

Brampton View Limited

Brampton View Care Home

Inspection report

Brampton View, Brampton Lane
Chapel Brampton
Northampton
Northamptonshire
NN6 8GH

Tel: 01604656682

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brampton View Care Home accommodates up to 88 older people in one purpose-built building. At the time of the inspection, 53 people were using the service. The care home accommodates 88 people in three separate areas, each of which has separate adapted facilities. One area specialises in providing care to people living with dementia, one for people with complex nursing needs and one for people who are semi-independent.

People's experience of using this service

The quality and safety of the service was being closely monitored by the manager and new provider. New systems and processes were in place to ensure people received safe and person-centred care. However, this required time to be embedded into the service to ensure they were sustained, and improvements continued.

Risks to people's care were identified and plans put in place to mitigate the risk. There was some inconsistency in recording information which could impact on the ability of staff to support people safely.

People were supported by a consistent staff team but at times staff were stretched to meet people's needs in a timely way. Staff understood how to protect people from harm and followed good hygiene practices to prevent and control infection. Medicines were safely administered and stored.

People's needs were assessed, and care plans guided staff how to meet those needs. Further improvements were needed to care plans to ensure they detailed the support people required for their social and emotional well-being. People had access to activities but wanted more opportunities to undertake activities geared towards their interests.

People's dietary needs were met, and healthy eating was promoted. Staff ensured people's healthcare needs were met. Staff were alert and responsive to any changes in people's needs and liaised with health care professionals.

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 supported this practice.

People were cared for by staff who were kind and considerate and knew them. They had developed positive relationships with staff and were treated with respect. Their dignity was protected, and staff listened to their wishes and took account of their preferences when delivering care.

People, relatives and staff shared confidence in the manager to respond to and act on any concerns or complaints they may have.

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 inadequate (5 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brampton View Care 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

The inspection was carried out by an inspector, inspection manager, assistant inspector, a specialist nurse advisor 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 View Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. At the time of the inspection there was a manager who had applied to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in September 2019. We sought feedback from the local authority, the NHS clinical commissioning group 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 13 people who used the service and six relatives about their experience of the care provided and spent time observing people to help us understand the experience of people who could not talk with us. We also spoke with 20 members of staffing including care and nursing staff, activities staff, housekeeping and maintenance staff, kitchen staff, the manager, head of residential care, the clinical lead, a clinical development nurse, a regional director and a managing director.

We reviewed a range of records. This included nine people's care records. We also looked at records in relation to safeguarding, complaints, accidents and incidents, staff recruitment files, training information and information around fire safety.

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and manage risks identified which put people at unnecessary risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People's care risks had been assessed and plans put in place to minimise the risks were followed by staff. However, there were inconsistencies in the recording of some incidents. This impacted on the ability of the provider to take appropriate action to improve the outcomes for of people and staff.
- Daily environment, health and safety checks were in place which ensured staff followed safe practice in relation to fire doors, security of the building, equipment and hazardous substance storage. Any action required was promptly taken. This needed to be embedded and maintained to sustain improvements.
- People had PEEPs (Personal emergency evacuation plans) in place and the information held in relation to fire evacuation was kept up to date. Fire alarm tests were regularly undertaken, and fire drills carried out.
- People told us they felt safe. One person said, "I didn't use to feel that safe as the front door used to open for anyone but [new provider] has sorted that out and there always seems to be someone on reception."

Staffing and recruitment

At our last inspection the provider had failed to employ or deploy enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People told us they felt there were enough staff to meet their needs. One person said, "If I buzz the bell they [staff] always come." However, we spoke with one person who felt they were left to wait at times and a few people commented they did not always feel there were enough staff on at night in the residential area. We spoke with the manager who was aware of the concerns expressed about delay in staff attending and was monitoring this situation to ensure it did not continue.
- Staff were visible and generally responded to people in a timely way. However, people's experiences at meal times, particularly in the residential area, required improvements to avoid people waiting unnecessarily and their food getting cold.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were

appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Systems and processes to safeguard people from the risk of abuse

- The manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required. However, when protection plans were put in place these needed to be consistently followed.
- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them.
- People looked calm and relaxed around staff. One person said, "I feel safe as it always feels nice and relaxed here."

Using medicines safely

- At the last inspection we found people had not received their time critical medicines as prescribed. During this inspection we found time critical medicines were being administered as prescribed. To facilitate this, there was information highlighted on the MARs (medicine administration records) and during staff handovers staff were reminded.
- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed. However, the provider needed to ensure consistency in recording when medicines in bottles were opened.
- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. Equipment was well maintained, and people had their own slings for use when being hoisted.
- We saw all areas of the home were clean and tidy, and regular cleaning took place.

Learning lessons when things go wrong

- At the last inspection we found that although incidents and accidents were monitored and reviewed, the provider had failed to ensure lessons learnt were followed. At this inspection we found lessons learnt were shared and followed up through daily meetings with staff.
- A risk register was in place which ensured the manager and provider had full oversight of risks which enabled them to take appropriate action to address any concerns.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure staff followed instructions given to mitigate identified risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- The provider has a condition on their registration which requires them to seek permission from the Care Quality Commission (CQC) before admitting or re-admitting anyone to the home. The provider had provided the level of detail to demonstrate they could meet people's needs when being readmitted to the home from hospital.
- People had detailed support plans to guide staff how to meet the assessed needs. Staff followed guidance and people received the care and attention they required. For example, people were repositioned regularly when this was needed to protect their skin integrity. This needed to be consistently maintained to sustain improvements.
- Care plans included people's physical, social and communication needs and preferences such as when they liked to get up or go to bed. There was limited information around people's religious and cultural needs which meant staff were not always aware of individual needs, for example, how food needed to be prepared. The provider was in the process of reviewing all care plans and documentation to ensure all relevant and essential information had been gathered.

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

At our last inspection the provider had failed to have effective systems in place to ensure people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People's mealtime experience differed depending on where they ate their meals. We saw people in the residential area left waiting for their meals and in the area for people living with dementia people told us the food was not always as hot as they would like.
- People who were at risk of poor nutrition and dehydration received the support they needed. Plans in place were monitored regularly.

- People had access to drinks and snacks throughout the day and staff sensitively encouraged people to eat and drink.
- People told us the food had improved and they got a choice. One person said, "The food is okay, mainly good and wholesome and most days we get a choice." Another person said, "They [staff] are very good to me, I have problems with my throat and swallowing so they puree my food."

Staff support: induction, training, skills and experience

- At the last inspection we found staff training was not up to date and any specialist training required had not been accessed in a timely way. At this inspection a programme of training was in place. Staff told us they benefited from this. One said, "There is a lot of face to face training now and more opportunities to develop yourself."
- New staff undertook a thorough induction programme and their competencies were tested before they could work on shift.
- Staff received regular supervision which gave them the opportunity to share aspirations and concerns. One said, "Supervision is brilliant now." This needed to be embedded and sustained for us to fully assess its effectiveness.

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and dietitian. We saw a GP visited three times a week, one member of staff said, "The GP knows the residents, and even reminds us when blood needs taking for example."
- Records confirmed when health professionals had visited and the guidance they had given. We saw this was followed by staff.
- People's oral health had been assessed, however, plans lacked necessary detail to enable staff to give the support each person required.

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

- Brampton View care Home was purpose built and everyone had spacious rooms with en-suite facilities. People were encouraged to bring in items to personalise their rooms. There were several adapted bathrooms to support people with limited mobility.
- People had access to gardens which we saw some people doing with support from staff.
- The provider had recognised the need to create a more dementia friendly environment and plans were in place to make changes to help support people living with dementia.

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.

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.

- People's mental capacity was assessed and where people did not have the capacity to make decisions, best interest decisions were made and recorded. The provider recognised more detail around the specific decisions made was needed. They were in the process of addressing this.
- People's consent to their care was recorded and we saw people were encouraged and involved in making decisions for themselves. For example, what food they ate, how they wished to spend their day.

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 requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to maintain people's privacy and dignity at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People were cared for by staff who were kind and considerate and knew the people they were supporting. One person said, "I think the staff here are caring and they always call me by my name." A relative said, "The staff are lovely and there are very few agency staff now which is better."
- People had positive relationships with staff. Staff were attentive to people's needs, although at times, particularly on the nursing floor, staff were stretched to attend to people in a timely way.
- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their preferred name.
- Bedroom doors were closed so people were not observed when having personal care. We saw staff knocking on doors and waiting for a response before they entered the room. One person said, "They [staff] knock on my door and ask if I'm ready to be showered."

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

- People chose where they spent their day and were given choices about what they wanted to do, eat and wear.
- People and their relatives, if they wished, were involved in care plan review meetings.
- The manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them. Information was made available to people about the use of advocacy services. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People's care plans were being reviewed and revised to ensure they contained information to support staff to be able to engage with people in a more meaningful way. Some plans lacked information about people's life history, preferences or interests.
- People told us they were asked about their preferences, likes and dislikes. One person said, "When I came here I was asked what I liked and didn't like." Another person said, "The staff always ask me if I need assistance when I shower."
- People were supported by staff who knew them. Since the last inspection more staff had been employed and there was less reliance on the use of staff from an agency. However, people continued to express their concerns the agency staff did not always know what they were doing and how people liked things done.

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 take part in activities. We saw people enjoying an entertainer who had come in to sing, we also saw people taking part in chair exercises. People were supported to go for a walk in the garden or to a local pub for a meal. However, people commented there was not always much to do, particularly in the evening, and activities lacked imagination and there were no spiritual activities everyone could take part in if they wished to.
- One person said, "We don't have a church service, but a minister does come in." Another person said, "I am catholic, and they come in to give me mass."
- The provider had identified people required more mental and social stimulation and was looking at how best to improve this. A further activities co-ordinator had been recruited.
- Visitors were welcome at any time.

End of life care and support

- People were supported at the end of their lives. Care plans included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) assessment for people who wanted them. However, there was limited information about people's wishes and preferences in relation to their end of life care.
- Staff were trained in end of life care.
- Feedback around end of life care was positive. One comment we received from a relative read, 'The last few days of our relative's life were very difficult for us, however, the support, compassion, and empathy we received from the care home manager and his team really helped us. We were offered a spare room to use, and brought food and beverages by the chef, receptionist, and care workers, so we didn't have to leave our relative during this difficult time.'

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's communication needs were recorded in care plans. Since our last inspection improvements had been made. People had a communication passport in place, where needed, which provided the information staff needed to ensure people got the support required.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any complaints or concerns they would be happy to speak with the manager or staff. They were confident any issues would be dealt with appropriately. One relative said, "When I raised a concern, [name of manager] came to see me and resolved the issue for us. He is an asset to the place."
- Following a complaint, we saw a 'Condolence Champion' had been put in place to communicate with and support relatives when a person passed away. We also saw a poster with guidance for staff had been put in place.
- A new policy and procedure were in place to set out the process and timescales for the handling of complaints.

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

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

At our last inspection the provider had failed to have sufficient systems and processes embedded to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- There was no registered manager. The last manager registered with the CQC left in August 2018. There had been a few managers since, but none had completed an application to become the registered manager. At the time of the inspection there was a manager who came into post following the last inspection, they had applied to become the registered manager.
- The provider had developed an action plan from the previous inspection. Clear accountability and timescales were in place to address the concerns raised. We saw timely action had been taken.
- The quality and safety of the service had improved. Quality assurance processes were in place and effective at identifying any shortfalls. These needed to be fully embedded and maintained to sustain improvements.
- Systems and processes had been reviewed and there was evidence across all areas that these were effective. However, the systems and processes needed to be embedded into the service to ensure sustained improvement.
- Care plan documentation was being reviewed to ensure records captured both the social and clinical needs of people.

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

- We found an open and transparent culture was promoted by the new manager. Staff told us they were encouraged to share their views. Staff were keen to be part of improving the service for the benefit of people using it.
- The home was developing a positive person-centred culture. Staff told us they felt valued. The new manager encouraged teamwork and communication with staff, people and relatives had improved. This had led to a more person-centred approach across the home.

- Staff told us the new manager was open in their communication style and this reinforced that everyone was working towards the same positive outcomes for people. One member of staff said, "Everyone feels a lot happier since [name of manager] came. Staff morale is up now, and we feel closer as a team."

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 manager was open and honest when things went wrong, they informed families and external agencies as needed.
- People, relatives and staff spoke positively about the manager. The staff felt confident issues were addressed when needed. One member of staff said, "[Name of manager] is brilliant, he addresses things. There have been a lot of improvements since the last inspection."
- The manager notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous rating as required.

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

- People's feedback was sought through surveys, although people told us they could not remember when they were asked for their feedback. The manager told us a survey was due to be sent out in March. Any information received would be analysed and used to drive improvements.
- Relatives meetings had been put in place following the last inspection. One relative said, "Communication has improved."
- Regular staff meetings took place and we saw from minutes of meetings topics on the agenda included learning lessons. Staff had the opportunity to discuss what went well and what could be improved.

Continuous learning and improving care; Working in partnership with others

- Governance systems had been developed based upon the issues raised at the last inspection and commissioner monitoring visits.
- The manager and provider had worked closely with the NHS clinical commissioning group (CCG) to complete the actions identified by the CCG around assessment, monitoring and evaluating the service.
- The provider had a plan in place to move away from paper files to an electronic system. . The aim was to simplify recording and improve managerial oversight. This would lead to people receiving better care.