Carebase (Histon) Limited

Bramley Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bramley Court is registered to provide accommodation for up to 72 people who require personal care and/or nursing care. At the time of our inspection there were 67 people living in the home. The home is located in the village of Histon, near Cambridge. The home is divided into three units; one on each floor, called Damson, Pear and Cherry. Shops and other amenities are a short walk away. The home has wheelchair access for those who may require this. The home has recently had building work taking place which has included the addition of outside space on each floor.

This inspection took place on 29 June 2017 and was unannounced.

There was a registered manager in place. 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.

Staff had taken action to minimise the risks to people. Risk assessments identified risks and identified how to reduce them where possible. Staff were competent to administer medication. They were following the correct procedures when administrating, recording and storing medication so that people received their medication as prescribed. Staff were aware of the procedures to follow if they thought anyone had been harmed.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed some capacity assessments and DoLS applications. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

Staff were kind and caring.They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected and promoted.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. People were given the right amount of support to enable them to eat and drink.

There was a varied programme of activities including in-house group activities, one-to-one activities, entertainers and trips out. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans gave staff the majority of information they required to meet people's care and support needs. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home and their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective

Staff were acting in accordance with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

Care plans mainly contained up to date information about the care and support that people needed.□

People were encouraged to maintain hobbies and interests.

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good

The service was well-led.

Staff felt confident to discuss any concerns they had with the registered manager.

An effective quality assurance process was in place to identify any areas for improvement.

Bramley Court

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 home under the Care Act 2014.

This inspection took place on 29 June 2017 and was unannounced. The inspection was carried out by four inspectors.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners that had contact with the home to obtain their views. We reviewed the information to assist us with our planning of the inspection.

During our inspection we spoke with six people who lived at Bramley Court and two relatives of people who lived at Bramley Court. We talked with the registered manager, two team leaders, three care staff, the well-being lead and a hostess. We looked at the care records for eight people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Good

Is the service safe?

Our findings

All of the people we talked with told us that they felt safe living at Bramley Court. One person told us, "I feel safe living here as there is always someone around." Another person told us, "I feel safe, staff help me in my wheelchair."

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us, and records we saw, confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm, including what outside agencies they would contact with any concerns. The records show that safeguarding issues were normally reported to the relevant agencies. We discussed with the registered manager the importance of reporting all concerns to the relevant agencies.

The PIR stated, "We have in the last year introduced a new electronic planning system that immediately identifies any risk areas." We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take. For example, one person's risk assessment identified what the risks were due to them having diabetes. The information included signs and symptoms for staff to be aware of and a detailed procedure to follow if they had any concerns.

Accident forms were completed by the member of staff involved and then reviewed by the registered manager and the provider. Where necessary the accident was investigated and any appropriate action was taken to prevent a recurrence. The forms included information about what action had been taken. Staff confirmed that any learning from accident investigations was also shared during staff meetings. This meant that staff were aware of the action they needed take to minimise the risk to people.

We found that there were enough staff to keep people safe. We observed that staff had time to sit and talk to people and engage them in activities in the home. Call bells were answered in a timely manner. The registered manager stated that the staffing levels were based on the needs of the people living at Bramley Court. Dependency assessments were completed for each person and reviewed on a monthly basis. The registered manager also stated that if people's needs changed, for example if someone was end of life, the staffing levels were temporarily increased to meet people's needs. One person told us, "Staff come when you need them to."

There were effective recruitment practices in place. Prospective new staff had to complete an application form and face to face interview. The records showed that staff were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

Staff told us that they had completed training in the administration of medication and annual competency checks. We observed staff administering medication and saw that the correct procedures were followed. We saw that people's care plans included information about the way they preferred their medication to be

administered. We also checked that records of storage and administration of medication matched the medication that was in stock. We found this to be the case. Regular audits and stock checks were being completed so that any issues could be identified and the correct action taken. This meant that people received their medication as prescribed.

A 'disaster' plan was in place to be used in the event of an emergency or untoward event such as a fire or flood. The records showed that firefighting equipment and emergency lighting had been tested regularly.

Good

Is the service effective?

Our findings

Staff told us that the provider's training programme equipped them for their roles. One member of staff told us, "I think the training I get enables me to do my job effectively." The registered manager told us that new staff completed an induction including training in health and safety courses and courses specific to meeting people's needs, such as learning about people living with dementia. Staff told us that there induction included working shadow shift alongside experienced members of staff. This meant that new staff got to know people and how they liked their support to be provided before working on their own with them.

There was also an induction/orientation list for agency staff to complete before the start of their first shift. The agency file included information about agency staff profiles and completed induction and orientation checklists.

All of the staff that we talked with told us that they felt supported in their roles. Staff confirmed that they received regular supervisions and, when applicable, an annual appraisal.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people had tried to make the information accessible to them. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures. People confirmed that staff asked them before carrying out tasks for them. One member of staff told us how they encourage people to make decisions. They said when assisting a person to get dressed they, "Do a mini fashion show for them. I get clothes out and ask them which ones they would like to wear."

People were supported to maintain a healthy diet. When necessary people who required support to eat their meals were assisted by staff. One person told us, "The food is very good." Another person told us, "My breakfast was very nice, I wasn't rushed." If needed, people had been referred for eating and drinking assessments to see what support they required with their food and drink. There was a menu outside of each dining room showing the choice of main meals and dessert. We saw that menus were also displayed in a picture format to help people decide what they would like to eat. People where asked what main course they would like and when appropriate were encouraged to serve up their own vegetables. We saw that

people enjoyed the independence of doing this for themselves. Observation of lunchtime showed that people could choose where they wanted to eat their meal and the atmosphere was relaxed and unrushed. We saw that when needed, people had access to adapted cutlery to make eating easier for them. We saw that people were offered a choice of drinks and snacks throughout the day.

Discussion with people and records showed that people had been supported to access health care professionals as needed. The home had a good working relationship with the local GP surgery. A GP visited on a weekly basis as well as when needed by individuals. People had been referred to occupational therapists, physiotherapist, dieticians and speech and language therapists when necessary. One person told us, "The GP comes every Tuesday, but you can get an appointment sooner if you need to."

Good

Is the service caring?

Our findings

People told us that staff treated them in a kind and caring manner. One person told us, "Everybody (the staff) is kind."

Staff told us that they promote people's dignity and privacy by ensuring they, "Knock on doors, close curtains when carrying out personal care and always call people by their preferred name." Another staff member told us, "I try to keep people covered up with towels (when assisting with personal care) so that they don't feel uncomfortable."

Staff knew people well and were able to describe the needs of people to us. They explained what support people needed and how they preferred for this to be carried out. This information matched what we saw in people's care plans.

Staff told us that they promoted people making choices. For example, one member of staff told us, "If someone who has diabetes wants a lay-in we talk to the nurses to let them know they haven't had breakfast yet in case they need medication."

We saw staff treat people with compassion and respect. We observed one person administering eye drops for a person. The staff member was reassuring and explained what they were doing. They waited for the person to give their permission before continuing. We also saw one member of staff reassure someone when they were apologising for something they had done. The staff member reassured them that it didn't matter and that they would give them the help they needed. The staff member discreetly helped the person to their room so they could support them in private.

People were treated with dignity. We saw a senior carer kneel down when they were talking to a person so they could make eye contact and be at the same level. They helped to maintain the person's dignity by wiping their mouth but they explained what they were doing first. Although the person could not verbally answer the staff member waited for the person to indicate that they were happy to have their help. A visitor told us, "My friend gets her hair done which helps her to maintain her dignity." One relative told us, "I always overhear staff talking nicely and kindly."

People's bedrooms had memory boxes outside to help people identify their room. The memory boxes contained photos and items that were important to them. This helped people to be independent in finding their own room.

Visitors told us that they could visit when they liked and were always made to feel welcome. One visitor told us, "I'm always offered a tea or coffee. They look after the visitors as well as the people living in the home." They also told us, "Staff are kind and caring." We saw that visitors sat with their relatives/ friends at lunch time and enjoyed having a meal with them.

Information regarding advocacy services was available to people if they required it. Advocates are people

who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Care plans included information for staff so that they knew how people preferred to be supported. For example, one person's care plan stated that staff should explain to the person what they were doing during personal care so that the person did not become agitated. Care plans were written in a respectful manner and explained why people may behave in a certain way. For example, one person's care plan stated that they may raise their voice. It then explained how all behaviour has a purpose and they were simply conveying a message that they could no longer explain in words.

However, care plans were not always clear about how often people should be helped to reposition when there was a risk of them developing pressure areas. We also found that repositioning records had not always been completed to show that people had been repositioned regularly. The registered manager stated that the care plans had improved but that they were still working on them being more person centred.

Staff were responsive to people's changing needs. They told us how one person's illness affected them differently at different times of the day and according to how tired they were. In order to promote the person's independence they assessed them each time before helping them to move. This meant that when the person was able they could stand unaided they encouraged this but at other times the staff assisted the person with a hoist. We also saw staff respond appropriately to a person who was shouting for help. They reassured them and engaged them in an activity which they enjoyed. One person told us, "I think we are very, very fortunate to be looked after so well."

Care plans gave staff clear guidance on people's preferences. For example, one person's care plan included information about what drink they would like to take their medication with. We heard staff asking people when they would like assistance with their personal care. Staff respected people's decisions and assisted them at the time they requested.

The care plans contained detailed information about people's medical needs. This meant that staff were aware of what support they required and what action they should take if people became unwell. There was also detailed information about how staff should respond if people became confused or agitated due to living with dementia. We observed staff support a person in a sensitive manner when they became distressed. They took the time to reassure them and helped them to navigate an area when they thought they could see items in their way. The staff member respected how the person was feeling and helped them to a place where they felt comfortable and safe.

We saw that communal areas had tactile items for people to feel and fiddle with. Items included hats, dolls, books, games and puzzles. We saw that relatives were encouraged to get involved in activities such as gardening and the exercise programme. We observed one relative gardening with their family member. Equipment had been purchased especially for them to enable them to take part in the gardening. The relative told us that their father had always enjoyed gardening. There were activities timetables throughout the home advertising what activities would be taking place. On the day of the inspection there was film afternoon in the cinema room, massage, manicures and one to one exercises. One member of staff told us,

"The exercise programme is an excellent opportunity to benefit people's well-being and at the same time having a laugh with them. It's done in a safe manner and provides regular stimulation." We also saw people engaged in an art and craft activity. Other activities included aromatherapy, flower arranging, visits from pat dogs, musical entertainers and reflexology and time spent on a one to one basis with staff. People were also encouraged to take part in everyday activities. For example, one person enjoyed dusting and using a carpet sweeper. Another person had been encouraged and supported to work on the reception desk and to deliver mail to people in the home. Trips out of the home were also organised.

People felt confident to raise any concerns or complaints they had with the staff or the registered manager. There was a complaints procedure in place. The records showed that complaints had been investigated appropriately and where necessary appropriate action had been taken. The records also showed that people were satisfied with the outcome of the complaint.

Good

Is the service well-led?

Our findings

There was a newly registered manager in the home at the time of the inspection. One member of staff told us, "There have been great changes since the new manager started. She is really nice she always tries to do her best for you". Another member of staff told us, "The new manager is particularly supportive. I feel more supported now than I have ever been." Another member of staff told us, "I feel very supported. The manager has an open door. I can ask for a chat and I'm listened to. The manager's (registered) philosophy is to give people time." We also observed this when people living in the home needed the registered managers attention. We observed the register manager greet people by their name and when they seemed unhappy the registered manager took the appropriate action to comfort them or find a member of staff to support them.

Care staff told us high standards were expected of them and if they had any concerns about anyone's practice they knew who to discuss it with and were aware of the whistleblowing policy. One member of staff told us, "I could whistle blow, the manager would do something about it." All of the care staff we talked with were very positive about their roles. One member of care staff told us, "I love working with people and looking after them."

Staff told that a daily allocation sheet was completed for each unit. This meant that each member of staff was aware of their responsibilities and who they would be supporting that day. Staff told us that this made them more accountable for their work as it was clear what was expected of them.

There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the home. Staff told us that they had completed a survey regarding the quality of the service provided. They said that they had been "Encouraged to be honest and say what we thought". The registered manager stated that surveys had also been sent out to people's family members and the results had been shared with them. An action plan had also been put in place to address any issues.

The registered manager told us and we saw that there was an annual schedule for internal audits and analysis of the quality assurance system. This ensured that areas for improvement were identified and where appropriate, action plans were in place. We saw that action plans were updated to show that action had been taken.

Regular staff meetings were being held. Staff told us that they could add to the agenda if they wished to discuss anything. They also told us that meetings were used to share information and also to reflect on staff practice. The recent meeting had been used by the registered manager to discuss staff taking more time when assisting people with tasks, to make it more enjoyable for the person.

Meetings for people living in the home were held. When the registered manager was first in post there had been one meeting for all of the relatives to attend. The registered manager stated that she had changed this so that there was now a meeting on each floor as the issues they wanted to discuss were more relevant to the group of people living on each floor of the home. The minutes of a recent meeting noted that people

were very positive and said that they liked, "What was happening at the home and felt involved." Relatives meetings were also being held. This was an opportunity for relatives to raise any concerns.

There were strong links with the local community. One person who had lived at Bramley Court before moving back to their own home still regularly visited the home to use the gym. There was a well-being lead staff member in place and the registered manager told us that their role was to help staff to promote people's independence. For example, to get people to assist in making their own breakfast. They were also responsible for promoting links with the local community and had arranged for students from a local college to visit and children from a local nursery.