

Savace Limited

Bramcote Hills Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 and 31 July 2015 and was unannounced.

Accommodation for up to 58 people is provided in the home over five floors. The service is designed to meet the needs of older people and provides nursing care.

At the previous inspection on 5 and 6 March 2015, we asked the provider to take action to make improvements to the areas of safe care and treatment, safeguarding people from abuse and improper treatment, person-centered care and good governance. We received

an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all of these areas, though further work was still required in the area of safe care and treatment.

There is a registered manager and she was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

People's rights were not fully protected under the Mental Capacity Act 2005. Documentation was not always fully completed to show that all people had received full support to minimise the risk of skin damage. Staff received appropriate induction, training and supervision. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were kind and caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and complaints were handled appropriately.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Summary of findings

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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good



Is the service effective?

The service was not consistently effective.

People's rights were not fully protected under the Mental Capacity Act 2005. Documentation was not always fully completed to show that all people had received full support to minimise the risk of skin damage.

Staff received appropriate induction, training and supervision. People received sufficient amounts of food and drink. External professionals were involved in people's care as appropriate.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

Good



Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good



Bramcote Hills 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 30 and 31 July 2015 and was unannounced.

The inspection team consisted of two inspectors and two specialist nursing advisors with experience of dementia care.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with nine people who used the service, four visitors, three visiting professionals, two nurses, three care staff, the care plan coordinator, the manager, the registered manager and a regional manager. We looked at the relevant parts of the care records of eight people, the recruitment records of four staff and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we inspected the home in March 2015 we found that effective systems were not operated to keep people safe. We found that safeguarding referrals had not been made to the local authority when required. At this inspection we found that improvements had been made in this area.

People told us they felt safe at the home and they had no concerns about the staff caring for them. One person told us, "They look after you very well here. I feel safe." A relative told us, "I feel that [my family member] is safe here."

Staff told us they had received training in safeguarding adults and were able to describe the signs and symptoms of abuse. They said they had no concerns about the behaviour or attitude of other staff and said if they did they would report it to the manager. They were confident the manager would deal with it but would escalate to external agencies if required. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the main reception of the home to give guidance to people and their relatives if they had concerns about their safety.

When we inspected the home in March 2015 we found that medicines were not always managed safely. We found concerns regarding documentation which did not evidence that people were receiving their medicines as prescribed. At this inspection we found that improvements had been made in this area.

Medicines were safely managed. People told us they received medicines when they needed them. One person told us, "I get my tablets when needed. [Staff] are on time with everything." Relatives also confirmed this. We observed staff administering medicines and saw they talked with the person about their medicines and stayed with them until they had taken them. They ensured the person's preferences in relation to taking their medicines were followed.

Medicines administration records (MARs) contained a picture of the person (except when the person had refused permission) and there was information about allergies and the way the person liked to take their medicines. We examined 20 MAR charts and did not find any gaps in the record to suggest medicines had not been given, unless

there was a code to provide a reason for non-administration. We found that people's health was monitored prior to the administration of medicines when this was required.

PRN medicines are medicines that are to be given 'as required'. PRN protocols were in place in approximately three quarters of the MAR charts to give information to staff about the reasons for the administration of medicines which had been prescribed to be given only as necessary. The manager told us this was a work in progress.

Creams were kept in people's rooms and when creams were prescribed the MAR stated there was a record of application on a chart kept in the person's room. We checked these and found there was a body map indicating the parts of the body to which the cream should be applied and clear instructions for their use. There was a record of the application of the creams signed by staff.

There were appropriate arrangements in place for the ordering and supply of medicines. Medicines were stored in locked cupboards and trolleys in a locked room. Medicine trolleys were secured to the wall when not in use. The room temperature and the temperature of the refrigerator used to store medicines had been recorded daily and were within acceptable limits. Liquid medicines, creams and ointments had been labelled with the date of opening.

Staff administering medicines told us they had undertaken training and had had their competency assessed prior to starting to administer medicines in the home.

Risks were managed so that people were protected and their freedom supported. People told us that they could get up and go to bed when they chose. One person said, "There are no restrictions here."

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcers, malnutrition, and bed rails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed monthly. We saw documentation relating to accidents and incidents in people's care records and the action taken as a result. However, we saw that care plans and risk assessments had not been reviewed in response to one person who had fallen twice in the last month. The registered manager confirmed that this would take place immediately.

Is the service safe?

We saw there were plans in place for emergency situations such as an outbreak of fire. A business continuity plan was in place in the event of emergency. We saw that personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. The premises were well maintained and safe and appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. People told us that they thought that there were enough staff to meet their needs. They told us that they didn't have to wait very long for support. One person told us, "I don't really have to wait unless everyone wants a cup of tea at the same time." Relatives told us that there always seemed to be staff around to offer support. A relative told us they felt staffing levels were adequate. They went on to say, "It is unusual for there not to be enough staff."

Staff views on staffing levels were mixed. One staff member said, "No, there are not enough [staff] especially on the nursing side." However, another staff member said, "Yes, [staffing levels] are mostly okay. Staff are able to spend time with [people who use the service]." Another staff member said, "[Staffing levels] are good on nights. We are able to get everything done." The registered manager told us that staffing levels were based on the level of support that people needed. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms.

Safe recruitment and selection processes were followed. We looked at four recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Is the service effective?

Our findings

When we inspected the home in March 2015 we found that assessments of capacity and best interests' documentation were not always in place for people who lacked capacity. At this inspection we found that some improvements had been made, though further work was required in this area.

The requirements of the Mental Capacity Act (2005) were not consistently adhered to. In some care records we saw that when a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed and there were details of the involvement of others in reaching a best interest decision for the person. However, we found bed rails were in place for another person but we did not find any evidence to indicate that the issue of consent had been considered for their use. The manager told us they were providing additional training for staff to increase their confidence in completing mental capacity assessments.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

A DoLS checklist had been completed for each person to identify whether any restrictions were in place which might indicate the person was being deprived of their liberty. However, one person's checklist had concluded, "DoLS authorisation must be obtained." A DoLS application had not been made for this person. The registered manager told us that they would be completing applications for people who might be being deprived of their liberty over the next few weeks; however, no applications had been made at the time of our inspection which meant that there was a greater risk that people's rights were not being protected.

We saw the care records for three people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. One of these had been fully completed indicating the person did not have the capacity

to make the decision for themselves; however, the other two DNACPR forms were not dated. The registered manager confirmed that they would contact the relevant GP practice immediately to arrange for the form to be reviewed.

When we inspected the home in March 2015 we found that people's care records did not contain evidence that people were receiving appropriate care when they were at risk of skin damage. At this inspection we found that some improvements had been made, though further work was required in this area.

We saw that people had appropriate equipment in place where they had been identified as at risk of skin damage, however, we saw that documentation had not been fully completed to show that they had received appropriate support to minimise the risk of skin damage at all times. Some people's documentation evidenced that they had been supported to change their position at appropriate intervals; however, other people's documentation had not always been fully completed. The registered manager confirmed that close monitoring of this area would be taking place to ensure that staff fully completed this documentation and we found that documentation had improved by the second day of our inspection.

When we inspected the home in March 2015 we found that appropriate actions were not always taken to ensure that people were supported to eat and drink enough. At this inspection we found that improvements had been made in this area.

People told us that they liked the food. They told us that they had choices and regularly had their favourites. One person said, "Food is all good. I like yoghurt and I have it every day." One person told us that they had a special dietary need and that the cook and staff team had worked really hard to accommodate this. They told us, "They have gone out of their way to help me." A relative told us the food was very good at the home. They said the quality of the food was very important to the person and they were very happy with it.

We spent time observing meals in the communal lounge and dining room. Although it was a busy time, staff were able to respond to requests for support immediately. We saw that people were supported to be as independent as they were able. Some people required no support and

Is the service effective?

some used cutlery and plate guards that enabled them to eat independently. Some people needed full support and we saw that staff sat with them appropriately and supported them without interruption.

We saw staff recognised when people wanted more food and they offered this. We also saw them support someone sensitively in relation to them not wanting to eat at the time the food was served. One person told us, "I'm a fussy eater but they [staff] try their best." Staff told us that they were made aware of people's cultural needs around eating and drinking. They said that these were always respected.

We saw there were drinks and snacks readily available at all times. People were seen to help themselves and those who were unable to were regularly offered them by staff. One person told us, "I like my crisps. I have them every day." We saw freshly made doughnuts and cakes available as well as biscuits, crisps and fruit. A member of the management team told us that this availability had had a positive impact on people's weights and wellbeing.

We found there was a record of the food and fluid intake for people who needed this to be monitored. Records indicated people were consuming adequate amounts of fluid. A nutrition risk assessment and care plan had been completed in the care records we examined. The care plan contained information about people's support needs in relation to eating and drinking, their food preferences and any additional care they required. We talked with one person receiving supplements and they said staff gave them regularly and encouraged them to drink them.

People told us they felt that staff knew what they were doing. We observed that staff were confident and competently supported people. We saw people being moved with a hoist. A hoist is a piece of equipment that helps staff to move people without having to lift them physically. Staff were calm, reassuring and explained the process to people as they were working. One person was blind and was very anxious about being moved with the hoist and staff were careful to move the person slowly and explain everything to the person. We spoke with two people after they had received this support. They both told us that they had felt safe and staff knew what they were doing.

Staff told us that they felt well supported and well trained. They regularly attended staff meetings and supervision

sessions. They said that they supported each other and new staff do not carry out tasks until they have been observed or worked alongside experienced staff. One staff member told us that the managers had respected their religious beliefs and made changes to their work patterns to accommodate them. They told us that this made them feel valued.

Training records showed that staff were mostly up to date with a wide range of training which included equality and diversity training, though challenging behaviour, privacy and dignity, fire drills and mental capacity act training levels required improvement. Supervisions took place regularly; however, annual appraisals had not taken place for a number of staff. The registered manager confirmed that these would be taking place shortly.

Staff were able to explain how they supported people with behaviours that may challenge those around them living at the home and care records contained guidance for staff in this area.

People told us that they were encouraged to make choices about their care and staff respected their decisions. Relatives told us that staff did not act against their family members' wishes. We saw that staff explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them.

People were supported to access healthcare support when required. One person told us they had recently had a dentist appointment. They asked the nearby staff member what the outcome had been and the staff member had been able to tell them. People told us that they were supported to see a GP when they were not feeling well and for check-ups. Two relatives told us that they had been kept fully informed when their family member had become unwell and needed hospital attention.

There was evidence of the involvement of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to their family doctor and other health professionals such as a dietician, optician and the dementia outreach team. We saw the home had requested a visit from a person's family doctor when they had identified they had a chest infection and the doctor had prescribed antibiotics for the person.

Is the service caring?

Our findings

When we inspected the home in March 2015 we found that people's care records and other correspondence were not always stored securely. At this inspection we found that improvements had been made in this area and that records were now stored securely and we observed that information was treated confidentially by staff.

Everyone we spoke with told us that staff were kind and caring. One person said, "Staff are definitely caring. I have no worries." Another person told us, "Staff are nice to me. They talk to me about my children." A relative told us, "They are very attentive."

We saw staff were caring throughout our visit and this had a positive impact as we saw people smile, reach out and thank staff regularly. We heard people give praise to staff during interactions and some people singled out named staff for particular praise. For example one person pointed out a staff member and told us, "He's a good bloke." Another person spoke about a named staff member who they had been especially happy with. They told us, "[Staff member] is like an angel. She is ever so gentle." Other people commented on staff kindness and everyone thought staff were gentle when supporting them.

We saw staff respond to people when they showed signs of distress or discomfort. One staff member in particular spent time to reassure an anxious person that they were ok. They used touch to reassure the person. We also saw that when one person shouted at a staff member they responded gently and positively.

When we spoke with staff they demonstrated a caring attitude to their roles. They all said that they treated people how they would like their family members to be treated. They spoke with empathy and understanding. We heard one staff member say, "Don't worry, I'll help you" and another staff member said to a person, "It's okay, we are here to help."

A relative told us they found the staff to be very kind and that the person using the service had told them all the staff were kind and caring. They told us, "They look after [my family member] very well." A visiting professional told us that staff were, "So caring."

Staff clearly knew the people they cared for well and chatted with them about things they were interested in. They provided reassurance and support to people who became anxious or who were confused.

People were supported to be involved in making decisions about their care and treatment. People told us they were asked about their care preferences. A visitor told us staff gave their relative choices as often as possible. They said staff discussed the person's care with them and they contributed to the care plan. Care records contained information which showed that people and their relatives had been involved in their care planning. Advocacy information was also available for people if they required support or advice from an independent person.

People told us they were treated with dignity and respect. We saw staff take people to private areas to support them with their personal care. We saw staff knock and wait for a response before entering bedrooms. We also saw staff make discreet adjustments to people's clothing while supporting them to move positions ensuring their dignity was maintained.

People told us they were encouraged to be as independent as possible. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us that their families and friends could visit whenever they wanted to and the relatives we spoke with confirmed this. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Is the service responsive?

Our findings

When we inspected the home in March 2015 we found that people's care records did not contain sufficient information to provide effective guidance for staff about how to meet the person's personalised needs. At this inspection we found that improvements had been made in this area.

Care records contained a quick reference guide to care and a profile of the person to provide key information for staff on the person's care and support needs and their individual preferences in relation to social activities and spiritual needs. Care plans were in place which gave a full description of the person's care and support needs from the person's perspective. This included personal care, tissue viability, medicines administration, mobility, nutrition, mental health, communication, social and religious needs and an activity assessment. Care plans had been updated monthly.

People received personalised care that was responsive to their needs. People told us that there were enough staff available to respond to their request for help when needed. We spoke with one person about the help they required and they told us, "You just ask and you get it." One person told us how the manager had ordered them a new mattress because they had to spend more time in bed. They told us that this had made them more comfortable.

We saw staff observe one person not feeling too well. They took prompt action to make them more comfortable and reported their concerns to the senior staff member on the shift to take further action. This meant that staff had responded to people's changing needs promptly.

We did not see any group activities taking place on the morning of our inspection. A member of the management team told us that the activities coordinator had been

working with people who were in their rooms. The afternoon of our inspection was very busy with numerous group activities taking place. People we spoke with said that they had either enjoyed taking part or watching. Relatives told us that people are often difficult to motivate but it was positive that staff tried. One relative told us of some recent trips out which had been very successful and well attended. Staff told us that there were sufficient activities taking place in the home. Staff felt that the new activities coordinator knew people's interests well and offered activities that people were interested in.

We asked people if they knew how to make a complaint about the service. Everyone told us that they would raise concerns informally with staff or managers and would be confident that they would be listened to and get an appropriate response. One person who spoke with us said that they had experience of making a complaint historically and had been very satisfied with the investigation and response received. They also said that they did not feel that making the complaint affected the positive relationship that they had with the staff.

One visitor to the home said, "Although they do not actively ask for our opinions, they [staff] always respond to us if we ask." They went on to say, "I have nothing to complain about. If I had an issue I would go directly to the managers and would be confident that I would be listened to." A relative told us they were not sure how to make a complaint but would look it up if they had a concern. They said they had been given information about how to complain when their relative had come to the home.

We saw that three recent complaints had been responded to appropriately. Guidance on how to make a complaint was contained in the guide for people who used the service and displayed in the main reception. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

When we inspected the home in March 2015 we found that that incident and accident forms were not always well completed. We saw that appropriate notifications were not always made to us where required by law. Audits had taken place, however, these were not always accurate and action plans were not always in place to address identified concerns. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by the regional manager. Audits were carried out in the areas of infection control, care records, medication, health and safety and catering to ensure that people were receiving a good quality of care.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Staff said if there was a complaint or incident, the manager met with the staff at handover and talked to them about it. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this. A staff member said, "It's a lot better since the last inspection, everything has changed for the better." A visiting professional told us that the quality of care was improved since the last inspection.

People told us that they did not regularly see the registered manager but they could access them if needed. Relatives supported this. Staff told us that the registered manager was approachable and inclusive. One staff member told us how the registered manager had identified issues regarding how care was provided at the home and involved the teams to identify solutions. The staff member told us that this had made them feel that they had contributed to the solution and working practices had improved as a result. An example given was in relation to lunch time arrangements. They said that changes had impacted

positively on the people who used the service as they were now less rushed and more relaxed at meal times. This showed that the home was well led and as a result the service had improved. A staff member said, "Teamwork has improved. Morale has improved and staff feel more valued." Another staff member said, "Management are approachable, especially [the registered manager]." A visiting professional told us that the culture of the home had improved and staff were much more approachable.

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

A relative told us the home produced a newsletter to provide information on past and future developments and activities. They recalled being told about a relatives' meeting and had planned to attend but couldn't at the time. Another visitor to the home said that they were aware that there had been relatives' meetings but that these had not been historically well attended. They told us that they preferred the direct approach and would therefore speak to the manager as and when the need arose. They felt that they were supported by the registered manager to do this.

Surveys were completed by people who used the service and their families and actions had been taken to address any issues identified in the surveys. Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. One staff member told us that they were confident that information would be managed confidentially and this gave them reassurance to speak out. The care home's philosophy of care was in the guide provided for people who used the service and displayed in the home and we saw that staff acted in line with those values.