

Brackley Fields Care Ltd

Brackley Fields Country House Retirement Home

Inspection report

Halse Road
Brackley
Northamptonshire
NN13 6EA

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23 July 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

Brackley Fields Country House Retirement Home retirement home is a residential care home that can provide residential care for up to 35 older adults in one adapted building. At the time of inspection 32 people were using the service

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

We have made a recommendation that the provider identifies a support tool to ensure correct staffing levels.

We have made a recommendation that the provider completed detailed quality audits and changes governance systems to support detailed recording of information.

Audits on people's care files failed to identify when records required reviewing and updating. This meant that all the necessary information was not recorded or acted upon when required.

Systems and processes were not in place to ensure person centred care was always offered.

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

Not all staff and people we spoke to felt there were enough staff on duty. However, people told us that they had good relationships with staff who were kind and caring and that staff had a good knowledge and understanding of the people using the service. Staff respected people's privacy and dignity. They treated people courteously.

People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
Staff were confident in their roles and the training provided covered all areas of their jobs.

People had risk assessments detailing how to care and support people safely however not all care plans recorded people's like and dislikes or routines.

People who had specific religious needs, were supported by staff who had a good understanding and the environment was adapted to ensure these needs could be met.

Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. We saw evidence of referrals being made to district nurses, occupational therapists and the falls team. A healthcare professional told us, "Staff are very knowledgeable about residents and always follow my advice."

Domestic staff completed cleaning schedules to ensure the property was kept clean and people's rooms were personalised and decorated to their taste and choice of colour.
The management team carried out regular audits and checks on the environment.

The provider had policies and systems in place to safeguard people from abuse and they followed the local safeguarding protocols.

Medicines were managed safely, medicines were administered as prescribed.

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 requires improvement (published 21 July 2018). The service has now improved to good.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17. However, we made recommendations relating to staffing, record keeping, governance and person-centred care.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well led.

Details are in our well led findings below.

Brackley Fields Country House Retirement Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors and one assistant inspector.

Service and service type

Brackley Fields Country House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 six people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care manager, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 now improved to Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider did not use a staff dependency tool to identify staffing needs. On the day of inspection there were enough staff to keep people safe, however staff did not appear have the time to complete personalised care.
- Not all staff we spoke to felt there were enough staff on duty. One staff member said, "Everybody goes home stressed. We can't keep up with everything." Another staff member stated, "Five people need double care. Sometimes there is not enough staff and they [people] have to wait."
- People had mixed views on staffing levels. One person told us, "If I ring the [call] bell they come more or less straight away." However, another person told us, "When I ring [the call bell] it depends on how busy staff are, I sometimes have to wait a long time."
- A relative told us, "It can take staff 15 minutes to answer a call bell, they could improve with a few more staff." Another relative told us, "Staff respond as needed, if they didn't [relative's name] would say."
- People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

We recommend that the provider completes a staffing dependency tool; and ensures there are always enough staff on duty to meet people's needs and choices.

Assessing risk, safety monitoring and management

- People had risk assessments detailing how to care and support people safely.
- Risks to people's safety and well-being were understood by staff. However, their risk assessments were not always kept up to date. For example, a risk assessment had not been updated after a person had fallen twice and injured themselves on both occasions. The management team updated the risk assessment on the day of inspection.
- The premises and equipment were risk assessed and safely maintained.
- People had personal emergency evacuation plans (PEEPs) so staff knew how to assist them to leave the building safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had access to the safeguarding procedure on starting the service.
- The provider had policies and systems in place to safeguard people from abuse and they followed the

local safeguarding protocols.

- Staff were trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse.
- The provider had policies and procedures in place to ensure staff received training and were aware of all fire safety protocols. Staff completed fire evacuation drills with people and all fire equipment was maintained.

Using medicines safely

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Medicines were stored and disposed of correctly in line with the providers policy and procedures.
- Staff responsible for administering people's medicines told us they received appropriate training and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Domestic staff completed cleaning schedules to ensure the property was kept clean.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.

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 requires improvement. At this inspection this key question has improved to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us that staff were good and knew what to do. One person said, "I'm as happy as I can be, staff do what I need."
- People's care and support needs had been assessed when they had first moved into the service and people and their relatives were involved in these processes.
- People's background, culture and life history was considered when assessing their care needs and people who required specific support had this information documented.

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

- People were not always offered choices regarding food. For example, several people did not know they could choose a different meal at lunch time. However, people told us they enjoyed the food at Brackley fields. One person told us, "The food is good, there is plenty of it, I can't complain." Another person said, "I like all of it [food]."
- People had jugs of juice and water left available to them throughout the day.
- We saw people sitting in groups chatting throughout their lunch, People who wanted to, also had a glass of sherry with their meal.
- A relative told us, "I told staff that [person's name] liked asparagus and that [another person's name] likes mussels, staff make sure they get to have these regularly."

Staff support: induction, training, skills and experience

- The registered manager told us they completed spot checks on staff to ensure staff had the skills required to support people well. However, there was no evidence of spot checks. The registered manager agreed to start recording these straight away.
- All staff completed an induction which included full training and shadow shifts, Staff also had refresher training yearly to ensure they had the knowledge and skills to carry out their roles and responsibilities. Additional training was offered to keep staff up to date with best practice guidelines.
- Staff were confident in their roles and the training provided covered all areas of their jobs. Staff told us, the training and support was 'good.'
- Staff received regular supervisions and annual appraisals.

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

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. We saw evidence of referrals being made to district nurses, occupational therapists and the falls team.
- People had regular access to GP's, and staff sought advice when needed.
- The staff team worked together within the service and with external agencies to provide effective care. A healthcare professional told us, "Staff are very knowledgeable about residents and always follow my advice."

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

- People's rooms were personalised and decorated to their taste and choice of colour.
- The garden was well maintained with areas for people to sit and spend time outside.
- There were different areas within the service for people to use for their preferred activities.

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 when this is in their best interests and legally authorised under the MCA.

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.

- Mental capacity assessments and best interest decisions had been completed for individual decisions when people were unable to make them for themselves.
- The provider continued to work within the principles of the MCA, and DoLS conditions were met.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good knowledge and understanding of the people using the service. We saw staff treating people well and talking with them kindly and with respect.
- People told us that they had good relationships with staff. One person said, "[Staff are] very good. Very very good." Another person said, "Staff do their best for me."
- People's relatives told us staff were kind. One relative said, "Staff are positive and happy, the friendliest place I've ever been into." Another relative told us, "It is the only place that staff have bent over backwards for [relatives name]."
- Staff knew about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way. Staff had received equality and diversity training and the provider had an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People attended residents' meetings to discuss any changes, concerns or information sharing. We saw evidence of people talking openly in residents' meetings.
- People and relatives were involved in their care planning. Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People's communication needs were fully documented in all care records, this supported staff to understand and communicate effectively with each individual person.
- Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. Staff treated people courteously, knocked on their bedroom doors before entering, and ensured people received discreet personal care. A person told us, "Staff are very good [at respecting privacy and dignity] they also shut the curtains and door, they stay with you." Another person told us, "Staff do say what they are doing and ask before doing anything."
- Staff were able to describe how they maintained people's privacy and dignity. For example, when supporting people with personal care, they closed doors and curtains. One staff member said, "We must always ensure we are respectful of people. I would not complete personal care unless I was sure the door and curtains were closed."

- People's information was stored securely, and all staff were aware of keeping people's personal information secure.
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Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered manager had not always kept up to date records of complaints. For example, investigations relating to complaints were not documented, however the registered manager kept a log of complaints and outcomes and people were satisfied with complaints outcomes. The registered manager agreed to record all future investigations fully.
- People were provided with information on how to make complaints when they first started using the service. People told us they knew how to complain and who to complain to. One person told us, "If I was unhappy I would go downstairs and tell [staff name]"
- A relative told us, "I have no complaints but if I did I would tell the management and they would sort it out for me."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they received good quality care that met their needs. One person told us, "Staff do their best and are kind" A relative said, "Nothing needs to improve, the staff are good."
- When appropriate, people's relative could log into the electronic care plans to review their relatives' records.
- Staff ensured people who wanted specific items such as, newspapers, puzzle books had them delivered or brought in by staff.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. However, when appropriate people had a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place
- Not all care plans recorded the wishes of a person regarding any care leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room. The registered manager agreed to add this information into care plans.
- Staff had received end of life training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People care plans recorded any communication needs, such as glasses, hearing aids or staff reading correspondences to them. People told us staff supported them when required.
- The registered manager told us that they could adapt any paperwork required into braille, large print, easy read or into another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with people who were important to them.
- There was an activity list on the wall detailing the activities on offer for the week. An activities coordinator engaged people to participate in activities. People who preferred to stay in their room were supported individually to engage in activities.
- A relative told us, "I always feel welcome, I can come at any time."
- The local church came into the service to offer holy communion to people once a month.

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 requires improvement and we found that the provider was in breach of Regulation 17 (good governance) as improvements were still required to the systems in place to audit medicines and ensure that MARS charts provided a clear account of the medicines administered to people.

At this inspection this key question has remained requires improvement, however the provider is no longer in breach of regulation 17 (good governance). 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Systems and processes were not in place to ensure person centred care was always offered and that people's choices and routines were documented. For example, people had a set bath night or option of preferred gender of care staff to complete personal care.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- Staff meetings took place regularly and had actions recorded as required.
- All staff knew who they should talk to if they had any concerns or suggestions. The registered manager was available to staff, residents and relatives as required.

We recommend that the provider puts systems and processes in place to promote person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not in place to ensure all information had been recorded in care plans. For example, daily fluid charts had not been consistently completed and documentation lacked the information on why they were required.
- Audits and checks were completed to ensure the environment was kept safe and clean. Where issues were identified, the managers acted to improve the service
- The registered manager understood their regulatory requirements to report incidents and events to the Care Quality Commission (CQC), our records showed notifications had been submitted as required.

We recommend that the provider completes regular audits on people's care files and the information required.

Continuous learning and improving care. Working in partnership with others

- The registered manager had not kept all their knowledge up to date, however the service had good links and worked in partnership with other health and social professionals such as physiotherapists, District nurses, Speech and language therapists, mental health team and the falls team. The provider agreed to complete an action plan in place to improve the quality of the service.
- The registered manager had arranged for a coffee morning to be held once a month, this included inviting external people.

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

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and professionals provided feedback via surveys. People's feedback was overall good, but any issues were used by the management team to improve the service. For example, a relative stated they didn't always know which staff members were working. The registered manager implemented a staff board which displayed the pictures and titles of the staff on shift as well as staff ID badges.
- People who had specific religious needs, were supported by staff who had a good understanding of their requirements. The environment was adapted to ensure people's needs could be met.
- People and staff told us the management team had an open-door approach and that someone was always available if required.