

Brackley Fields Care Ltd

Brackley Fields Country House Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brackley Fields Country House Retirement Home is a residential care home providing accommodation and personal care for up to 32 people. The service provides support to younger and older people and people with dementia. At the time of our inspection there were 24 people using the service.

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

Records required improvement. We found gaps in the recording of personal care tasks and risk strategies. People's records did not evidence person centred care was always delivered.

Not all risks were clearly identified and mitigated. Injuries had not always been recorded and follow up information was limited.

Medicine records required improvement. Although people received their medicines, records did not always evidence the reason why an 'as required' medicine had been given and staff did not always have the information required to understand when 'as required' medicines should be given.

Not all records were audited to identify when information had not been recorded. Systems and processes to ensure good oversight and improvements were put into place were not always effective.

People, staff and relatives raised some concerns with staffing levels. We were told that due to staffing levels some tasks were not completed, or people had to wait for support to be offered. We made a recommendation regarding reviewing staffing levels.

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; however, the policies and systems in the service did not always support this practice.

The environment was clean, and people had personalised rooms. However, areas of the service required updating.

Staff supported people to have their health needs met. Referrals were made to healthcare professionals as required. Nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.

People were supported by kind caring staff who had been safety recruited and received training to understand people's needs. People and relatives told us staff were kind, caring and compassionate and treated people with dignity and respect.

People, relatives and staff knew how to complain. The registered manager understood their responsibility to

open and transparent when things went wrong. Lessons learnt were shared with staff and incidents and accidents were reviewed to identify and trends or patterns to reduce the risk of reoccurrence.

Staff wore appropriate personal protective equipment and the provider followed government guidance on testing for COVID-19.

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 good (published 4 September 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, records and oversight at this inspection.

We have recommended the provider reviews the current staffing levels.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

We will request an action plan from 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 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 ●

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 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

The inspection was completed by one inspector. An Expert by experience made phone calls to people and relatives after the site visit. 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

Brackley Fields Country House Retirement Home 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. Brackley Fields Country House Retirement Home 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 five people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, housekeepers, kitchen staff and care workers.

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.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Using medicines safely

- Medicine records required improvement. When people needed 'as required' (PRN) medicines, staff had not always recorded the reason for administering the medicine. This meant any health professional assessing the person's use of the PRN medicine would not be able to assess its effectiveness.
- Staff did not always have the information required to understand the reason PRN medicines were prescribed. We found PRN medicine protocols were not consistently in place. This put people at risk of not receiving medicines as prescribed.
- Risk assessments were not always in place or contained sufficient strategies to ensure people were protected and staff had the information required. For example, one person with a health need had no information regarding the signs and symptoms to look for in case of healthcare being required. When people were unable to use their call bell to summon support a risk assessment had not been completed. The provider agreed to put these in place immediately.
- People were at increased risks of skin pressure damage. Support with repositioning tasks had been recorded outside of the specified timeframes. However, we found no evidence of harm.
- When people required specific tasks recorded to mitigate risks these records had not been completed consistently. For example, when people required their bowels monitored. This put people at increased risk of constipation or impaction.

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines. These are a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks linked to scalding, legionella and fire were assessed and mitigated.
- People's medicine administration record (MAR) evidenced people received their regular prescribed medicines as prescribed. Staff signed people's MAR and used appropriate coding when medicines were refused or not given.

Systems and processes to safeguard people from the risk of abuse

- When people suffered injuries, records were not always completed to identify the size, shape and colour of the injury or any follow up information regarding how the injury was healing. This put people at risk of harm from unmanaged injuries. However, we found no evidence of harm.
- People were at risk from inappropriate restraint. Staff did not have training and risk assessments were not in place when people required staff to physically intervene to keep people and staff safe. Staff told us they

often 'held people's hands down to stop them hitting.' However, people and relatives did not raise any concerns with physical interventions.

The provider had failed to assess and mitigate the risks to people. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had safeguarding procedures in place and staff understood the signs of abuse and knew how to report them. People and relatives told they felt safe. One relative said, "They are on the ball at Brackley Fields and do a good job of keeping everyone safe." Another relative said, "I feel [person] is in the safest place she can be."

Staffing and recruitment

- The provider used a detailed dependency tool to identify staffing needs. However, rotas evidenced at times there were less staff during night shifts. People and staff told us people often had to wait due to not enough staff. One staff member said, "There are not enough staff and people sometimes wait for an hour to use the toilet." A person told us, "Sometimes staff are too busy, when I press my call bell, they [staff] respond with "I will come when I can."

We recommend the provider re-evaluates the effectiveness of the dependency tool taking into account people, relatives and staff feedback regarding staff the levels required to meet people's individual assessed needs.

- People were supported by staff who had been recruited safely. The provider requested references from previous employers and Disclosure and Barring Service (DBS) checks were completed before staff started to work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- Falls were reviewed and analysed regularly, and information was shared with staff and lessons learnt were recorded.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People oral health records required improvement. Records were not consistently completed to evidence support with oral hygiene.
- Referrals to healthcare professionals were made as required. For example, we saw referrals made to speech and language therapists (SALT), dietitians and the falls team. Advice given from healthcare professionals was recorded and followed.
- People's health needs were managed effectively. People were supported to access health services such as GP, opticians and hearing tests.

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

- People's holistic needs were assessed before they moved into the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received an induction, training and completed shadow shifts before lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member) Staff received ongoing training in fire, health and safety, IPC, moving and handling, dementia, communication and safeguarding. Additional training was being arranged to ensure all staff had training in oral healthcare, diabetes and epilepsy.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- People's dietary and fluid needs were assessed and monitored. For example, when people were at risk of dehydration records evidenced that staff monitored and offered sufficient fluids.
- People told us they had choices for meals. One person said, "I don't have the set meals here. The cook has found out all my likes and dislikes and so it works for me." A relative told us, "[Person] is a very fussy eater

and the cooks sit with [person] and discuss what [person] would like to eat."

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

- The environment was homely. However, areas of the service required updating. The provider was in the process of putting an action plan in place to update and improve the environment.
- People's bedrooms were personalised and decorated to individual preferences.

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.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held. People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager kept a record of everyone DoLS status and recorded any conditions that required actions to be completed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People told us the staff supporting them were kind and caring. One person told us, "The staff have always been so kind," and "The carers treat everyone as individuals, and we have a good laugh and a joke." Another relative said, "They are kind, respectful and [person] has a good laugh with them."
- People also gave us examples of staff going out and buying items for them if they were not able.
- Throughout our inspection we observed positive interactions between people and staff.
- All staff received training in equality and diversity and were supported by a detailed policy.

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

- People were encouraged and supported to express their views. One person said, "I can ask anyone anything here. They couldn't be more helpful."
- People were fully involved in making decisions about their care. One relative told us, "It gives me great peace of mind to know that [person] is so well looked after and still has choices in life."
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the provider would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. We saw staff working in a way that promoted people's dignity. Knocking on doors before entering and speaking discreetly to people when offering personal care.
- People were encouraged to be as independent as they were able. One person was supported to move rooms to allow them to have all of their possessions required to promote their independence.
- Care plans included information on what people were able to do themselves and what they required support with. This enabled staff to support people with their independence.
- Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- Records did not always evidence person centred care was delivered. For example, two people's records evidenced they were only offered support with bathing, showering and hair washes once in a period of a month. One person told us, "I'm not always allowed a bath or shower, it depends on the time as staff have other jobs to do." A relative told us, "[Person] has sometimes said to me "I wish I could have a shower." I think it can be missed if they are short of staff."
- Care plans contained personalised information regarding if a person wore jewellery or wanted make up applied as well as preferences relating to night-time routines such as door open or closed, light on or off and windows open or closed. However, records did not include if a person had a preferred gender of staff for person care.
- People's religion and culture was identified, and strategies implemented to meet these needs.
- People were supported by a consistent staff team who knew them well.

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 care plans had information regarding their communication needs. However, for one person the details were not recorded regarding what aids could be used to facilitate their communication.
- Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

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 engage in activities that were meaningful to them.
- We observed activities being offered throughout the day. People told us they enjoyed the activities. One person said, "I can go out when I want, I just tell the staff and they sort it for me."
- People were supported to stay in contact with significant people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.

We found complaints were well managed and people were responded to appropriately. There were written records of responses, which showed these were dealt with appropriately.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had end of life care plans in place when appropriate. These were detailed with people's needs and wishes and contained information relevant to their culture and religion.
- Staff received end of life training to ensure they were able to support people safely and knew how to liaise with the appropriate health care professionals.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes were not effective in identifying when support tasks were not completed or recorded. We found gaps in the records for oral care, repositioning and personal hygiene support. This meant the provider could not be assured that people's needs were being met.
- Audits completed on medicines were ineffective in identifying the concerns found with PRN medicines and recording. This put people at risk of not receiving their medicines as prescribed.
- Systems and processes were not in place to identify potential abuse. Records were not always completed when people sustained an injury. This put people at increased risk of abuse.
- Systems and processes were not effective to ensure care plans and risk assessments contained sufficient information. We found some had missing information regarding risks and health concerns.
- Systems and processes were not in place to ensure all physical interventions were recorded, assessed and monitored.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (2)(a) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits on call bells and cleanliness within the home were effective and detailed.
- People, relatives and staff spoke positively about the provider and managers. One person said, "They give 100% all the time here. It is definitely well managed." Relatives told us they would recommend the service to others.

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 clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.

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

- The provider sent out surveys to gain feedback on the service. The feedback received was positive. However, three relatives told us they had never been asked for feedback.
- Staff told us they had regular meetings and minutes evidenced information sharing within meetings.
- People were invited to take part in meetings to discuss and share information.

Continuous learning and improving care; Working in partnership with others

- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. One relative told us, "They (Home) soon call me if there is anything that I need to know."
- The registered manager and provider were engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>