

Dr Christopher John Allen

Brockhampton Court Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brockhampton Court Care Home with Nursing is care home providing personal and nursing care to a maximum of 58 older people and younger adults with physical disabilities within a large adapted building. At the time of our visit, 41 people lived at the home.

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

Risks to people's safety were not always managed well which placed people at risk of harm. Some previously demonstrated standards including the monitoring of accidents and incidents had not been maintained. This showed lessons had not been learnt.

People felt safe and liked living at the home but the standards of care they received had declined since our last inspection. Safeguarding procedures were in place to protect people. Staff knew to report any suspected or witnessed abuse to their managers. Staff received training to help them understand the different types of abuse people might experience.

Staff were recruited safely, and enough staff were on duty to meet people's needs during our visit. However, the provider could not demonstrate all staff had received the training they needed to be carry out their roles effectively. Despite our findings people and relatives had confidence in the ability of staff to provide good quality care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Quality assurance systems required improvement because the management team did not have sufficient oversight of the service provided. Audits and checks had not always taken place as required and the management team had not identified the shortfalls, we identified during our inspection visit.

The management team showed dedication to their role and welcomed our feedback. They began to take reactive action to make improvements during our visit.

People, their relatives and staff spoke positively about the leadership of the service. Staff felt valued by their managers and confirmed they understood their roles and what the provider expected of them. People had opportunities to put forward their ideas and suggestions to improve the service they received. People had opportunities to maintain and develop links with their local community.

People enjoyed the food. Whilst the mealtime experience was positive for people the provider was unable to demonstrate people had consumed sufficient amounts of fluids to maintain their health.

People received their medicines when they needed them. People had access to health professionals when needed. Health professionals confirmed staff had sought and followed their advice when required.

Improvements to the prevention and control of infection had been made since our last inspection. The environment was clean staff followed safe infection control practice. The environment continued to meet people's needs.

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

Rating at last inspection

The last rating for this service was good (published (24 October 2019)).

Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of the service people received including the use inappropriate restraint and changes in people's health not being recognised resulting in hospital admission. As a result, a decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety, governance and staff training.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe

Details are in our Effective findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below

Requires Improvement ●

Brockhampton Court Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Brockhampton Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection visit took place on 15 June 2020 and was unannounced.

What we did before the inspection

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

inspection.

During the inspection

We spoke with eight people who lived at the home and one person's relative about their experiences of the care provided. We spoke with the registered manager, the provider, two nurses and two care assistants. We also spoke with two visiting health professionals.

We observed the care people received in communal areas. We reviewed six people's care records and multiple people's medicine records. We looked at a sample of records relating to the management of the service including quality audits and training data.

After the inspection

We spoke with one relative who had two family members who lived at the home. We were also contacted by an ex-employee who shared their experiences of working at the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Lessons learnt

- Information we received prior to our visit indicated people did not always receive safe care because risks to their safety, health and wellbeing were not managed well.
- During our visit we found staff did not always follow instructions within people's risks assessments to manage risks. One person had been assessed by a nurse as being at high risk of malnutrition. However, nurses had not monitored the person's weight as required. This created a potential risk to the person's health.
- Some risk management plans did not contain the information staff needed to provide safe care. A nurse and the registered manager told us staff needed to wear eye protection when they assisted two people with their personal care to prevent the spread of infection. Whilst staff knew this and told us they wore eye protection the important information was not documented.
- One person lived with dementia and on occasions displayed behaviours that could cause harm to themselves or others. Guidance was not in place to help staff to manage this risk.
- Risk management plans were not consistently reviewed following incidents to ensure people were kept as safe as possible. Three days before our visit one person had sustained a minor injury when they had fallen. The person's falls risk assessment and maintaining a safe environment risk assessment had not been reviewed or updated following the incident. The registered manager said, "There is no reason why the records were not updated over the weekend. It should have been done. I can only apologise for that."
- Another person's risk assessment contained conflicting information that was confusing for staff. Their assessment stated, 'I don't have bed rails because I would attempt to climb over them. In contrast it also informed staff, 'I now have extended bed rails since fracturing my hip.'
- Some previously demonstrated standards including the monitoring of accidents and incidents had not been maintained. This showed lessons had not been learnt and created risks to people.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our concerns in relation to risk management with the registered manager and a nurse. They took immediate action to address the issues we brought to their attention and told us of their future plans to improve safety.
- Other individual risks were managed well. For example, emergency plans were in place to keep people safe if the building had to be evacuated.

- Staff understood the provider's emergency plans and knew what action to take in the event of a fire.
- The environment and the equipment used was safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I am safe here. I have a call bell to press if I need help. Staff come if I press it." A relative commented, "I am 100% confident care is safe." They explained they had felt well informed when a concern had been raised in May 2020 about the care their relative received. They added, "I am happy with the outcome."
- Safeguarding procedures were in place to protect people and staff had received training in 2019 to help them understand the different types of abuse people might experience.
- Staff knew to report any suspected or witnessed abuse to their managers. One staff member shared how they had raised concerns about poor staff practice shortly before our visit. They said, "I did speak up. Matron [registered manager] took immediate action to raise a safeguarding referral."
- Another staff member commented, "If I saw or heard anything that worried me, I would tell the nurse or go straight to matron. If they took no action, I would call CQC."
- The registered manager understood their legal responsibilities to keep people safe.

Using medicines safely

- People received their medicines when they needed them. A relative commented, "Mum gets her meds. She can refuse them at times, but nurses know how to encourage her to take them and their approach works."
- Staff administering medicines had completed training in safe medicines management.
- Medicines were ordered, administered, stored and disposed of safely in line with best practice guidance, including medicines prescribed 'when required'.

Staffing and recruitment

- Staff were recruited safely, and enough staff were on duty during our visit to meet people's needs. One person said, "Always enough staff. They come to ask if I need anything. They have time for me." A relative commented, "Staffing levels are good here. It's the same staff which is good for mum as she knows them all."
- Recent changes to the nursing staff had meant the registered manager had needed to work in the role of a nurse. This had temporarily taken them away from their managerial duties. Action, including the recruitment of one new nurse, was being taken to address this.

Preventing and controlling infection

- Improvements to the prevention and control of infection had been made since our last inspection. This included suitable storage boxes being purchased to store clean linen appropriately.
- People and their relatives confirmed staff always followed safe infection control practice.
- The environment was clean. Infection prevention and control measures were effective and there had not been any infection outbreaks within the home.
- Staff wore personal protective equipment in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Information we received prior to our visit indicated some staff were not competent to carry out their roles which posed a risk to people. After our visit the local authority shared the outcome of one safeguarding investigation which informed us an allegation of poor staff attitude and poor nursing practice had been substantiated.
- During our visit we identified some staff had not received the training they needed to provide high quality, safe care. For example, some staff had not received training to enable them to care for people living with dementia or people who had epilepsy. This shortfall had not been identified by the management team.
- Staff training records were not up to date. Therefore, the management team could not evidence staff were skilled and competent to carry out their duties effectively. Furthermore, observations of staff practices were completed by nurses whose training was not up to date.

The failure to ensure staff were trained to competently perform their roles had placed people at risk. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager gave assurance during our visit they would source training for staff and implement a system to enable them to have oversight of staff training. Following our visit, they informed us completed dementia awareness training had been completed by staff. Further training courses were planned to take place.
- Despite our findings people and relatives had confidence in the ability of staff to deliver effective care. One person said, "They (staff) hoist me up. They know what to do and how to put the sling underneath me, I am happy."
- New staff completed an induction when they started work at the home and staff had 1-1 meetings with their managers which gave them opportunities to discuss and reflect on their work practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In

care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Prior to our visit information we received indicated staff did not always work within the requirements of the Act to protect and uphold people's rights. On two occasions in May 2020 staff members had allegedly restricted one person's movement around the home unlawfully. These incidents were being investigated by the local authority at the time of our visit.
- Two weeks after our visit the registered manager confirmed staff had received training in MCA awareness and DoLS to increase their knowledge in this area.
- People told us staff did seek their consent. One person commented, "They (staff) always ask before they move me." We saw this happened during our visit staff.
- People's care records documented whether or not they had capacity to make specific decisions about their care. Where people had been assessed as not having capacity, records included details of relatives who had the legal authority to make decisions on their behalf.
- The management team had submitted DoLS applications when needed to keep people safe.

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

- Information received prior to our visit demonstrated some people had not received timely care and treatment. For example, medical advice had not been sought when it was identified by a nurse that one person's oxygen saturation levels were too low. The registered manager confirmed the incident had been managed in line with the providers disciplinary procedure.
- During our visit people confirmed they had access to health professionals. One person said, "We can see the doctor when we need to." Records we reviewed confirmed this.
- Two visiting health professionals told us staff had sought and followed their advice when required. One said, "They (staff) phone us if they need any help..."
- The registered manager said they had good working relationships with health and social care professionals.

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

- The system used to monitor the fluid intake of people who were at risk of dehydration required improvement. This was because the target amount of fluid those people needed to consume daily was not documented. This was important because staff did not know when people needed to be encouraged to drink more. Action was taken to address this during our visit.
- People enjoyed the food and confirmed they were encouraged to eat nutritionally balanced meals. One person said, "I like the food, we choose off the menu. There is always something appetising that I fancy."
- Staff knew what people liked to eat and drink and the lunchtime mealtime experience was positive for people. Staff were attentive and offered discreet support which helped people to enjoy their meals.

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

- The environment continued to meet people's needs. One person said, "I use the lift to get to my room and there is plenty of space so I can get around in my scooter."
- People had personalised their bedrooms and a variety of communal areas offered people a choice of where to spend their time. Accessible landscaped gardens and outdoor terraces were available for people to enjoy.

- The environment and décor were under constant review to ensure the home remained a pleasant place for people to live.

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

- People's needs had been assessed before they moved into the home. A staff member commented, "The pre assessments are really helpful as they help us to get to know new people and help them to settle in."
- Protected characteristics under the Equality Act had been considered during the assessments. For example, people had been asked about their cultural or religious needs which helped staff to meet their needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Information we received prior to our visit indicated the service was not well-led. For example, the registered manager was providing care to people which took them away from their managerial duties.
- During our visit governance systems to monitor the quality and safety of the service required improvement.
- The management team who consisted of the provider, the registered manager and a deputy manager were heavily reliant on one nurse to complete multiple audits and checks including falls and peoples care records. Monthly audits had not been completed since February 2020 because providing care to people had taken priority.
- The provider did not complete any quality assurance checks. That meant they did not have oversight of the service to ensure people received care and support that promoted their wellbeing and protected them from possible harm. They acknowledged how their lack of oversight could impact on people and staff. They said, "We could do better, this is a good home, but we have lost our way a bit. We will improve."
- Risks associated with people's care were not always managed well and the management team had not identified the shortfalls we found. For example, risk assessments lacked the information staff needed to provide safe care.
- The registered manager was unable to effectively use the electronic system staff used record the care they had provided to people. The registered manager said, "I am getting to grips with it and I am learning. I just need a bit more time." They assured us they would prioritise their learning to help them gain an oversight of the care people received.
- The registered manager and provider accepted poor care practice had occurred at the service prior to visit. For example, a staff member had taken and shared photographs with another staff member via a messaging service. The incident had been managed in line with the provider's disciplinary procedure.
- The provider had not ensured staff were adequately trained and competent to be effective in their roles. This was of significant concern as a recent safeguarding investigation had substantiated allegations of poor nursing practice.
- Improvements demonstrated at our last inspection had not been sustained and the quality of care provided to people had deteriorated. This demonstrated lessons had not been learnt.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social

- The management team told us they wanted to provide quality care and they took some responsive action during and following our visit in response to our inspection findings.
- Following our visit, the registered manager confirmed they had spent time learning to use the electronic care system which had improved their oversight of the care provided to people.
- The latest CQC inspection rating was on display in the home. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.
- The registered manager understood their regulatory responsibility to inform us about significant events that happened at the service such as, serious injuries.
- Staff confirmed they understood their roles and were aware of what the provider expected of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People liked living at the home and spoke positively about the leadership of the service. One person said, "Matron [registered manager] is so lovely and approachable. She is the best thing about this place," A relative told us, "She [registered manager] has a heart of gold and I trust her completely to look after mum."
- People had opportunities to put forward their ideas and suggestions to improve the service they received. One person said, "I asked to grow vegetables, that happened." We saw the person spent time tending vegetable plants.
- Staff felt valued by their managers. Comments included, "I feel extremely well supported, we are like a family," and, "Managers are great, they put the residents first. They listen and thank us for our hard work."
- Thank you cards were displayed in communal areas and the home had been rated highly on an independent care comparison website. We looked at a selection of reviews submitted during 2020 which included, 'Brockhampton Court is a wonderful care home. The care staff and management are caring, thoughtful, approachable and very efficient. Residents are treated with kindness, tenderness, a sense of humour and love.'
- People had opportunities to maintain links with their local community. Local school children wrote letters to people and the children had previously visited which people had enjoyed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team welcomed our inspection feedback and took some responsive to the shortfalls we found.
- The registered manager understood their responsibilities under Duty of Candour. Records confirmed they had been honest with people and their families when accidents and incidents had occurred.
- The management team worked with other organisations including the local authority to support care provision and service development.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment was not always provided in a safe way to service users
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff had not been supported to develop their skills and knowledge to provide high quality, safe care.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not established and operated effectively to ensure compliance.
Treatment of disease, disorder or injury	Effective systems were not in place to assess, check, monitor and improve the quality and safety of the service provided.
	Accurate, contemporaneous and complete records in respect of each service user were not maintained.

The enforcement action we took:

Warning Notice