

Brampton Manor Newmarket Ltd

Brampton Manor

Inspection report

Brampton Manor
Fordham Road
Newmarket
CB8 7AQ

Date of inspection visit:
27 July 2022

Date of publication:
15 August 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brampton Manor is a residential care home, situated in the town of Newmarket, providing personal care and accommodation to up to 63 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 28 people using the service.

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

People told us they felt safe living at Brampton Manor and staff were available to support them when needed. We were told, "It is very secure here. Someone lets people in and out, so you don't have to worry. I leave my door ajar so I can see people and they can see me."

Risks were assessed which helped to keep people safe and incidents and accidents were recorded and analysed for trends. People received the support they needed with their medicines which included enabling independence and self-administration for as long as possible.

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was also regular involvement from health and social care professionals.

People were supported to have 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 supported this practice.

People and their relatives told us that staff were friendly and caring towards them. Staff cared for people in a way that was respectful and met individual needs. One person commented, "The staff are always there for us. They are all wonderful people and so kind and helpful. It makes you feel happy and comfortable."

Systems were in place to ensure the service was monitored and the quality of care people received was maintained. The registered manager engaged with people and staff and worked with external healthcare professionals, taking their feedback on board.

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

Rating at last inspection

This service was registered with us on 20 May 2021 and this is the first inspection.

Why we inspected

We inspected this service due to the length of time since it was first registered. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to

COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brampton Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brampton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brampton Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who lived at Brampton Manor and one relative about their experience and views of the care provided. Following our inspection visit we also had further email contact with another nine relatives. We also had contact with 15 members of staff, including care staff, maintenance staff, the chef, the head of lifestyle and wellbeing, the deputy manager, and registered manager.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them. People told us they felt safe. One person said, "I don't have to worry about anything. They look after me really well. The staff come and check on me and I don't have anyone wandering into my room that shouldn't be there." Another person commented, "The staff check on us all the time. At night they are very quiet, and I don't often hear them. They are very discreet but always on hand if you need them. It makes you feel safe just to know that they are there."
- People's relatives were confident their family member was safe living at Brampton Manor. One relative commented, "I do not have any concerns. My [family member] is safe, happy and content. I can't ask for anymore."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff were able to describe how to report concerns should they have had any.
- There were systems and processes in place at the home to ensure people were protected from harm and abuse.

Assessing risk, safety monitoring and management

- Potential risks to people's health, safety and wellbeing were assessed and plans put in place to reduce the risk where possible. These included those risks relating to falls, skin care and nutrition for example.
- Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. Risk assessments covered a wide variety of areas and included, safe use of stairs, use of hot water, nutrition and hydration, safe swallowing and pressure area care.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.

Staffing and recruitment

- There were plenty of staff to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal areas and had time to spend interacting with people.
- People told us they always received the support they needed, and staff were there when they needed them. One person commented, "I do have a [call bell] if I need help but I have never needed to press it because they [staff] are always popping in and out to check on me." Another person told us, "Whenever I need help, I can ring my bell and they will be there for me. I don't have to wait."

- Staff confirmed there were sufficient numbers of staff to support people. Comments we received included, "I feel that we do have enough staff to deliver person centre care. Even when there has been staff sickness, we have a team approach and other members or staff and management are also available to help," and, "I think there are enough staff. We have the flexibility to mix it up if we need to. We are just a team who work together. I've never felt we are short staffed."
- There was a safe system of staff recruitment in place. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Records of medicines administration were completed accurately and in line with best practice. A random check of prescribed medicines showed an accurate stock balance. We were told by a person using the service, "[Staff] look after my medication for me and I know exactly what I am taking. It all works well."
- Medicines were stored safely and, in a temperature, controlled environment and only administered by staff who were suitably trained.
- People were supported to be independent in taking their medicines when appropriate. One person said, "I can look after my medication myself. They [staff] will check that I have taken it and keep an eye on the stock. They order it for me, so I never run out."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following the latest published visiting guidance by the Department of Health and Social Care. One person commented, "A friend comes to visit me and is allowed here whenever I want." Another person told us, "Visitors can come when they wish. I am waiting for my [relatives] now. My [another relative] came yesterday as well."

Learning lessons when things go wrong

- There were systems to record and analyse all incidents and accidents which occurred at the home.
- Lessons learned from incidents were shared with staff to prevent a recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed, and care was delivered in line with current guidance.
- People said they received support that met their needs and respected their choices. This was confirmed by people's relatives.

Staff support: induction, training, skills and experience

- People were cared for by staff who received ongoing training to make sure their skills and knowledge was kept up to date with best practice. One person said, "I feel totally at ease with the staff. They know exactly what to do."
- New staff completed an induction programme to make sure they were able to provide safe care. Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role.
- Staff were complementary about the learning opportunities afforded them and the support they received in their job role. One member of staff commented, "[Registered Manager] is a fantastic manager, very approachable their door is always open if we need to talk, I couldn't wish for better." Another staff member told us, "We have regular training to enable us to care and support people safely."

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

- People were supported to eat and drink a varied and healthy diet of their choosing. One person told us, "The food is very good. You make your choice at the mealtime. You certainly get enough to eat, and you can ask for more if you want to." Another person said, "They always have cake and fruit available and they will always make you a hot drink. They have juice in a cooler and cold drinks in the fridge that you can just have. They were very keen to make sure we drank enough in that hot weather."
- The lunch service was efficient, and the ambiance was calm and social. Staff were kind and attentive and prompted people to eat well. One person spilt some coffee during their meal which was dealt with in a discreet manner. The spillage was mopped up and no fuss was made.
- Following the meal service, the chef visited to request and take people's feedback of the meal to which we heard comments like, "Lovely" and, "Very nice."
- Information regarding people's diet and nutrition was available in their care plan and specific diets could be accommodated if needed.

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

- Where necessary, the staff team worked with other services to deliver effective care and support.
- People had access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.

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

- The home was purpose built and set across three floors, each decorated to a high standard. The décor was homely and well maintained.
- There was a dedicated community where care for people living with dementia were cared for. This area was bright and contained multiple areas of interest such as interactive wall art and activity boards. Further development was also required, however, to ensure all areas were in line with good practice guidance in dementia care. The addition of coloured toilet seats and bedroom doors that are easily identifiable to aid people in navigating around for example.
- People had access to outside space, and garden areas were well maintained with plentiful seating areas and shaded outbuildings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked collaboratively with people in a way which effectively balanced their safety and independence.
- Care records highlighted that where people had been assessed as lacking the mental capacity to make certain decisions about their care and treatment, appropriate DoLS referrals had been made.
- We observed staff interacting with people and found they supported people to make their own decisions where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- We spent time observing staff interacting with people throughout the home. Staff were engaging, kind, respectful, and considerate. We overheard much laughter and private jokes between people and staff that were reflective of the fondness between them.
- People were very complimentary about the care staff. One person said, "The staff are all lovely. They are really caring, and nothing is too much trouble for them. I feel we are like a family here which is what you want." Another person commented, "The staff give you a hug which makes you feel loved. They are very gentle with you." A third person told us, "I hear the staff talking and I have never once heard them lose their patience with anyone or talk in an abrupt manner. They are amazing at developing relationships with people."
- Relatives were also very positive about the caring nature of the staff. One relative told us, "We, as a family have been absolutely delighted how [family member] has settled in so well in the home. [Family member] has made new friends with other residents, joins in with the activities that they can do, and I personally am so pleased with the care that [family member] receives at the home, it has been a great relief to me."
- People had detailed life history stories in their care plans which gave a summary about the key aspects of their lives such as work, home and family life and hobbies and interests. This assisted staff in getting to know people and understand their individual needs and preferences.

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

- People were encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed. One person told us, "They have chatted to me to find out what I like and don't like so I feel they know me now."
- Reviews were completed with people to give them the opportunity to reflect and discuss the support they received and any changes they felt were needed.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and their independence supported and promoted. One person said, "The [staff] get my clothes out in the morning and show me things so I can choose what I want to wear." Another person commented, "I do things for myself and they let me get on with it." A third person told us, "If they are helping you with personal things and someone knocks on the door, they don't just let them in. They cover you up first and then slightly open the door to see who it is. They are very careful about doing things correctly and not upsetting you. What more can you ask for?"
- We observed staff knocked on doors before entering and closed doors to maintain people's privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them well and understood their needs.
- People told us their individual needs and preferences were met and that staff were very responsive to them. One person said, "It is mostly the same staff that come to help me, so we have got to know each other. That is really nice, and it gives you confidence that they know how to help you."
- Care plans gave detailed information about how people preferred their care to be delivered. For example, there were plans in place to inform staff how to support people with their personal care.
- Many relatives told us of the positive impact of the personalised care delivered at the service. One relative fed back, "I can't actually thank the home enough because before [family member] moved in, they were ill, withdrawn, angry and frustrated. [Family member] is now so much more like the [person] they were before."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded as part of their initial assessment and care planning process.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them. For example, one person's care plan we viewed detailed their preferred language and specifics around their speech and aids required which enabled them to communicate with staff effectively.

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 had choices of individual and group activities to participate in which also included excursions out and about. Information was available to enable people to see upcoming events.
- Feedback about the activities team was overwhelmingly positive but also some people spoke of a wish to go out and about even more. One person said, "There are enough things to do if you want them. I am going to play bingo this afternoon. I like to go out into the garden as well. It is really nice out there." Another person commented, "There is a TV room and we go in there and watch 'Netflix'. We have watched all the old Downton Abbey programmes and we are now watching Poldark." A third person told us, "We had a

wonderful tenor singer come who was fantastic. Some people play dominoes. We have also had local school children come in to see us, they were fun. We would like more outings."

- People's relatives were positive about the range of activities on offer. One relative told us, "[Name] the entertainments manager organises events tailored to the group and individual needs. I am extremely impressed with how [name] and the team have supported my [family member]."
- The registered manager told us that there was consideration of purchasing a vehicle for the service underway and this would provide greater opportunities for people to go out.
- We saw people sat together engaged in a small group activity. The activity member of staff was skilled at working with people and personalising their interactions to ensure all present were involved and included.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and used if any were concerns raised to learn and improve the service.
- People and their relatives told us they were confident they could speak up if they had any concerns or complaints. One person commented, "I haven't needed to complain about anything, but I would soon speak to [registered manager] if I needed to." Another person said, "I would speak to the [registered manager] if I needed to but I am happy with things as they are." A relative told us, "I have not needed to raise any concerns, the management team are visible at all times and the communication levels either face to face, email or telephone are excellent and they promote the health and happiness of [people] in all they do."

End of life care and support

- The home had good healthcare support networks from professionals such as the GP and district nurses.
- When required, care plans were adapted to meet people's end of life 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 receptive to any feedback given during the inspection and acted immediately when it was identified an improvement was needed with the oversight of care records.
- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained.
- The provider's operations director visited the service weekly and undertook quality auditing of the service and provided support and supervision to the registered manager.
- The provider had informed the CQC of significant events in a timely way. This meant we could check appropriate action had been taken.
- The registered manager understood and acted on the duty of candour. Where incidents had occurred, the registered manager had openly shared the details with the relevant people.

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

- People spoke very highly of the registered manager and the running of the home which resulted in high-quality person-centred care. Everyone we spoke we received feedback from told us the home was well-run. One person said, "It is perfect here; I can't find a thing to complain about and I am very particular. I am used to living well and I can do that here. Someone recommended the home to me and when I came, I was so impressed with everything." Another person told us, "I feel so lucky to be here. It was so good that I found out about it."
- People's relatives were very complementary about the person-centred care their family member received at Brampton Manor. One relative said, "Brampton Manor is a whole new environment to me, but I feel my [family member] is being well looked after by caring people who are trying their best to make [family member's] new home the best possible experience they can, all in beautiful purpose-built surroundings. I cannot ask any more of them."
- Overall feedback about communication within the departments at the home was good. Relatives felt involved in the service to the extent they wanted to be. One relative said, "The home keeps me informed by email or telephone...at a meeting we discussed sending out the weekly activities and menu to the family so we could speak to our loved one about the day, this has worked very well."
- Staff were well supported and had a good understanding of their roles and responsibilities.

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

- The home involved people and their relatives in day to day discussions about their care in a meaningful way. One person told us, "We have quite regular residents' meetings where we can say what we think. We also have a daily newspaper; Daily Sparkle and we get to hear what is going on from the activities staff."
- The registered manager held team meetings to gain staff feedback and share information, with actions to learn lessons and improve.

Continuous learning and improving care

- The provider had a system in place to monitor the quality of the home and to improve the service.
- We saw several audits were in place for things such as medicines management. These were used to identify areas of improvement and ensure any actions were addressed in a timely way.

Working in partnership with others

- The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs.