not taken action to ensure prescribed creams were always available for people.

We received conflicting information about staffing levels in the service. However, none of the people living in Branch Court expressed any concerns about the time it took staff to respond to their needs.

People who used the service and their relatives did not express any concerns regarding the care provided at Branch Court. Staff had completed training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturer's instructions. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home. The environment was decorated in a way which was intended to promote the independence and well-being of people who used the service.

Staff had received induction, training and supervision to help ensure they were able to deliver effective care. All staff had completed or were working towards a nationally recognised qualification in care.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment in at the service. Staff had received training in, and understood, the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

Systems were in place to help ensure people's health and nutritional needs were met. People gave us mixed feedback regarding the quality of the food in Branch Court. We observed that people received the individual support they required to ensure their nutritional needs were met.

All the people we spoke with during the inspection spoke positively about the caring nature of staff. Our observations showed staff were caring and respectful in all their interactions with people who used the service.

People's care records contained detailed information to guide staff on the care and support required. Care records showed that risks to people's health and well-being had been identified and regularly reviewed. All the staff we spoke with had a good understanding of the care and support that people required. They demonstrated a commitment to providing high quality care.

A programme of activities was in place to help stimulate people and maintain their contacts within the local community.

Records we reviewed showed people had opportunities to comment on the care provided at Branch Court. All the people we spoke with told us they would feel confident to raise any concerns with the staff and registered manager.

We saw that the service had a range of policies and procedures to help guide staff on good practice. Staff told us they enjoyed working in the service and received good support from the registered manager. Staff meetings provided staff with an opportunity to comment on the service provided and to suggest any improvements they felt could be made.

Systems were in place to monitor the quality of the service provided. There were procedures in place for receiving, handling and responding appropriately to complaints. Our discussions with the registered manager showed they were committed to driving forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Systems needed to be improved to ensure the safe handling of medicines.

Recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff.

Although people told us staffing levels were sufficient to ensure their needs were met in a timely way, staff told us the provider's decision to reduce the numbers of staff on duty mean they did not always have time to sit and chat with people.

People were cared for in a clean and safe environment.

Is the service effective?

Good 

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People we spoke with during the inspection spoke positively about the attitude and approach of staff. We observed staff to be kind and caring in their interactions with people who used the service.

Staff demonstrated a commitment to providing high quality care which supported people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's needs.

A range of activities were provided to help maintain the well-being of people who used the service.

Systems were in place for receiving, handling and responding to complaints.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to driving forward improvements in the service.

All the people we spoke with told us the registered manager was very approachable and always willing to listen to any suggestions to improve the service.

Systems were in place to assess and monitor the quality of the service provided to help ensure people received safe and effective care.

Branch Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 13 July 2016 and was unannounced.

On the first day of the inspection the inspection team consisted of an adult social care inspector 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. The expert had experience of services for older people. The second day of the inspection was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us; a notification is information about important events, which the provider is required to send us by law. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority quality assurance team to obtain their views about the service. None of the organisations we contacted raised any concerns about Branch Court.

On the first day of the inspection we spoke with 12 people who used the service and four visiting relatives. We also spoke with the registered manager, the deputy manager, a senior carer, two members of care staff, the chef and the activity coordinator. In addition we spoke with two professionals who visited the service on the first day of the inspection. On the second day of the inspection we spoke with the domestic, a volunteer and a further person who used the service.

As some of the people living at Branch Court were not able to clearly tell us about their experiences, 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.

We carried out observations in the public areas of the service. We looked at the care and medication records for four people who used the service. We also reviewed the records for all people who were prescribed

creams to be administered by staff.

In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe in Branch Court. Comments people made to us included, "I like being here, everything is alright. There's everything I need and I'm happy here" and "I feel safe and looked after". Relatives we spoke with told us they had no concerns about the safety of their family members in Branch Court. One relative told us, "I know [my relative] is safe, it's very good and always clean." Another relative commented, "It is always clean and [my relative] knows she is safe; the staff are pleasant and helpful".

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We noted all staff responsible for administering medicines had received training for this task. The registered manager had also introduced a system to assess the competence of staff to safely administer medicines; this included new staff being required to demonstrate their competence on three separate occasions before they were allowed to administer medicines without close supervision.

We found that medicines, including controlled drugs, were stored securely and only authorised and suitably qualified people had access to them. We checked the stock of controlled drugs and found this corresponded correctly with the records maintained.

We saw that written protocols were in place for 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed.

We looked at the medication administration record (MAR) charts for four people who used the service. We noted that three of these people's medicines were administered from a monitored dosage system and that their records were fully complete to confirm people had received their medicines as prescribed. One person had recently been admitted to Branch Court and their medicines were therefore separately boxed. We saw that this person's handwritten MAR charts had not been countersigned by a member of staff to confirm their accuracy. When we checked the stock of the person's medicines against the MAR charts we found there was a discrepancy in relation to three medicines. This meant we could not be certain the person had received all of their medicines as prescribed.

We noted that one of the people whose care records we reviewed was prescribed a number of creams. We therefore checked the MAR chart on which care staff recorded when they had administered prescribed creams. We noted that the person was prescribed a cream to be administered twice a day. However, the records showed that staff had not administered this cream as prescribed on 15 days between 16 June and 13 July 2016.

As a result of the discrepancies we had identified, we reviewed the MAR charts for a further 23 people. We found that these MAR charts showed that there were numerous occasions on which people had not received their medicines as prescribed. There were also a total of 48 occasions on which it had been recorded by care staff that prescribed creams had been out of stock. We discussed this with the registered manager and

deputy manager. They told us that staff had been told to always check the stock of medicines held for people and to advise senior staff if there were none available. They told us staff had also been informed of the requirement to always accurately complete MAR charts to show that prescribed creams had been administered correctly. They told us they would discuss our findings with staff as a matter of urgency. The visiting health professional we spoke with told us they had no concerns about the skin integrity of anyone who used the service.

The lack of robust systems to ensure the safe administration of medicines was a breach of Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place to ensure staff were safely recruited. The registered manager told us that they involved people who used the service in interviewing applicants for positions at Branch Court; interview records we reviewed confirmed this to be the case. The registered manager told us they considered this process helped to ensure they only employed staff who understood how to communicate with and support people who were living with a dementia.

We reviewed four staff personnel files. We saw that all of the files contained an application form, two references and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However, we noted that two members of staff had not included a full employment history on their application form. The registered manager had also not undertaken the required additional checks regarding why applicants had left any previous employment involving work with vulnerable adults or children. This meant there was a risk people might not be properly protected from the risk of unsuitable staff.

The lack of robust recruitment procedures was a breach of Regulation 19 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us they considered there were generally enough staff on duty to meet their needs in a timely way. Comments people made to us included, "I sometimes have to wait a short while when I ring my buzzer but they [staff] always come", "There are always staff around to help me and they come quickly if I need them" and "There are always staff around to help [my relative]".

Our observations during the inspection showed that a number of people who used the service did not receive their breakfast or prescribed medicines until almost noon. We were told that this was due in part to some people choosing to remain in bed until late morning. However the registered manager also told us that since April 2016 the provider had reduced the numbers of staff on duty although the dependency levels of people who used the service had not changed. During the inspection we noted that, in addition to the registered manager and deputy manager, there were five members of care staff on duty each morning; this included a senior member of care staff who was responsible for administering medicines and a member of care staff who was responsible for preparing breakfast and drinks for people as they came down to the lounge area. The registered manager told us there were a total of 13 people who required the assistance of two staff for all aspects of their personal care. The number of care staff on duty reduced to four each afternoon; these arrangements were in line with the staffing rotas we reviewed.

Two of the three care staff we spoke with told us there were sufficient numbers of staff on duty to meet people's personal care needs. However, they also commented that the reduction in staffing levels meant they did not have much time to sit and chat with people. A third member of care staff told us, "We are short staffed; it's really hard. I can't ignore someone who needs something but interruptions mean I might make

mistakes."

On the second day of the inspection we noted a volunteer was available to support paid staff by giving out drinks and chatting with people. We observed people who used the service spoke very fondly about the volunteer and clearly valued the time they were able to spend with them.

Following the inspection the registered manager informed us they had requested the provider allow an additional member of staff to be employed for four hours each morning. They told us they considered this would help to ensure people were always supported to get up at the time they wanted.

Care records we looked at contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Branch Court.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Personal emergency evacuation plans (PEEPs) had been completed for people who used the service. These plans should help ensure staff were aware of the correct action to take to protect people in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounge/dining room, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. The registered manager and staff we spoke with demonstrated a good understanding of MCA and DoLS. Care records included guidance for staff about how they should best communicate with people who used the service in order to ensure they were supported to make decisions about the care they needed. All the staff we spoke with told us they knew the wishes and preferences of people who used the service. Staff also told us how they had regard to both the verbal and non-verbal communication of people to help ensure they had their consent before they provided any care or support. One staff member told us, "I always make sure I involve people in deciding what they want me to do."

At the time of this inspection DoLS authorisations were in place for 24 people who used the service. These authorisations helped to ensure that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. We saw that, where people had capacity to consent to their care in Branch Court, they were supported to remain as independent as possible by having swipe keys to access all parts of the building. We noted that information was available in all bedrooms about the MCA and how it might affect people who used the service.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. The registered manager provided us with evidence that arrangements had been made for staff to complete refresher training where necessary.

We were told by the registered manager that when staff started to work at the service they received an induction. Records we reviewed showed this included an introduction to policies and procedures as well as mandatory training including moving and handling and health and safety. Staff also shadowed experienced staff on several shifts and were allocated a mentor to support them during the induction period.

Staff told us the induction helped them understand their role and what they needed to do to support people

effectively. All the staff personnel files we reviewed contained an induction checklist which was completed by the registered manager to confirm staff had received all the necessary information. The registered manager told us all care staff had achieved or were working towards a nationally recognised qualification in care. This should help ensure staff had the necessary skills and knowledge to effectively meet people's needs.

We noted there was a system in place to record the training staff were required to complete. We saw this was updated regularly and provided information for the registered manager to help ensure staff had the skills and knowledge they required for their roles. We saw that there were also systems in place to help ensure staff received regular supervision. Records we reviewed showed supervision sessions were used by the registered manager to provide feedback on performance and to thank staff for their contribution to Branch Court.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the chef on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks and snacks were served to people throughout the inspection.

We received mixed feedback on the quality of the food in Branch Court. Although some people told us they liked the meals other people commented that the food was not always warm when it was served and that they often had to wait for long periods for their meals once sat in the dining room. On the first day of the inspection we observed lunch and noted that all meals were served from a hot plate which should help to ensure the food remained warm. The temperature of the food was also checked before it was served to people to ensure it met food safety requirements.

We saw that people were provided with a range of different crockery to help ensure they were able to eat their meals as independently as possible. We noted that staff provided assistance where necessary to ensure people were supported to eat as much as possible.

Staff told us they were always made aware of any changes to the care a person needed through the handover which took place at the start of every shift. Staff also commented that they would regularly check the care records for people to ensure they were updated about any changes to the support required. One staff member told us, "Any changes are always in the care plans. We always read them."

Our review of care records showed staff regularly contacted health professionals if they had any concerns regarding a person's condition. The visiting health professional we spoke with during the inspection told us staff always demonstrated a good understanding of people's health needs and acted promptly on any advice given.

We noted that the registered manager had arranged for the environment to be redecorated to ensure it best met the needs of people living with dementia; this included improved signage and the painting of bathroom/toilet doors in particular colours to help direct people around the home. Pictures and objects on display throughout the home were used to encourage people to discuss past events and interests.

Is the service caring?

Our findings

All the people we spoke with during the inspection told us staff in Branch Court were always kind and caring. Comments people made to us included, "I feel I can tell staff how I feel and if things are not right", "Staff are kind and respectful" and "Staff know [my relative] well and are very good with her."

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted that staff spoke with people discreetly to ensure their personal care needs were met in a timely manner. Staff also provided reassurance to people when assisting them to transfer using the hoist.

Our observations during the inspection showed people were supported to be as independent as possible. We saw one member of care staff encourage a person to walk using a frame rather than a wheelchair. We also noted that one person who used the service was given the responsibility for setting the tables at mealtimes. This person told us, "Staff let me be independent; I help to lay the tables. I have my own fob to get to my room. It helps me feel useful and busy."

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. We noted that staff communicated with relatives to update them regarding any changes in their family member's condition. Relatives we spoke with confirmed they were able to visit without any restrictions.

The service operated a key worker system. This meant that a named member of staff worked closely with a resident to make sure the service was meeting their needs. They were responsible for ensuring information was kept up to date and would also keep in contact with relatives. This meant that continuity of care was maintained.

Care records we reviewed contained information about people's family history and their likes and dislikes. The registered manager showed us a more detailed 'My Life Story' document which they had begun to introduce into the service. This contained information about people's childhood, working life, significant relationships, what is important to the person now and their wishes for future care. Such information is helpful in supporting staff to develop meaningful relationships with the people they care for. Our conversations with staff showed they had a good understanding of the needs of people who used the service. Staff also demonstrated a commitment to providing high quality care. One staff member told us, "I would be happy for a family member to live here. This is the best home I've worked in." Another staff member commented, "I definitely feel we offer good care here."

The registered manager told us that they and several members of care staff had completed the Six Steps end of life training. This programme aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death. We saw that people were encouraged to discuss and record the care they wanted to receive at the end of their life.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they always completed an assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. Care records we reviewed confirmed this assessment had taken place.

We saw that the initial assessment was used to develop person-centred care plans and risk assessments. They included information about people's needs in relation to personal care, mobility, health conditions, communication, medication, skin care and eating and drinking. The records we looked at provided good information for staff about how to respond to people's individual needs. One person who used the service told us, "Carers know what I like and how to look after me."

During the inspection we observed the deputy manager spent time with people asking them their views about the care they received. We noted people commented positively about the quality of care they received in the service.

The registered manager told us they regularly invited family members to Branch Court to review the care their relatives received in the home. Care records we looked at confirmed where these reviews had taken place. We noted that all the family members who had attended a review provided positive feedback about the care their relatives received. One visiting relative told us, "I often discuss [my relative's] care with staff and feel they respond to me."

We spoke with the activity coordinator about the activities available to people in Branch Court. They told us they provided a mixture of group activities and support on an individual basis to people. Records we looked at confirmed a regular programme of activities took place including memory games, reminiscence activities, crafts, bingo and nail painting. We saw that people were also supported to visit local attractions or places of interest. The activity coordinator also regularly organised events at the home to encourage relatives and local residents to attend and raise money for the benefit of people who used the service. We saw that the registered manager distributed regular newsletters which included information about activities which had taken place in Branch Court and any planned future events.

In addition to the programme of activities, the domestic we spoke with told us they willingly gave up their own time to support people who used the service to grow plants and vegetables in the garden at Branch Court.

We noted there was a copy of the service user guide in each bedroom and that this contained information about how people could make a complaint if they were not happy with the service they received. People we spoke with told us they would be happy to raise any concerns they had with staff and were confident they would be listened to. One person commented, "I would complain but I'm happy with everything."

We looked at the complaints log maintained in the service. We saw evidence that any complaints received had been fully investigated and a response given to the complainant regarding the outcome of the investigation.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. They were supported in the day to day running of Branch Court by a deputy manager.

All the people we spoke with during the inspection were aware of the identity of the registered manager. They told us they would have no hesitation in approaching the registered manager to discuss any aspects of the care they or their relative received in Branch Court and were confident their views would be listened to. The registered manager told us they had an 'open door' policy for people who used the service, relatives and staff; we observed this to be the case throughout the inspection.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

All the staff we spoke with told us they enjoyed working in Branch Court. They told us the registered manager was approachable and supportive. Comments staff made included, "[The registered manager] is very approachable and caring" and "Staff are treated fairly here." When we reviewed the most recent quality assurance report completed by the local authority we noted positive comments regarding the leadership shown by the registered manager. The report stated, "The manager of Branch Court displayed a commitment to provide residents with a high quality service and this permeates the staff and culture of the home."

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member commented, "Without a doubt we can approach [the registered manager] with suggestions. Nothing is too much trouble for them."

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had worked on improving the involvement of relatives in reviewing the care their family members received in Branch Court. They told us they considered their key challenge was to engage the provider in discussions regarding staffing levels in the service.

We looked at the systems in place to monitor the quality of the service and to ensure people received safe and effective care. We noted the registered manager completed a programme of regular audits including those related to care plans, the administration of medicines, staff personnel files, falls, complaints, weight

loss and health and safety. We saw that action plans were completed, where necessary, following any shortfalls identified during the audit process.

We saw that the registered manager regularly distributed satisfaction surveys to people who used the service and their relatives. We reviewed the most recent feedback provided in May 2016 by sixteen people and noted all the comments were very positive. Comments people had made included, "The manager and deputy are always available to discuss any issues and always helpful", "It is a very well run care home" and "The carers, management and senior staff are always there for [my relative]. I cannot find anything I would change; everything is top quality."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe handling of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment processes in the service were not sufficiently robust to protect people who used the service from the risk of unsuitable staff.