

Zest Care Homes Limited

Bramley Court

Inspection report

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 31 August 2016 and was unannounced. At our last inspection in August 2015 we found the service did not take reasonable steps to safeguard people from any invasion of their privacy. We saw that the provider had now taken effective action to address this.

Bramley Court is a care home with nursing for up to 76 people, some of whom are living with dementia. At the time of our inspection 75 people were using the service.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in this home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People received their medicines as prescribed. Medication was suitably stored and administered. Staff knew how to dispense medication safely and there were regular checks to make sure this had been done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff received regular training and updates to maintain their knowledge of good practice and people's latest care needs.

Meals times were promoted as a sociable and pleasant experience. People were kept safe from malnutrition because they were offered a choice of foods and drinks they liked. Staff knew how to support people to eat and drink enough to keep them well.

People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed.

People said staff were caring and had built up close relationships with the members of staff who supported them. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and respect.

There was a wide range of activities for people to take part in which reflected their individual interests. People's relatives and friends were made welcome and staff knew how to support people to pursue their cultural heritage and religious beliefs.

People had access to a complaints system and the registered manager responded appropriately to

concerns. Where possible action had been taken to prevent similar issues from reoccurring.

There was effective leadership from the registered manager and senior members of staff to ensure that staff in all roles were well motivated and enthusiastic. The registered manager assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

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.

People told us that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to recognise signs of abuse and how to keep people safe.

Medication was managed effectively so that people received the correct medication when they needed it.

Is the service effective?

Good ●

The service was effective.

People were involved in making decisions about their care and were supported in line with their preferences.

The provider had taken action to ensure people were supported in line with the Mental Capacity Act 2005.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

Is the service caring?

Good ●

This service was caring.

People and their relatives told us that staff were kind.

Staff treated people with dignity and respect.

Staff were patient and considerate of people's abilities and views when providing care.

Is the service responsive?

Good ●

This service was responsive.

Staff supported people to pursue their interests and hobbies in the home and the community.

People were supported to express their views about their care.

The registered manager and staff responded appropriately to comments and complaints about the service.

Is the service well-led?

Good ●

This service was well-led.

The registered manager provided staff with appropriate leadership and support.

There were effective systems to monitor and improve the quality of the service people received.

People expressed confidence in the registered manager and staff enjoyed working at the service.

Bramley Court

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 was planned to check whether the provider is 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.

We conducted a comprehensive unannounced inspection of this service on 31 August 2016. The inspection team consisted of one inspector and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service. We were also accompanied by 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 service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with five people who used the service and seven relatives of people who used the service. We also spoke with the registered manager, two nurses, two senior carers, four care assistants and one member of the catering team. We sampled the records, including 13 people's care plans, two staffing records, complaints, medication and quality monitoring. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. People told us; "Its safe here;" "I feel safe and well looked after;" "I feel totally safe here. It's great." Relatives we spoke with also expressed their confidence in the registered manager and staff's ability to keep people safe.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. There was guidance and instructions around the home of actions staff and visitors could take if they felt anyone was at risk of or suffering from abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions and took prompt action when they thought a person was at risk of harm. People's care records did not always reflect the detailed knowledge about people's conditions that staff expressed to us, however records were in the process of being updated in readiness for the introduction of an electronic recording system.

We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. We observed the support three people received and noted that staff managed specific risks to people in line with their care plans. The home was well equipped and regular audits and maintenance programmes ensured the environment did not present any risks to the people who lived there.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. A review of two staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable.

We saw and people told us that there were enough staff on each shift. Comments from people's relatives included; "There are enough staff in the day when we come in. They are always very busy;" "My sister visits in the evening and says the staffing levels are fine;" "They seem to be a bit short of staff when it is holiday time but they do get agency ones in." Staff told us that there were enough staff to meet people's care needs and additional staff were always found to cover unexpected absences.

During our visit staff appeared unhurried and provided care at a pace which was suitable to people's individual needs. One member of staff told us, "It's a calm morning; lovely." We spoke to two members of agency staff who told us they often worked at the service and could demonstrate they knew peoples'

individual care needs. This ensured that people were cared for by enough staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in suitably safe locations. We observed that medicines were administered in line with good practice by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. We sampled the Medication Administration Records (MARs) and found that they had usually been completed correctly although there were a couple of omissions. We noted that the providers own checks had already identified these errors and had taken action to prevent them from happening again. The registered manager had made use of the services of a pharmacist to review the medication taken by people in the home and ensure it was managed appropriately. People were supported to receive their medication as prescribed.

Is the service effective?

Our findings

All the people we spoke with said the service and staff were good at meeting their needs. Several relatives gave us examples of how people's conditions had improved since using the service. One relative told us, "He was very physical and difficult but they spent a lot of time with him and they have now got him off his medication." Another relative told us, "My brother has specific needs and this home meets them all."

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. Staff were supported to complete the Care Certificate, which is a set of national minimum care standards that new care staff must cover as part of their induction process. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health and safety and first aid.

Staff told us they received regular training and when necessary additional training to meet the specific needs of the people they were supporting. One member of staff said, "We have monthly training sessions." Another member of staff said, "There is no shortage of training." Some members of staff had been supported to gain an expert knowledge of moving and handling techniques so they could guide and advise other staff on best practice. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. We saw people were supported in line with this guidance.

Staff confirmed that they received informal and formal supervision from the registered or deputy manager on a regular basis. They felt well supported by the registered manager and other team members. There were regular staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. People were supported by staff who had the skills and knowledge to meet their individual care needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

At our last inspection we were concerned the provider was not working in line with the MCA however we saw this had now improved. The provider had approached the appropriate authorities when people had lacked mental capacity to consent to the use of CCTV or other health care support and we saw that people were supported in line with the authorities' decisions. There was a clear process in place to ensure these

decisions were reviewed so people would continue to be supported in their best interests. There were processes and checks in place to ensure any personal data obtained was managed in accordance with relevant legislation. This safeguarded people from abuse of their human rights and improper treatment.

People told us that they enjoyed their meals. One person told us, "The food is good here." Another person said, "Food is great." A person's relative told us, "They change the food if mother doesn't like it." We saw that the registered manager had consulted people about their preferences in terms of the menu and made relevant changes. We visited the service on a hot day and noted that staff regularly prompted people to consume cold drinks so they remained hydrated and cool.

We saw that staff had carried out nutritional assessments and monitored people's food and drink intake when they were thought to be at risk of malnutrition or weight gain. Staff we spoke with knew people's specific nutritional requirements and how they required their food and drink prepared in order to maintain their health. We observed a person's relative was invited to join them for lunch so they could help and encourage the person to eat. Staff had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets.

The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. We observed that lunchtime was a sociable occasion and staff encouraged people to sit with others who they knew were their friends. People who were more independent were encouraged to remain so by pouring drinks and helping themselves to condiments. Those people who required assistance were helped by staff. We noted the assistance was in line with people's care plans.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including opticians and chiropodists. Records showed that health professionals regularly visited the home and staff acted promptly to involve them when people's conditions changed.

Is the service caring?

Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One person told us, ""The care is excellent and the staff are too." Another person said, "The staff here are very kind and compassionate." a person's relative said, "Staff go out of their way to help."

Relatives of people living in the home told us that the staff had not only showed kindness towards the people in the home but they had supported them when they had needed reassurance. We saw that staff were quick to reassure people if they became anxious or disorientated. Staff constantly reassured people they were safe and where they were in the home.

We saw that there were clear records of how people wanted to be addressed by staff and we heard staff addressing people by their preferred names. People were generally supported by the same staff which had enabled them to build up close relationships. We observed some people who could not speak smile and laugh when approached by staff. Staff demonstrated they knew people's personal history and we saw them engage in meaningful and enquiring conversations with people.

People told us that the managers and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing physical care and respected their choices. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. A person's relative told us, "They really look after her well and fully involve me and my sister." This helped people to influence and have control over how their care was provided. There were regular meetings which people and their relatives could express their views about the service and we saw evidence that the registered manager had listened and acted upon people's views.

Staff were keen to encourage people to engage in activities in the home and community visits to prevent their social isolation. There were regular trips into the community and staff had supported people to follow the recent Olympic Games. We saw orientation boards were up to date and staff supported people to read the days newspaper. This kept people up to date with world events and how they could impact on them.

People told us that the members of staff respected their privacy and we saw staff knock and introduce themselves to people before entering their bedrooms. People appeared well dressed and staff maintained people's dignity when hoisting and discussing their care needs quietly with them. A person's relative told us that staff were attentive, "[Care is] better here than at home. She has her feet done and her hair as well."

Is the service responsive?

Our findings

All of the people we spoke with said that they were regularly approached for their views of the service and staff were prompt to respond. A relative who made a request for a change to a person's bedroom décor told us that staff had replied, "We will do it straight away. It will be no problem. It's his home." They told us the changes were made promptly. Another person's relative told us, "I left a note asking if they could put classical music on his radio for him. When I returned they did it. How good is that?"

The provider responded to people's wishes when supporting them with care. Staff asked people if they wanted to go into the garden and supported those who chose to. We noticed that when people's hot drinks became cold they were offered fresh ones. Staff knew people's preferences and we saw staff support people to engage in activities they knew they liked, such as playing the piano. There regular trips into the community which people said they enjoyed. We observed a member of staff ask several people about their life stories and discuss how they could help them to pursue past interests. Care appeared person centred and we often saw staff break off from tasks to provide personal care or reassure people when they became anxious.

The provider had responded as people's conditions changed. We saw people's medication had been regularly reviewed when necessary and people were regularly assessed to ensure they had the most appropriate equipment for their needs. We conducted our inspection visit during a hot day and the registered manager had taken action to ensure there were additional fans and drinks available to keep people cool and hydrated. This meant that people continued to receive care which met their most current needs.

Relatives we spoke with told us that they were always made welcome when they visited the service and were encouraged to participate in the lives of the people who used the service. Staff also told us how they provided care which reflected people's cultural heritage and supported people to engage in their spiritual beliefs. This helped people to maintain relationships which were important to them.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. The provider had clear policies and procedures for dealing with complaints. There were processes in place to support people to express their views about the service. We saw the records of one complaint and saw that there was a clear record of the action which had been taken. There was evidence that the registered manager had communicated with the person making the complaint and respond to additional concerns and queries. The registered manager kept a log of complaints to analyse for trends and themes. This helped them to take action to prevent similar complaints from reoccurring.

Is the service well-led?

Our findings

People living in the home and relatives told us they felt the home was well run. One person said, "[Staff are] really good. They go out of their way." A relative told us, "It couldn't be better." Staff felt valued and supported. One member of staff told us, "I love it here," and another said, "I do feel I'm doing a good job for them."

Members of staff told us that the registered manager was supportive and led the staff team well. A member of staff told us that the manager would, "Sort things out," if needed. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Staff had individual supervisions and group meetings so they could express their views of the service. Records showed that the registered manager had used these meetings to inform staff of new practices and implement actions in order to improve the quality of care people received.

People were involved in developing the service. People who use the service and their relatives were regularly approached to express their views of the service. Records were reviewed to ensure they reflected people's current care needs and where possible people who used the service were involved so they could comment on the quality of the care they received. This helped the registered manager to monitor the quality of the service and identify areas for improvement. The registered manager was in the process of introducing an electronic records system in order to improve systems for the updating and monitoring of people's care needs.

The registered manager demonstrated that she was aware of the requirements of the regulations in relation to the running of the home and of her responsibilities. A review of records showed they had notified the commission of events they were required to do so by law and they had taken effective action to address concerns about people's rights to privacy raised at our last inspection.

The registered manager had systems for monitoring the daily quality of the service and that the standard of care was maintained and improved on where possible. They monitored incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again. The registered manager conducted regular audits to ensure the environment and utilities were safe and were suitable to meet the needs of the people who used the service.