CareConcepts (Appleton) Limited

# Brampton Lodge

**Inspection report**

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| 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? | Requires improvement |

## Overall summary

This inspection was unannounced and took place on the 20 July 2015, 31 July 2015 and 17 August 2015.

The service was previously inspected in January 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Brampton Lodge is a residential care home providing accommodation and nursing, personal and intermediate care for up to 59 older people, some of whom are living with dementia. The service is provided by CareConcepts (Appleton) Limited.

All bedrooms are single, wheel chair accessible and have en-suite facilities which include a shower. Two passenger lifts are installed to enable access between the ground and first floor areas. The home is divided into four units and has four lounges and dining areas, a smaller lounge and various seating areas. There are three assisted bathrooms with modern electric rise and fall baths and a multipurpose room with hair salon.

On the three days of our inspection the service was accommodating 58 people with different levels of need.

# Summary of findings

At the time of the inspection there was no registered manager at Brampton Lodge. The provider had appointed a manager following the recent resignation of a registered manager who was in the process of applying for registration with the Care Quality Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was present during the three days of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

**We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.**

We found that medicines were not managed in a safe way.

We found that the provider had not consistently notified the Commission of incidents or allegations of abuse in relation to people using the service.

During the three days of our inspection, people living at Brampton Lodge were observed to be comfortable and relaxed in their home environment and in the presence of staff. People using the service and relatives spoken with were generally complimentary about the care provided at Brampton Lodge.

We observed that interactions between staff and people using the service were kind, caring and responsive to individual needs. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

For example, comments received from people using the service included: "I can honestly say they are very good"; "All the staff are great. They are all cheerful and helpful"; "The care provided is great"; "I have a laugh with the staff. They are nice"; "It's lovely here. They are nice staff both day and night"; "The staff make the place a pleasant home to live in" and "The standard of care provided is excellent. Nothing is too much trouble for the staff".

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to a range of health care professionals (subject to individual need).

Systems had been developed by the provider to assess the needs and dependency of people using the service; to obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints.

**We have made a recommendation about accident and incident logs so that they include information on action taken and lessons learnt in response to incidents.**

# 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 not always safe.

People were not adequately protected from the risks associated with unsafe medicines management because appropriate records relating to the management of medicines had not been maintained.

**Requires improvement**

**Is the service effective?**
The service was effective.

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

Staff working at Brampton Lodge had access to induction and a range of training that was relevant to individual roles and responsibilities.

People living at Brampton Lodge had access to a choice of wholesome and nutritious meals and received access to a range of health care professionals subject to individual need.

**Good**

**Is the service caring?**
The service was caring.

We observed interactions between staff and people using the service were friendly, polite and unhurried.

People were also seen to interact with each other in a friendly and good humoured manner and staff were observed to treat people with dignity and respect. Staff took time to answer questions and responded quickly to requests for help or support.

**Good**

**Is the service responsive?**
The service was responsive.

People received care and support which was responsive to their needs.

Care records showed people using the service had their needs assessed, planned for and reviewed by staff at Brampton Lodge.

The service employed an activities coordinator to provide a range of individual and group activities for people living within the home.

**Good**

**Is the service well-led?**
The service was not always well led.

The home did not have a registered manager and the care quality commission had not been consistently notified of safeguarding incidents.

**Requires improvement**

# Summary of findings

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

# Brampton Lodge

**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 checked whether the provider was 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.

The inspection took place on 20 and 31 July and 17 August 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and Clinical Commissioning Group to provide us with any information they held about Brampton Lodge. We took any information they provided into account.

During the site visit we talked with 14 people who used the service, seven visitors, four care support workers, three nursing staff, an activities coordinator and a visiting GP.

Furthermore, we talked with the manager, managing director and company secretary. We also spent time with people in the communal lounges and in their bedrooms with their consent.

We used a number of different methods to help us understand the experiences of people who live at Brampton Lodge. This included the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We looked at a range of records including: six care plans; four staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Requires improvement

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be safe. People spoken with told us that they felt safe and secure at Brampton Lodge and were well-supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service included: "I feel very safe" and "It's wonderful here. I am regaining my confidence and feel safe because of the way I am cared for and treated."

Likewise, comments received from relatives included: "Yes I feel he is safe. Much safer here than anywhere else"; "I think there are enough staff" and "It's everything if you feel you can trust them with your relative. I can leave her in their hands and know she is safe."

We checked the arrangements for medicines at Brampton Lodge on two units.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to laminated forms which detailed the name and room number of people using the service. This helped to correctly identify people and minimise the risk of administering medication incorrectly.

We saw that a policy and procedure was in place in relation to medicines management and the administration of homely remedies. Separate records were in place confirming which homely remedies had been approved by a GP.

The policy was available in the medication storage room for staff to reference. We were informed that only qualified nurses and senior carers were trained and authorised to administer medication and that competency assessments were completed prior to administering medication and annually thereafter.

Brampton Lodge used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in medication storage rooms that were temperature controlled. Separate storage facilities were available for medication requiring cold storage and controlled drugs.

We checked the arrangements for the storage, recording and administration of medication. We found a number of recording issues.

For example, one person's Medication Administration Record (MAR) used the code 'O' for one type of medication which had variable doses. There was no explanation on the MAR for the use of the code and variable doses had not been recorded.

Likewise, another person's MAR had been handwritten. Although the MAR had been signed by the person who wrote it, there was no record of the quantity of medication received or second signature to confirm the medication details, dosage and administration times had been checked against the prescription.

Another person's MAR was not correctly dated and we found several unexplained gaps in MARs viewed. We raised these examples with the management team who agreed to investigate the issues and to review training and auditing systems.

We found that the provider had not always ensured the proper and safe management of medicines. This included a failure to maintain appropriate records relating to the management of medicines.

**This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at six care files for people who were living at Brampton Lodge. We noted that a range of risk assessments had been undertaken which had been kept under regular review so that staff were aware of risks to people using the service and the action they should take to minimise and control risks to people's health and wellbeing.

We noted that the manager maintained an ongoing record of accidents and incidents for each unit within Brampton Lodge, including staff and visitors. A statistical analysis of different incident types was also recorded. Records available included a brief description of each incident together with outcomes however there was limited information if any on action taken and lessons learnt to reduce the likelihood of events reoccurring. This information was fed back to the manager who agreed to review records to include additional information.

Requires improvement

# Is the service safe?

At the time of our inspection Brampton Lodge was providing accommodation and nursing care to 58 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider for Brampton Lodge were four registered nurses on duty in the morning and three in the evening. Throughout the morning and evening there were 11 care assistants on duty. During the night there were two waking night nurses and four waking night care assistants on duty.

Other staff were employed to coordinate activities and for administration, domestic; catering, and maintenance duties. The manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to assess the needs and dependency of people using the service and the required staffing hours to meet individual needs. No concerns were raised regarding staffing levels at the time of our inspection by people using the service or staff.

We looked at a sample of four staff files for staff who had been employed to work at Brampton Lodge. In all four files we found that there were job descriptions; application forms; references, medical questionnaires and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All the staff files viewed provided evidence that the manager had completed the necessary checks before people were employed to work at Brampton Lodge. This helped protect people against the risks of unsuitable staff.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on safeguarding vulnerable service users. A procedure for whistle blowing was also in place for staff to refer to. Records held by the Care Quality Commission (CQC) indicated that there had been no whistle blower concerns received by the Care Quality Commission (CQC) in the past twelve months.

Discussion with the manager and examination of training records confirmed staff employed at Brampton Lodge had completed training on safeguarding of vulnerable adults as part of their induction and ongoing training. The manager and staff spoken with demonstrated a good awareness of the different types of abuse and their duty of care to protect the welfare of vulnerable people.

We viewed the safeguarding records for Brampton Lodge. A log record had been developed to enable the manager to maintain an overview of incidents. We noted that safeguarding concerns had been referred to the local authority however the outcome of some safeguarding incidents prior to the appointment of the new manager was not clear. Furthermore, a number of incidents concerned altercations between people using the service. This concern had also been highlighted by the CCG and the local authority following a joint monitoring visit in May 2015.

Feedback received from the last monitoring visit undertaken by the CCG and the local authority highlighted the need for the development of behaviour management plans and risk assessments to address the number of altercations between people using the service. Other recommendations were made including the need to develop care plans for people following speech and language therapy assessments. We noted that general risk assessments had been completed and that the service was in the process of developing person centred risk assessments to further safeguard people.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

**We recommend that accident and incident logs be updated to include information on action taken and lessons learnt in response to incidents. This will help to provide a clear audit trail and help to minimise the potential for similar incidents to reoccur.**

Good

# Is the service effective?

## Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "The food is excellent. I love food. I used to buy my food from M &S and the quality here is great"; "There is plenty to eat and drink throughout the day"; "I have a choice of meals and I have plenty of refreshments"; "I've had regular access to a physiotherapist, GP, nursing staff and other health care professionals whilst here"; "I feel better in myself and my strength and confidence is coming back" and "I find all the staff very good and they look after us very well."

Brampton Lodge is a purpose built residential home that provides accommodation and nursing, personal and intermediate care for up to 59 people.

The accommodation in the main building is over two levels (ground and first floor) and rooms are for single occupancy. Facilities available for people using the service include four lounges and dining areas, a multi-purpose room with hair salon, a smaller lounge and various seating areas. There are three assisted bathrooms with modern electric rise and fall baths and two passenger lifts to enable access between floors. People using the service were noted to have access to a range of individual aids to assist with their mobility and independence.

Overall, areas viewed during the inspection appeared clean and well maintained. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable.

We reviewed a copy of the training matrix for staff working at Brampton Lodge. The matrix indicated that staff had access to induction training that was compliant with skills for care standards and mandatory and other training relevant to their roles and responsibilities.

Examples of training completed by staff employed at Brampton lodge included subjects such as: Induction training; Moving & Handling; Food Hygiene; Infection Control; Medication Awareness; Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) ; Safeguarding; COSHH (Control of Substances Hazardous to Health); Risk Assessments; Reporting & Recording of Incidents; Hand Hygiene; Personal Protective Equipment (PPE) ; Falls Prevention; CPR & Defibrillation / Basic Life Support; Falls Prevention; Challenging Behaviour / Causes of Difficult Behaviour and Dementia. Other training courses were also available subject to individual roles and responsibilities.

Staff spoken with confirmed they were supported in their role and had attended a three day induction and ongoing training relevant to their roles. We noted that the matrix did not include fire refresher training and there were some gaps on the matrix for care and nursing staff that were in need of review. Systems were however in place to monitor the outstanding learning needs of staff and records indicated that staff had received an annual appraisal and supervision at variable intervals.

We noted that refresher training was provided to staff periodically and that a number of training refresher courses had been completed within one day. We raised this issue with the manager who agreed to review the time allocated for refresher training.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the management team. The Mental Capacity Act 2005 (MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager informed us that she had completed training together with other staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. The PIR indicated that eight people using the service were subject to a DoLS. Additional applications were being considered by the local authority for authorisation.

Prior to our inspection we were notified of an unlawful five day deprivation of liberty breach concerning the expiry of a standard authorisation. We noted that the registered manager had addressed the breach and introduced systems to improve records relating to mental capacity and DoLS so she was aware of the expiry dates of authorisations.

Good

# Is the service effective?

We noted that the record indicated whether people using the service had a lasting power of attorney (LPA). However, the record did not indicate who the attorney was and whether the LPA was for health and welfare or property and financial affairs, or both. The manager informed us that she would obtain evidence of the decision by the Office of the Public Guardian and update records accordingly.

A four week rolling menu plan was in operation at Brampton Lodge which was reviewed periodically. The daily menu was displayed in pictorial format on a large notice board and a pictorial menu book was used to help people make an informed choice. The menus offered an alternative choice of meal at each sitting.

Each unit had a dining area. People using the service had the opportunity to eat in the rooms or in a dining area. We saw the food being transported to units in a heated trolley from the kitchen. We saw there was a choice of two options and portion sizes were observed to be good.

People had a drink of their choice and additional refreshments and snacks such as fresh fruit and cakes were provided throughout the day.

We observed people who required assistance received appropriate support from staff who were responsive to individual needs and preferences. People spoken with confirmed they enjoyed the food and mealtimes.

The most recent local authority food hygiene inspection was in April 2014 and Brampton Lodge had been awarded a rating of 5 stars which is the highest award that can be given.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; opticians; speech and language therapists; physiotherapists; social workers and mental health professionals etc. subject to individual needs.

Good

# Is the service caring?

## Our findings

We asked people using the service if they found the service provided at Brampton Lodge to be caring. People spoken with told us they were well cared for and treated with respect and dignity by the staff at Brampton Lodge.

Comments received from people using the service included: “I can honestly say they are very good”; “All the staff are great. They are all cheerful and helpful”; “The care provided is great”; “I have a laugh with the staff. They are nice”; “It’s lovely here. They are nice staff both day and night”; “The staff make the place a pleasant home to live in” and “The standard of care provided is excellent. Nothing is too much trouble for the staff”.

Likewise, feedback received from relatives included; “It is brilliant. I’m very pleased with the care”; “People get well cared for. Staff make an effort”; “This is the best home I found”; “It is very good. Everything is well looked after. Everybody is helpful”; “The activity coordinator sat with my relative for an hour because he was upset”; “The staff are very good” and “I feel very fortunate to have found this place.”

We spent time with people using the service and visitors during our inspection of Brampton Lodge. We observed that interactions between staff and people using the service were friendly, polite and unhurried.

We used the Short Observational Framework for Inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people’s choices were respected and noted that staff were responsive and attentive to the needs of people using the service.

People were also seen to interact with each other in a friendly and good humoured manner and staff were observed to treat people with dignity and respect. Staff took time to answer questions and responded quickly to requests for help or support.

Care files we looked at provided evidence that people using the service or their representatives had been involved in planning for care. For example, we saw that a life history was put together for each person with the help of relatives and friends. Furthermore, the provider had recently introduced a ’This is me’ booklet which had been developed by the Alzheimer’s Society to help collate personal information, identify individual preferences and people’s wishes for the future.

We asked staff how they promoted dignity and privacy when providing care to people at Brampton Lodge. Staff told us that they had received training on the principles of person centred support as part of their induction. It was evident from speaking to people using the service and direct observation that staff applied the principles of treating people with respect, safeguarding dignity and privacy and promoting independence and choice in their day-to-day duties.

Staff were observed to have knowledge and understanding of people’s personalities, preferences, needs and support requirements. Through discussion and observation it was clear that there were positive relationships between the people using the service and staff responsible for the delivery of care.

Information about people living at Brampton Lodge was kept securely to help ensure confidentiality. A statement of purpose and a service user guide was available for prospective and current service users to view. These documents contained a range of information about Brampton Lodge such as the details of the organisation; services provided and fees.

Good

# Is the service responsive?

## Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be responsive. People spoken with told us that they were generally of the view that the service was responsive to individual need.

Comments received included: "I try to do as much as I can for myself and the staff support me to try and maintain my independence"; "You can ring the call bell anytime and someone will usually come quickly"; "I have no concerns or complaints"; "The staff are attentive to my needs"; "Routines are flexible" and "Each and every one of the staff are very conscientious"

Likewise, feedback received from relatives included: "In my opinion they provide a very good standard of care. My wife is treated with dignity and respect. I have no concerns with the service provided"; "When we took him to a hospital appointment one of the carers came too because they know him better than I do now"; "If things go missing they do try to find them"; "They moved him to a room nearer to the nurses office because he gets up at night"; "If people fall asleep in front of the TV at night they cover them with a blanket and let them sleep. When they wake up they take them to bed"; "I would go and talk to the manager if I had a complaint" and "Any concerns have been dealt with. I have no complaints".

We looked at six care files and found copies of documentation that had been developed by the provider. Files viewed contained a pre-admission assessment of needs, care plans that outlined goals and the support required to meet specific needs and a range of risk assessments to identify and control potential and actual risks.

A range of supporting documentation was also on files which included weight records; body maps; observation records; accident and incident records; falls diaries; personal profiles and personalised information such as 'This is me'; information on personal preferences; professional visitor records; daily notes and other miscellaneous records such as referral letters and reports from multi-disciplinary team members.

Records viewed contained care plan agreements which provided evidence that people using the service or their representatives had been involved in care planning and systems were in place to keep records under regular review.

We spoke with the provider of Brampton Lodge who informed us that the organisation was looking to develop person-centred approach to care planning. At the time of our inspection the provider was in the process of exploring alternative models.

We noted that the intermediate care unit utilised a different set of assessment, care planning and risk assessment tools that had been developed by Bridgewater Community Healthcare NHS Trust to ensure consistency in records management systems across locations providing intermediate care.

A copy of the provider's complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Details of how to raise a complaint were displayed on the notice board in the reception area and had been included in the service user guide and the statement of purpose.

We reviewed the compliments, concerns and complaints received over the last 12 months. We noted that a log of complaints was in place to enable the manager to record the details of each complainant and the complaint received, the date the complaint was acknowledged and the date resolved. The latter date referred to the date the follow up letter was sent which described the outcome of the investigation.

This letter offered the complainant the opportunity to take matters further with the Managing Director but did not mention the Local Authority. Each letter did offer complainants an apology where applicable and we saw an example of an action plan that had been developed following complaints to improve practice.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Brampton Lodge employed two activity coordinators who were responsible for the development and provision of activities for people using the service, seven days per week. The activity coordinators told us that they also attended handovers so that they could keep up-to-date with people's needs.

Good

# Is the service responsive?

We noted that Brampton Lodge was a member of the National Activity Providers Association (NAPA). This is a charity which exists to provide guidance and support to activity coordinators to enhance their skills and improve activity opportunities for older people in care settings.

We noted that a weekly plan of activities had been developed and activities on offer included: quizzes; cookery; singing and dancing; jigsaws; musical memories; hand massage; pets as therapy dogs; board games; gardening and walking. A local vicar also visited twice each month to facilitate a 'songs of praise' service.

A poster advertising "forthcoming events" was displayed on notice boards around the home which advertised pub lunches; outside entertainers and other events of interest.

We were shown photographs of larger events that had taken place such as: VE day celebrations; dementia awareness week; pancake day; valentine's day, hoedown and a garden fete.

We observed a group of people joining in a bingo activity and some 1:1 sessions during our inspection. People spoken with confirmed they were generally happy with the activities on offer and records of individual activities were maintained and available for reference. Some people on the intermediate care unit reported that they would like to see more activities and this feedback was shared with the manager for action.

Key information on Brampton Lodge was available in the reception area of the home and documents such as the statement of purpose and service user guide were available for people to reference in the reception area and on notice boards throughout the home.

Requires improvement

# Is the service well-led?

## Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be well led. People spoken with told us they were happy with the way the service was managed.

One relative reported: "The new manager is very interested in the people. She is determined they have privacy and are happy".

Brampton Lodge had a manager in place that had been in post since approximately April 2015. At the time of our inspection the manager was in the process of completing her probationary period. We were informed that subject to successful completion of the probationary period the manager would apply to register as the manager with the Care Quality Commission.

The manager and managing director were present during our inspection. They engaged positively in the inspection process and were keen to help at all times. Staff were observed to refer to the management team by their first names which reinforced there was a friendly relationship between them. We also saw positive interactions between the management team and people using the service, visitors and staff. For example, we noted that the management operated an "open door" approach to provide help and support when needed.

We noted that a business continuity plan had been developed to ensure an appropriate response in the event of a major incident or disruption to the service. We also viewed personal emergency evacuation plans (PEEPS) which been produced to safeguard the welfare of people using the service in the event of a fire.

We also saw that there was a system of audits in place. These included periodic visits and audits by the operations manager or operations director together with monthly accident and incident analysis and infection control audits. Quarterly catering; medication; care plans; catering; domestic and laundry, maintenance and grounds audits were also undertaken.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; emergency lights; nurse call; hoisting equipment and slings; legionella; passenger lifts; gas safety and electrical wiring and found all to be in good order. We noted that a fire risk assessment was in place and the personal emergency evacuation plans had been produced for people using the service.

The provider had developed a quality assurance framework and systems were in place to seek feedback from people using the service or their representatives. We noted that the last surveys were distributed in February 2015. Records showed that the results had been analysed and a summary report and action plan entitled "You said, We did" had been produced during May 2015. The results had also been circulated via the home's newsletter. We noted that there had not been a relatives or residents' meeting for some time. This was raised with the manager who indicated that she intended to coordinate these meetings more frequently.

A staff culture questionnaire was distributed to staff during February 2015. A summary report was not available for review at the time of our visit.

Examination of records and discussion with staff confirmed they attended handovers between shifts and attended team meetings periodically. The manager and staff spoken with demonstrated an understanding of the organisation's vision and values and information on the home's statement of philosophy was available within the statement of purpose for people to view.

The manager of Brampton Lodge is required to notify the CQC of certain significant events that may occur. We found that the provider had not always notified the CQC of any abuse or allegation of abuse in relation to people using the service. We have wrote to the provider regarding their failure to notify the CQC.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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<br><br>People using the service were not adequately protected against the risks of unsafe medicines management as records were not satisfactory. |