Brampton View Limited

Brampton View Care Home

Inspection report

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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

Brampton View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Brampton View Care Home is registered to accommodate up to 88 people; at the time of our inspection, there were 72 people using the service. The service provides nursing care and support to older people, including people living with dementia and people with physical disabilities.

At the last inspection in February 2016, the service was rated Good. At this inspection, we found the service remained Good. However, the rating under the key questions Safe, has deteriorated to Requires Improvement, as further work is needed to improve medicines administration.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were not always safely administered. Staff did not consistently administer medicines following the administration guidelines, which placed some people at risk of having their medicines given outside of the prescribed frequency / times. The actions put in place to learn from medication errors had not been effective in improving the medicines administration practice. Anticipatory medicines, designed to ease the symptoms of pain, anxiety and distress during palliative / end of life care, were not always arranged in advance for people receiving end of life care. This meant people receiving palliative / end of life care may have been at risk of not having medication readily available to provide effective symptom control.

Staff had a good understanding of what abuse was and of the safeguarding procedures to follow in reporting any concerns of abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Infection control procedures were followed to prevent the risks of illness due to poor hygiene practices. Staff were trained in infection control and used appropriate personal protective equipment to perform their roles safely.

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles effectively.

People were supported to access advice and support from other health and social care professionals and to attend appointments with healthcare professionals. The service worked with other organisations to ensure

that people received coordinated and person-centred care and support.

People were supported to eat and drink enough to maintain a balanced diet. Their needs were met by the adaptation, design and decoration of premises and bedrooms were decorated and furnished to reflect people's individuality.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act (MCA) 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know people and their specific needs and preferences. People were happy with the way that staff provided their care and support. People were encouraged to make decisions about how their care was provided.

People views were acknowledged and acted upon and their care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people wanted their care to be provided. Records showed that people were involved in the assessment process and on-going reviews of their care.

There was a complaints procedure in place to enable people to raise complaints about the service. The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required. The service aimed to provide end of life care to ensure people had a comfortable, dignified and pain-free death. Staff understood the need to meet people's social and cultural diversities, values and beliefs.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).

The service had a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, to achieve good outcomes for people.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Quality checks and audits were completed regularly on all aspects of 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.

Some people were at risk of having medicines given outside of the prescribed frequency / times. The actions taken to control medicines errors had been ineffective in managing the risks.

Staff had a good understanding of what abuse was and of the safeguarding procedures to follow in reporting any concerns of abuse.

Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed on new staff.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Brampton View 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 the 10 April 2018. The inspection was unannounced and was undertaken by two inspectors and two experts- 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. A specialist nursing advisor (SpA), was also part of the inspection team. The SpA had had experience of holding Executive Officer / Director for a Hospice and Senior Nurse Advisor positions.

Prior to the inspection, we reviewed the information we held about the service, such as statutory notifications, which the provider is required to send us by law. The notifications received from the provider inform us about important events. We also used feedback and other information sent to us by other agencies and commissioners involved in monitoring the care of people using the service.

During our inspection, we spoke with 17 people who used the service and eight visitors. We spoke with 10 members of staff, which included, care staff, senior care staff, nursing staff, activities staff, housekeeping, catering and maintenance staff. We also spoke with the registered manager, the deputy manager and the area manager.

We looked at six care plans and other associated care records relating to people's care. We looked at the medication administration records for 14 people using the service. We looked at three staff recruitment records, staff training and supervision records and other information related to the running of and the quality of the service. This included quality assurance audits, surveys that had been carried out by the provider, and arrangements in place for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Systems were in place to ensure people received their medicines safely and people said they had no concerns about how their medicines were managed. One person said, "The staff bring my medication and stand and wait till I have taken it." Another person said, "I get my medication regular throughout the day."

In March 2018 the provider informed CQC of a medication error that had involved a person being given a strong pain relief medication, too soon after receiving the previous dose. The registered manager told us to prevent any further mistakes staff had been advised to write the time of administration of such medicines on the medication administration record (MAR). However, we observed that some people received their medicines much later than the specified time and staff did not record the actual time the medication was given. We also observed that some staff signed the MAR charts ahead of administering medicines to people, of which one included a controlled (CD) drug prescribed to treat pain. Therefore, the action put in place to learn from the incident was not effective in driving improvement to ensure all staff consistently followed safe medicines administration procedures.

End of life care drugs (EOLC) also known as anticipatory medicines, are designed to ease the symptoms of pain, anxiety and distress during palliative / end of life care. We found EOLC drugs had not been arranged in advance for three people receiving palliative / end of life care. The registered manager may wish to consider having an agreed list of end EOLC drugs in stock and have information available on which local pharmacies have an agreed list of EOLC drugs in stock, in case they need to obtain these medicines out of hours.

Staff told us they had received training on medicines administration and their medicines administration competencies were regularly assessed. Some staff had trained as Care Home Assistant Practitioners (CHAP); the role involved the administering of medicines. Although training was in place, it had not been fully effective to ensure consistency in following the procedures for administration and recording medicines. We saw that medicines were stored securely and records of the receipt and disposal of medicines were maintained.

The safeguarding processes and practices safeguarded people from abuse. People commented they felt safe and happy living at the home. The staff knew about the importance of safeguarding people from the risks of abuse, and knew what action they should take to keep people safe. One person said, "What makes me feel safe, I suppose it's the atmosphere and the girls [staff] are lovely, they make me feel safe. There is no difference between night and day staff they are all lovely." Another person said, I feel very safe, staff are good at checking you are okay, they ask if there is anything they can do for you." Another person said, "I have to say I am very happy here I feel safe because I have all these lovely people around me, it is better than living on my own." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take.

Risks to people were assessed and their safety was monitored and managed to support people to stay. Risk assessments covering areas such as, falls, moving and handling, nutrition, skin care and infection prevention were in place. Where any risks had been identified action was taken to minimise the risks to an acceptable

level. Records showed the risk assessments were regularly reviewed and updated as required. The staff told us they followed the risk assessments and associated care plans to keep people safe, whilst enabling people to maintain as much independence as possible.

Systems were in place to record and monitor accidents and incidents. People commented the staff were vigilant looking out for people that were a little unsteady and made sure their walking frames were beside them. One visitor told us their spouse that lived at the home had experienced a number of falls. They were aware a sensor mat had been put in place to alert staff when his wife who was unsteady on her feet stood up. They said, "The staff are very quick to respond, when [Name of person] had a fall they called the paramedics and GP they didn't waste any time, they are very good at communication with me and let me know if anything like a fall has happened."

Staff understood their responsibilities to record and investigate accidents and incidents that may occur. During the inspection, we witnessed staff responding to an incident when a person had a fall. We saw the staff ensured the person's safety and followed the accident and incident reporting procedure.

Records of accidents and incidents were reviewed by the registered manager and the provider through the quality monitoring systems. The circumstances of the incidents were looked into and action was taken to mitigate the risks of any reoccurrences. The care records and risk assessments were updated to reflect the changes in people's needs to enable staff to continue to provide the right level of support to keep them safe. Daily handover meetings discussed people's changing needs and any areas of individual concern, such as, a person acquiring infections, causing increased confusion, raising the likelihood of falls. The staff meeting minutes recorded that safety concerns were shared within the staff team to continually look at way to improve practice.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs. People confirmed the staff answered their nurse call bells promptly and this was also observed during the inspection. One person said, "I have a call bell and don't have to wait very long at all for someone [staff] to respond, it doesn't make a difference if it is night or day staff, they are happy and willing to assist me." Another person said, "There is always lots of staff around always willing to help." Staff said they felt there was sufficient staff on duty, and we noted on the day of inspection staff worked at a relaxed pace and responded to people's requests for assistance in a timely manner. The provider used a dependency tool to monitor any changes in people's dependency levels, and to calculate the number of staff required to meet people's assessed needs.

The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people, by following safe staff recruitment procedures. Records confirmed that references were obtained from previous employers and checks were carried out through the government body Disclosure and Barring Service (DBS). The DBS carries out checks to determine whether a person has a criminal record and whether they are placed on the barring list as unsuitable to work in this type of service.

People were protected by the prevention and control of infection. One person said, "My room is cleaned every day, the staff assist me to have a wash, they always use gloves and aprons." Staff told us they were trained in infection control and that they were provided with appropriate personal protective equipment (PPE). Records showed that infection control audits were carried out to check staff consistently followed the infection control procedures and that the environment and equipment was clean to control the spread of infection.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance. The information gained during the pre-admission assessment was used to get to know people's needs and the level of support required. People said they and /or their relatives had been involved in providing information to put together care plans to meet their assessed needs. One person said, "The staff are always very interested to find out about my past, what I did for a job and my hobbies." Another person said, "I know what a care plan is, I go through it all with my niece."

Staff had the skills, knowledge and experience to deliver effective care and support. One person said, "The staff seem very well trained, you can just tell the way they go about things." A relative said they visited at different times of the day and always found the staff on duty were skilled in caring for their family member's needs and professional in their manner. Staff told us they received induction training and on-going refresher training in areas such as, moving and handling, infection control, fire safety and the Mental Capacity Act (MCA), dementia care, end of life care, nutrition and pressure area care.

Systems were in place to provide staff with support and supervision. One member of staff said, "I have all the support I need, we have regular supervision meetings, and support and guidance is always available." However, some staff thought the supervision system could be improved further with more face to face meetings to discuss work related matters and their learning and development needs.

People were supported to eat and drink enough to maintain a balanced diet. We received mixed comments from people regarding the quality and variety of the meal provision. One person said, "There is a limited choice of food, it is very repetitive and inconsistent. You have good days and bad days." Another person said, "The food is nice and it is hot." Another person commented that due to a medical condition that limited their food choices they asked for food outside the menu and the service accommodated their requests.

We observed lunch being served to people in the dining area, which was a relaxed experience, and people that required help with eating and drinking received it. Food and fluid monitoring took place for people that required their food and fluid intake to be closely monitored and information around dietary requirements was documented within the care files.

Some people using the service were unable to take their food and drinks orally and required their nutrition and hydration to be given via a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube, which is a tube passed into the stomach. PEG feeding information was available within the care records, and stated the syringe used to flush the PEG tube needed to be changed every Monday; however, records were not available of when the syringe had been changed. This was brought to the attention of the registered manager to address directly with the nursing staff.

People were supported to live healthier lives, to have access to healthcare services and receive ongoing healthcare support. One person said, "The staff are very observant, they seem to know when you are not

feeling well. The GP comes here three times a week, I just make a request to see them and it is done. Some people went out for optician and dental and chiropody appointments, whilst some people received treatment from practitioners that visited the service. A relative commented that their family member had a medical condition that required on going monitoring by the hospital and that staff accompanied the person to these appointments.

People's needs were met by the adaptation, design and decoration of premises. There was a range of communal areas available for people to spend time in and people were supported to move freely around the home. People's bedrooms were light, airy, and personalised to reflect their individuality. One person commented they had brought items of their own furniture with them they said, "This armchair is mine and I brought my own bed with me, it feels like home." Another person said, "I requested a new carpet for my room they were very good about it, they put me in another room whilst it was all laid and my furniture put back and then I returned to my room, you just have to ask and it's done." A relative said, "I like that you can walk round without coming to any 'dead ends', for people with dementia this is really good because some like to walk and walk, I would recommend this home again and again."

There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. One person said, "I was in the garden a couple of days ago when it was nice and sunny, I asked one of the girls to take me, no problem, she walked me right round it was lovely."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person said, "The staff always ask you first before doing things for you." Staff told us, and records showed they received training on the MCA and DoLS legislation. Observations made throughout the inspection confirmed that staff supported people to make their own decisions about their care and how they wanted their day-to-day routines and preferences met.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion, and received emotional support when needed. People commented that staff took time to chat and engage with them in a genuine caring manner. One person said, "They [staff] are lovely, they help me get washed and always take their time, they speak in a very nice way to me, they will say let's keep you warm with this towel while I get washed, they are very respectful towards me." Another person said, "I rang my buzzer because the blanket I had on top of me felt heavy on my legs, one of the girls came and I asked her to move it, nice big smile and it was no problem she said, that's so re-assuring to know you can ring for assistance with little requests like that".

We observed staff approached people in a gentle and unhurried manner, always asking for consent before assisting people with a request or task. It was evident that the staff knew people well and had positive relationships with people. One person said, "The staff are very caring towards me, they do take time to have a chat. They know I have been an army officer and a nurse and like to listen to my stories, they are genuinely interested." A relative said, "I have been coming here now over two years, the staff are always smiling and approachable." We saw that visitors were made welcome, there was a nostalgic café facility were people and their visitors could help themselves to a variety of hot and cold drinks accompanied with cake and biscuits.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. Resident meetings took place regularly and people were asked to provide feedback through completing satisfaction surveys. One person said, "I have been here a long time, but I don't bother going to residents meetings, if I wasn't happy I wouldn't be here." Another person said, "I go to the meetings, the staff ask us all the time if we need anything, they come to your room and say 'is everything okay', and ask if you need anything."

People's privacy, dignity and independence was respected and promoted. One person said, "I have nothing to say other than I have lots of praise for the staff, they are genuinely kind and very respectful, especially when helping me in the bathroom." We observed staff were respectful in their interactions with people and knocked on people's doors waiting to be invited before entering. People's care plans outlined how they wanted to receive care in a dignified manner and information was kept confidential and stored securely.

The care plans reflected people's personal choices and informed staff on how people wanted to receive their care. Relatives confirmed they were involved and consulted when making decisions about their family members care. Staff respected people's wishes in accordance with the protected characteristics of the Equality Act 2010. People were supported to maintain relationships with friends and family.

Information was made available to people using the service on using advocacy services when required. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. However, at the time of the inspection we were informed that no people using the service used the services of a formal advocate.

Good

Is the service responsive?

Our findings

People received personalised care responsive to their wishes. One person said, "I have control of my life, I go out with my family when I want and come back when I want, if I feel like staying in bed a little longer it's no problem." Another person said, "I come and go I go out with my nephew and niece, and they visit here, I have a bath or shower everyday if I want, no restrictions it's just like living at home." We found that the care plans detailed the individualised care and support people required and demonstrated that people were involved in the assessment and planning of their care through regular reviews.

The service aimed to provide end of life care to ensure people had a comfortable, dignified and pain-free death. The nurse in charge and deputy manager explained that people on end of life care were put on 'respite care plans'. However, we found these care plans were difficult to navigate to important information relating to the treatment and care in meeting end of life needs. This was discussed with the registered manager and deputy manager at the time of the inspection.

Staff told us they had received end of life care training and training records evidenced this. Staff said they respected people's end of life wishes and made every effort to ensure people could remain at the service, if this was what they and their family wanted.

Staff handovers took place at the beginning and end of each shift, during which each person's care and any changing needs were discussed. This sharing of information between individual staff and staff team's ensured staff were kept up to date with people's current needs and appropriate action was taken in response to any changing needs.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. One person said, "I am not a religious person but it's nice they arrange for a Church of England service here in the home, which I like to attend." We saw that a range of social activities were available, which were appropriate to people's preferences and interests.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, the care plans contained information regarding people's communication needs and information was available in large print.

Concerns and complaints were responded and listened to and used to improve the quality of care. Information was made available for people on how to raise a complaint. People told us they knew how to make a complaint or raise a concern. One person said, "If I had a complaint I would tell the boss." Records showed complaints were dealt with effectively and that complaints and investigations were fully completed in line with the provider's complaints procedures.

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, to achieve good outcomes for people. People using the service, relatives and staff confirmed they had confidence in the way the service was managed. The registered manager was aware of their responsibilities and had a good insight into the needs of all people using the service.

The staff were all confident in their roles and responsibilities. The service had opportunities for career progression and had developed staff into senior roles. Staff were provided with appropriate training to build on their skills and knowledge. Records showed that one to one supervision and staff meetings took place, to discuss work related issues, learning and development and on-going improvements to the service.

The staff worked closely with other health and social care professions to ensure people received continuity of care. The provider encouraged people using the service, relatives and staff to influence the development of the service. They regularly sought feedback from people using the service and their representatives.

Relatives were very complimentary about the staff and the management team. Staff said they had good support from the registered manager and the management team.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Quality checks and audits were completed regularly on all aspects of the service. We saw that managers completed full detailed checks on all aspects of the service, and recorded any areas that were required to be improved upon.

The provider had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law. They had also raised safeguarding concerns with the Local Safeguarding Authority (LSA) as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the provider had displayed their rating as required.