Brampton View Limited

Brampton View Care Home

Inspection report

Brampton View, Brampton Lane
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Date of inspection visit:
23 February 2016
24 February 2016

Date of publication:
06 April 2016

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 the 23 and 24 February 2016 and was unannounced. The service is registered to provide accommodation for people who require nursing and personal care for up to 88 people. The service caters for people with physical disability, degenerative conditions and people living with dementia. At the time of our inspection there were 79 people living there.

There was a registered manager in post at the time of 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff deployed to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as they were prescribed. People had opportunities to participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and effective systems in place to assess the quality of service provided.

At our inspection in November 2014, we concluded that the overall rating for the service was 'Requires improvement'. This was because the provider was in breach of Regulation 22, of the Health and social care act 2008 (regulated activities) Regulations 2010: Staffing. This was because there were insufficient numbers of suitably qualified, skilled and experienced staff employed for the process of carrying on the regulated activities. This deficit impacted on all aspects of the service that people received. We asked the provider to send us an action plan setting out the action that they would take to stabilise staffing levels within an appropriate time frame. During this inspection we found that there were sufficient numbers of suitable qualified and skilled staff employed and that people received of a good level of care and support from staff that they knew and understood their needs.

Also during our inspection November 2014 we also found the provider was in breach of regulation 10 of the Health and social care act 2008 (regulated activities) Regulations 2010 Assessing and monitoring the quality of the service provision because quality assurance systems were not robust. The provider had not identified, assessed and managed the risks relating to the health; welfare and safety of the people who used the service and others who may have been at risk. We asked the provider to send us an action plan setting out the action they would take to strengthen quality assurance systems and the management of the home; within an appropriate time frame. During this inspection we found that quality assurance systems had been improved and that the management of the home had been strengthened. All of the people we spoke with told us they had confidence in the management and recognised the improvements that had been made.

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.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Is the service effective?

Good

The service was effective.

There was an effective system in place to ensure safe staffing levels were maintained.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity
to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received ongoing healthcare support and had access to NHS health care services.

Is the service caring?

Good

The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership in the home; the registered manager understood their responsibilities, and was supported by the provider.

Effective quality assurance processes were in place.

Brampton View Care Home

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.

This inspection took place on 23 and 24 February 2016 and was unannounced. The inspection team comprised two inspectors. Before the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.
During our inspection we spoke with seven people who used the service, three relatives, six members of the care staff and three senior managers. We also spoke with a health professional who was visiting the home. We observed the way that care was provided; looked at records and charts relating to four people, we reviewed three staff recruitment records and the quality assurance systems.

Good

Is the service safe?

Our findings

During our last inspection in November 2014 the provider was in breach of Regulation 22, of the Health and social care act 2008 (regulated activities) Regulations 2010: Staffing. This was because there were insufficient numbers of suitably qualified, skilled and experienced staff employed for the process of carrying on the regulated activities. This deficit impacted on all aspects of the service that people received. We asked the provider to send us an action plan setting out the action that they would take to stabilise staffing levels within an appropriate time frame.

During this inspection people told us there were enough staff available to meet their needs and they had the right skills to provide the care they required. One person said "I am very pleased with the way I am being cared for". Staff told us that staffing levels had improved significantly and had stabilised since our last inspection; they told us they had not needed to work excessive hours to provide cover and that the use of agency staff had been significantly reduced. During this inspection we found that there were sufficient numbers of suitable qualified and skilled staff employed and that people received of a good level of care and support from staff that they knew and understood their needs. We found that staff were attentive to people's needs and call bells were answered promptly; care staff were well supported by an activities co-ordinator, chef and other domestic staff.

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said "I've always felt safe here and never been worried that I'm a burden, despite my challenges." Another person said "All the staff are nice and I do I feel safe living here." A relative said "It's just wonderful here; the staff are all so lovely."

Staff were aware of their roles and responsibilities in protecting people from harm; one member of staff said "I would report any concerns to the senior person on duty; so that they could take the right action." Senior staff were aware of their responsibilities and the external agencies they would need to contact if someone was at risk of harm. Staff had received regular training in safeguarding; were aware of the various forms of abuse had access to appropriate policies and procedures.

Safeguarding allegations were reported to the appropriate authority and those that had been referred back to the management to investigate, had appropriate investigations conducted. The management were aware of the actions they would need to take in the event that allegations were substantiated; for example disciplinary action against staff and the required referrals to the appropriate authorities.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety. For example risk assessments were in place to reduce and manage the risks of pressure damage to the skin, people had appropriate equipment supplied to reduce the risks and movement and handling risk assessments provided staff with instructions on how people were to be supported to change their position to relive their pressure areas. All of the individual plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed. Individual personal emergency evacuation plans were in place and were readily accessible for use in an emergency situation.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Robust systems were in place for ordering, storage, administration, recording and the disposal of medicines A visiting health professional told us that medicine systems were well managed and that staff were responsive to advice and guidance.. Medicine administration records were in good order and administration records demonstrated that people's medicines had been given as prescribed. Medicine systems were safe and people had sufficient supplies of their prescribed medicines. We observed a medicine administration round and saw that staff administered medicines safely. Staff told us they were trained in the administration of medicines and that they received regular checks by the management to ensure their competence.

Good

Is the service effective?

Our findings

When we inspected the service in February 2015 we found that people did not always receive adequate support during the lunch time service because there were not enough staff available; this created a chaotic lunch time experience. During this inspection there were enough staff to ensure people received the support that they needed. We observed the meal time experience for people living with dementia. Staff asked people which food option they wanted and provided an alternative choice if people did not wish to have the meal choices shown on the menu. People now benefited from a calm and unrushed meal time experience; staff provided patient and sensitive support and encouragement for people to eat their meals. People were offered a choice of drinks and staff encouraged them to maintain an adequate fluid intake.

People told us they had enough to eat and drink and were happy with the food provided. One person said, "The food has been improved quite a lot since the new manager came." Another person told us "The food is good here and we have an excellent choice." A relative told us "My relative says the food here is wonderful." A member of staff told us "All the food is fresh and home cooked; the kitchen staff know people's food preferences and their dietary needs. For example they know if anyone has any allergies or if they need a special diet."

Individual plans of care showed that people were assessed for their risk of not eating and drinking enough to maintain their health and well-being. The risk assessments included regular checks on people's weights. When people were found to be at risk or had lost weight unintentionally they were referred to their GP and the NHS dietitian and their recommendations were followed. Staff then assessed people more frequently and closely monitored their food and fluid intake. Food and fluid records were maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period.

People were provided with effective care and support. People told us they thought the staff had the skills needed to support them. One person said "The staff are all very good, I looked at several places before I decided to move here and I would have a job to beat it." Staff told us they had undertaken an effective induction training which had equipped them with the skills and knowledge they needed before being allowed to work in the home. The induction training included training in moving and handling, first aid, fire safety and safeguarding. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent.

Staff told us that the training they had received was of a good standard and they had also received awareness training in supporting people living with conditions such as dementia and Parkinson's disease. The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; health and safety and infection control. Staff used appropriate movement and handling techniques and good communication skills when supporting people to change their position for example when rising from their chair. Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. Staff were attentive to people's needs and supported them effectively when they became unsettled or distressed.

Staff told us they received regular staff supervision from their line managers to ensure they were supported in their roles and their development. One member of staff said "Supervision is very useful, we get positive feedback from senior staff and it helps us identify opportunities for development; we can also raise any concerns we might have. The management are very receptive to suggestions about how we can improve the service."

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. One person said "They always ask my permission before the do anything for me."

A relative told us, "The staff are brilliant; they are kind and considerate towards my relative [name] and ask before doing anything." Individual plans of care demonstrated that people's formal consent was obtained relating to a range of circumstances; for example the use of photographs for identification purposed and consent for information to be shared with other health professionals.

Staff had received training in the Mental Capacity Act 2005 and that the provider had an action plan in place to ensure that all staff had received this training by April 2016; staff working in the dementia unit had been prioritised. The senior staff we spoke with were aware of their responsibilities under the MCA and the DoLS Code of Practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act and whether any authorisations had been requested. Individual plans of care showed that people who may have lacked capacity to make informed decisions had been assessed and a system was in place to ensure that decisions were made in their best interests. Where people had been assessed as not having capacity a Lasting Power of Attorney had also been obtained. During the course of our inspection we were advised that DoLS applications had been submitted for all of the people living with dementia and several other people. The provider told us at the time of our visit nine DoLS applications had been submitted to the local authority.

People had access to health care including NHS services. Care staff sought prompt support from the nursing staff if they thought someone required medical intervention. We saw that the GP visited regularly and worked closely with nursing staff to meet people's health needs. One person said "The GP comes here three times a week so there is never a problem being seen" A relative said "[name] has been so much healthier since they came here, any illnesses are noticed early the GP comes regularly so any illness is treated before it becomes a problem". Another relative said "We have no concerns about the way the health of [name] is being managed; [name] is completely off their pain killers now."

Staff liaised with health professionals appropriately and they followed clinical advice, a visiting health professional told us they had no concerns about the service. Staff knew the needs of people who used the service. Records showed that people also had access to a range of health professionals; including specialist

nurses, podiatrists, speech and language therapists and opticians. During our inspection we saw a number of people were being seen by a visiting optician.

Good

Is the service caring?

Our findings

When we inspected the service in November 2014 we found that staffing levels were unstable and chaotic, although staff tried to meet people's needs their physical and emotional needs and their dignity was not always maintained. During this inspection we found that staffing levels had stabilised and there had been improvements to the management team.

People were cared for by staff that were kind and compassionate towards them. For example one person said "It's a friendly place with some really good staff." Another person said "The girls [staff] are all very nice without exception, they can't do enough for me." A relative said "My relative just loves it here, everything's just so personal."

People's privacy and dignity was respected, staff were swift to adjust people's clothing and to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks.

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people, they approached people from an angle they could be seen; with smiling faces, provided good eye to eye contact and open body language. Staff had a good understanding of people's likes and dislikes, such as their preferred routines They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with a calm environment where people appeared contented.

One relative said "We have got to know the staff; they always say hello and they treat us as if we are part of the family". People felt listened to and their views were acted upon during the course of their daily routines and activities of daily living. Staff treated people as individuals, listened to them and respected their wishes. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were coming and going freely. One relative said: "We visit regularly, the staff always make us welcome and we join in with festive celebrations, we had a valentine's day tea party and they always celebrate anniversaries and birthdays." Another relative said "We leave here smiling because this [coming here] has been the best thing we have ever done for our relative."

Good

Is the service responsive?

Our findings

When we inspected the service in February 2015 we found that staffing levels were unstable and chaotic, this impacted on the ability of staff to respond to people's individual and collective needs. However during this inspection we found that staffing levels had stabilised and that the management of the home had been strengthened. This had improved the ability of staff to respond to people's individual and collective needs. An activities coordinator had been appointed and a varied activities programme had been established.

People were supported to engage in a range of activities. One person said "We have a varied programme of activities and events and the staff look for imaginative ways to engage our interest and motivate us." One relative said "[Name] loves it here, there's always something going on and [name] joins in all the activities; in fact we came to visit today but she's gone on an outing; being here has made such a difference to their quality of life!" There was a comprehensive weekly activities programme published, this comprised a range of activities including daily 'Oomph!' exercise sessions, arts and crafts, games, reminiscence sessions and outings. People also had access to a safe garden that could be used for walks and sitting out in fine weather.

Arrangements were in place to support people to maintain their faith; a relative told us that the local vicar attended the home to conduct a monthly Church of England service and weekly Holy Communion. A staff member told us "We ask the people about their religious beliefs and their needs at their pre-admission assessment and we make individual arrangements to suit their needs from there." Staff also told us they spent time with individuals reading devotionals as requested; including the Bible and that people were able to access BBC Songs of Praise as a regular chosen activity.

The staff also produced a monthly newsletter which provided people with information about events that had taken place and those that were planned for the following month. People were able to contribute to the newsletter content; for example people provided information for a feature 'How I met my spouse', the recommended poem of the month and the 'resident spotlight' interview.

People were assessed prior to moving to the home to ensure the service was able to meet their needs, and these assessments formed the basis for the development of individual plans of care. People could be involved in their care planning if they wished, however most relied on their family members to participate in the care plan development and reviews on their behalf. On relative said "We have seen all the records, it's all there, about the support [name] needs."

The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles. Individual plans of care contained detailed instruction to staff about how people's individual care and support was to be provided. Individual plans of care were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People were able to make decisions about their care. For example people were able to choose their own personal routines including their times of rising and retiring to bed. People were also able to choose how to spend their time, whether to engage in the planned activities and where to receive their visitors. One person said "I am not one for mixing, I prefer to stay in my own room but there's lots going on if I wanted to". People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I know who how to raise any concerns, if I needed to I would speak to the manager; they have an open door policy." A relative said "We talk to the person in charge all the time, if we had any concerns and I am confident they would put things right." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised.

Copies of the complaints procedure were displayed within the home and were referenced in the service user's guide, a booklet that is given to people who use the service and their representatives when they moved to the home. We reviewed the complaints file and the investigation process surrounding a recent complaint; we found that a full investigation had been conducted by the manager and that opportunities for learning had been sought and service improvements had been made.

Good

Is the service well-led?

Our findings

During our last inspection in November 2014 we found the provider was in breach of regulation 10 of the Health and social care act 2008 (regulated activities) Regulations 2010 Assessing and monitoring the quality of the service provision because quality assurance systems were not robust. The provider had not identified, assessed and managed the risks relating to the health; welfare and safety of the people who used the service and others who may have been at risk. We asked the provider to send us an action plan setting out the action they would take to strengthen quality assurance systems and the management of the home; within an appropriate time frame.

During this inspection we found that quality assurance systems had been improved and that the management of the home had been strengthened. All of the people we spoke with told us they had confidence in the management and recognised the improvements that had been made. One person said "There was a change of ownership a couple of years ago which unsettled our home for a while but I'm glad to say the impact was temporary and we've now recovered from that. Many areas have improved here in the past year." A relative said "The manager is really friendly, the door is always open and she knows what's going on."

All of the staff we spoke with were positive about the management of the home, one member of staff told us "The home has really improved since the current manager has been here, the staffing levels have stabilised, we have more permanent staff and we are far less dependent on agency staff; this is better because people know the staff and get better continuity of care." Another member of staff told us "The manager provides good leadership, she is friendly and approachable, we talk regularly and I have confidence in her decisions." The management told us that staffing levels were closely monitored and there was a system in place to monitor the dependency needs of the people who lived there and that staffing levels were calculated accordingly.

The management also told us that they had restructured the internal management team so that there was a clinical lead in post to manage each of the three units. They told us this enabled management to be more involved in the delivery of care and had also improved the support for staff. Clinical leads worked alongside staff to ensure their compliance with the homes vision and values. These were set out in the statement of purpose, which is provided to people when they are considering moving to the home to live. They stated "We are committed to providing a good quality of care to each and every person receiving our services. We will listen to you to enable us to provide you with individual care and support based on what you are telling us. We will keep you informed, respect your choices and value you as a person. We will care for you using the most up to date information available to us. We will care for you in an environment that is welcoming, comfortable and safe. We are committed to continually developing our skills and knowledge. We believe that we work in your home, not that you live in our workplace." A member of staff said "We need to ensure we are people focused; it's all about meeting people's needs and making sure their choices and their wishes are respected."

Robust quality assurance systems were now in place. The management conducted a range of internal audits

for example, the analysis of accidents records to identify risk factors and trends; the management of medicines, health and safety and staff training. Action plans were put in place and completed to address any opportunities for improvement.

The provider conducted annual satisfaction surveys, the last having been conducted in May 2015 which indicated a good level of satisfaction; for example 76% of people rated the home as good or very good. One respondent commented, "Staff are kind and cheerful and everything works very well." 91% of respondents said that they were at ease when speaking to staff and that they could understand them. The manager was active in looking for opportunities to improve the service and an action plan was put in place to address comments that had been less than positive. For example people said that they thought there should be more activities for people living with dementia; in response the activities team had introduced memory and rummage boxes and a nostalgia café was being implemented.

One relative commented "My [relative] has lived at Brampton View for a number of years, and I find it to be a safe, comfortable and caring place. There were a few bumps in the road when the home changed hands, but it's now back to its previous standards and I have no concerns about the quality of care [relative] receives." People were involved in the running of the home; records showed that the manager held meetings with people who used the service and their relatives about things that were happening in the home. Meetings provided people with an opportunity to be involved in making decisions such as menu planning and planning the activities as well as providing opportunities for people to express their views about the service. A monthly newsletter was circulated which contained information about the activities programme and other news such planned celebrations. Regular staff meetings were held to inform staff about service developments and other relevant topics. Staff also had regular supervision which provided them with opportunities to raise concerns and to question practice.

The management had established links with the local community including the local churches to enable people to maintain their faith. Links had also been established with local schools, that visited the home to participate in seasonal celebrations and performances.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service. The provider visited the home on a regular basis to ensure the effective running of the service. The feedback we received from other organisations was all positive; the service had recently been assessed by the local commissioners and achieved an overall quality rating of 97%.