

CareConcepts (Appleton) Limited

Brampton Lodge

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brampton Lodge is a residential care home providing accommodation and nursing, personal and intermediate care for up to 59 older people, some of whom are living with dementia. The service is provided by Care Concepts (Appleton) Limited. At the time of our inspection the service was providing accommodation to 59 people.

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

People living at Brampton Lodge and their relatives told us that their experience of using the service was overall very positive and very caring. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people.

People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff felt respected, listened to, and enabled to make changes based on their suggestions.

People received personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Staff sought individual ways to truly meet people's needs and requests. They researched ways and challenges to support people with their aspirations to engage in hobbies and activities they used to enjoy and still wanted to be part of.

The service continued to offer a good service. They remained at the heart of the local community with strong community links with a whole host of different community groups regularly visiting and people accessing their community. They had developed the roles of 'End of life champions' to help them concentrate on developing their support to people and their families. The provider supported staff to trial new initiatives and truly supported relatives to be comfortable and use the facilities both day and night. Memory books showed people's lives throughout their stay at the service and staff put their pictures together to present to families as something to remember their loved ones by.

Staff were motivated by and proud of the service. Staff were supported to obtain additional qualifications which they were proud to have achieved. There was a strong emphasis on continuous improvement with how the service could develop and improve for people living at Brampton Lodge. Safe recruitment systems were in place. People received care and support by staff who had been appropriately recruited and had undergone the necessary recruitment checks.

Safeguarding procedures were in place. Staff were familiar with safeguarding and whistleblowing reporting processes and understood the importance of keeping people safe.

We found that there were effective processes and systems in place to monitor the quality and safety of care people received. Quality assurance checks were routinely carried out and the provision of care was monitored, assessed and improved upon accordingly.

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

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 21 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below

Good ●

Is the service caring?

The service was exceptionally caring.
Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Brampton Lodge

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team

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

Service and service type

Brampton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. 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 this information to formulate a 'planning tool'; this

helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the provider's, registered manager, ten members of care staff, two external healthcare professionals, seven people living at the service and six relatives visiting at the time of the inspection.

We looked at care records of three people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service. We also undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse

- People felt safe living at Brampton Lodge. Relatives felt their loved ones were safe and well cared for. One person told us, "There's always plenty of staff around to keep an eye on things and they really do look after [our relative], I can't fault any of them."
- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out and showed they had taken appropriate actions to keep people safe.

Staffing and recruitment

- Staffing levels were safely managed. People received support from staff who were familiar with their support needs. Staff displayed pictures of staff to share with people who they could expect to see on duty each day. This helped some people to better understand the staffing levels on duty and be reassured of the staff supporting them.
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks. The provider had revised their application process to help match staff to the service.

Assessing risk, safety monitoring and management

- People's level of risk was assessed and well managed. Risk assessments were individually tailored around the individual needs of each person.
- Health and safety was well managed and all required checks and compliance certificates were in place to show safe systems within the service.

Preventing and controlling infection

- The home was clean, free from odour and well maintained. People told us it was always of a good standard and the staff kept it very clean and tidy.
- There was an up to date infection control risk assessment in place which showed a high standard of maintenance for keeping the home clean and free from risks of infection. Staff fully understood the importance of complying with infection control procedures as a way of keeping people safe.

Using medicines safely

- Medications were safely managed and provided effective systems to safely support people with their medication. People were supported with their medicines by trained members of staff who regularly had their competency levels checked.

- People had appropriate support plans and risk assessments in place to help them to stay safe and healthy with taking their prescribed medications and treatments.

Learning lessons when things go wrong

- Accident and incidents were routinely recorded and regularly reviewed.
- The registered manager had audited records to be able to show if they had any ongoing trends emerging to help them take swift actions to reduce any potential risks to people.

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 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care and social needs were holistically assessed. Each person's care and support was delivered in line with best practice. Relatives were very positive about the care provided and told us, "They've done a very good job with [our relative] since they've been here, I'm very pleased" and "[My relative] has calmed down a lot since they came here, no more shouting, I know they are well looked after now" and "They originally came for respite but liked it so much they stayed."
- Staff ensured that they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care. A visiting GP to the service offered very positive comments about the staff in regard to the support they provided to people and in regard their professionalism and communication with her practice.
- People received consistent and person-centred care. People were supported to attend different health checks as a way of maintaining their health and well-being. Staff routinely supported people to all of their appointments if they had no one else to go with them.

Staff support: induction, training, skills and experience

- Staff were provided with necessary training and development opportunities to help fulfil their needs and expertise in fully supporting people at Brampton Lodge.
- New employees completed a thorough six-month induction period including two weeks where they shadowed experienced staff to further learn all aspects of their role.
- Staff received regular one to one supervision and appraisals from senior staff to offer their continued support. Staff told us they were fully supported on a day to day basis and felt listened to and respected when discussing their views.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were well managed. The meals were home-made and offered lots of choices. We received lots of positive comments about the support provided with meals. Relative's shared with us, "Since [my relative's] been here they've got them to eat and drink more which is what they needed" and "They encourage [my relative] to eat more."
- The lunchtime experience was positive and relaxed. We saw different relatives visiting and getting involved at mealtimes. The service sought feedback regarding food and mealtime experience and acted on this to give people what they wanted.

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.

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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- Care records contained all the relevant information in relation to the support people required. Staff checked people's consent before providing care. The service had appropriate applications submitted to the Local Authority to show they followed legal requirements.

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

- The design, decoration and facilities of the home were highly maintained and met the needs of the people who lived there.
- Adaptations throughout the service showed the staff had taken into consideration the needs of the people living at Brampton Lodge. They had designed lots of large print and pictorial signs to help better orientate people with dementia around their home.
- People's bedrooms had been decorated to their taste and preference. Staff supported people to bring their own items and belongings with them to help them settle into the home and enable them to continue to enjoy their own personal items.

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 good.

At this inspection this key question has improved to outstanding. This meant people were supported and treated with outstanding care, dignity and respect; and involved as partners in their care.

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

- People and their representatives were regularly asked for their views and were very positive about the service. Relatives told us, "The whole ambience is warm and welcoming and they really do look after [our relative]" and "Whenever I come there's someone sitting with [our relative] and talking to them which is what they need, they are very kind."
- The registered manager and staff team were committed to enhancing the experiences of people living at the home. They ensured people were empowered and included in the care they received.
- People were supported to achieve their goals and encouraged to reach their full potential. Staff and relatives shared many examples where they researched ways to meet people's aspirations and often bucket lists that they had sometimes given up on.
- Some examples from these initiatives included a trip to Blackpool Tower as one person's wish was to dance there one last time, one person in their younger days always volunteered to be Father Christmas at their local events and their last wish was to be Father Christmas once more. Staff set out to fulfil this wish and organised their role at their Christmas Fete.
- Staff understood the importance for one person to always be able to access their love of sport especially as they used to work in a sports stadium it was a main focus of their life. Staff sought the support of the local community and sports stadium to organise regular trips and tours of their facilities. This resulted in them being able to set up a buddy system with Warrington Wolves to attend all home games. The stadium staff welcomed people into their stadium. They struck up a great friendship and truly included people every time they visited the stadium.
- Each of the examples showed great impact to each person's quality of life since they came to Brampton Lodge. People were able to show us how they were listened to and supported to do what was truly important and meaningful to them.
- Information was available to signpost people to independent advocacy services, should they require someone to speak up on their behalf. The provider further invested in purchasing the services of a visiting advocate each week to truly embed their desire to support every person living at Brampton Lodge. This service helped people to independently gain help and assistance in a private way that promoted their independence and choice.
- We saw several examples where the advocate had supported people to settle into Brampton Lodge and choose furnishings tailored to their taste. They encouraged people to try new experiences especially with social support and activities.
- One person was admitted in a poorly condition with a poor prognosis. The advocate and staff within the service gained their trust and support and coordinated their views in trialling new experiences such as going on dementia friendly bike rides within the local park. This support showed great impact to this person's

quality of life and showed a vast impact on their health and wellbeing.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. We observed some lovely practice by staff who emotionally supported people with compassion and kindness. Relatives felt that their family members were well looked after.
- People living at the service displayed positive signs of well-being. People were happy and engaging with staff. Families were keen to tell us how happy they were that their relatives lived at Brampton Lodge. There was a lovely atmosphere with people looking forward to the day's events. People were engaged and had a sense of purpose to their lives.
- Staff knew people very well. There was a long-standing staff team, of whom several had been at the service for many years. Many people were from the local area and staff were mainly from the locality too. Relatives told us that the staff were exceptional. People were chatting happily with staff and it was clear that both knew each other well.
- People were supported to express their spiritual needs and were accommodated with their different faiths.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. Relatives confirmed to us that people's privacy and dignity was always maintained. Staff explained that their role was to treat people like each person was their own family. They liked to do whatever it took to meet people's needs and requests.
- People and their families routinely completed life histories. This enabled staff to develop meaningful relationships and have respect for people as individuals. There were lots of examples where staff had routinely used people's histories to really seek out what was important to each person and sought ways to still enable them to enjoy these interests.
- Care files contained detailed person-centred information, which was contributed to by people and their relatives. Records showed numerous examples of how staff had supported people to truly meet people's expectations in how they wanted to enjoy their life at Brampton Lodge.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection.
- The provider had invested in developing staff to be 'End of life champions.' They had received many thank you cards from families expressing how much they valued the care and love given to their relatives especially during 'end of life'.
- The staff demonstrated lots of ways how they offered their respect to bereaved families by routinely attending each person's funeral and they sent flowers from everyone at the service. They had also developed a memories book, full of photos showing all of the events and times enjoyed by their family member while at the service. One person expressed how much this meant and felt it was a lovely memory to treasure and look back on.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

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 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was tailored around their individual support needs, wishes and preferences. Relatives were very positive and told us they were kept up to date, one person told us, "Because we live [away] we can't visit as often as we'd like but when we do the staff are able to answer all our questions, its peace of mind for us that [our relative] is being well looked after."
- People's person-centred needs were reflected in their care files and helped inform staff in providing effective and individualised care.
- Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- The intermediate care unit was well managed and attended to by a large group of health care professionals. Care planning and assessment tools had been developed in partnership with Bridgewater Community Healthcare NHS Trust showing consistency in managing records and quality of care within this unit.
- A regular and consistent staff team developed a good level of knowledge and understanding of the people they supported. It was evident that people liked being in the company of staff and enjoyed interacting and engaging with them.

End of life care and support

- All aspects of people's lives were planned and this included end of life care.
- People were supported to plan for and have a dignified death. This was because staff had appropriate training and were skilled at having difficult conversations and promoting choice in how people came to the end of their lives.
- The service had two 'end of life care champions'. Their input led to various developments to continually support people and develop initiatives to enhance their care. They developed a toiletries pack to assist families to be comfortable and encourage them to use the facilities and stay at the home day and night if they chose to.
- The service actively encouraged families to drive by the home during the funeral, to enable people at the service to say farewell by standing in line and paying their respects to the resident. They also offered the use of the home with buffet's provided for wakes.

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.

- Ideas and events were initiated by people based upon their interests and in being supported to try new

things. There were an abundance of life enhancing and interesting events and activities for people to become involved with.

- In the last year they organised a variety of trips out to places people wanted to visit such as, Knowsley safari park, Manchester airport, Blackpool, new Brighton beach, Warrington Museum, Anderton Boat lift, Liverpool Albert Docks, Walton Gardens and Llangollen Railway. Staff continued in getting feedback to tailor events and from this they organised regular activities such as real fish and chip days each month and a visit from an ice cream van each month.
- The service was very much part of the community and was widely known. There were strong connections with schools and regular involvement of all sections of the local community including the local churches and regular 'songs of praise' organised by one minster each week.
- The provider organised a holistic therapist each week to offer a variety of different treatments such as hand and foot massages. People enjoyed these therapies and always asked when they were coming back as they felt relaxed after their visits.
- Activities staff were innovative and researched many ways to explore both people's wishes and to offer new experiences. They had been nominated for a national award for all their work and initiatives.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint. People and relatives felt listened to and had no concerns.
- The provider showed how they had listened to previous comments. One review resulted in them developing their own literature to help people to better understand 'end of life care' and what support they could expect from the staff team.

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 assessed and detailed within their care plans setting out how to meet each person's needs.
- People received 'large print' material and were supported with alternative methods of communication when needed.
- The service's advocate had worked with one person to support them in developing a communication board to aid effective communication. This person was positively affected and able to communicate with everyone by using this tool. Staff then developed the tool to look at using it for other people within the service.

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 'good'. At this inspection this key remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone including people's relatives.
- We received positive feedback about the registered manager and their leadership from everyone we spoke with.
- Person-centred care was delivered and tailored around the preferences and choices of people living at Brampton Lodge. This was consistently achieved and seen through feedback and records examined.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The quality and safety of care was regularly monitored as a way of ensuring people received their expected level of care. Good, well managed quality assurance systems showed consistent high standards throughout the service.
- The service had achieved a 'silver award' status from 'Investors in People'. This external award recognised good management systems and development of staff within the service.
- The registered manager and provider were aware of their regulatory responsibilities. Notifications about specific events had been sent to CQC and inspection ratings had been openly displayed.
- We saw that there was strong links with the local community. People were actively encouraged to access different support groups and social events that were taking place.
- The registered manager worked closely with the local authority, commissioners and health care professionals ensuring the quality and safety of care was reviewed and safely maintained. They were positive in their feedback about the service.

Continuous learning and improving care

- The registered manager and their team demonstrated how they continued to review their practice and looked at seeking ways to improve the service and the experiences of the people living at Brampton Lodge.
- Staff recognition schemes, such as employee of the month and observation of good practice were in place and helped promote good morale and team work.
- Accidents and incidents were closely monitored by the registered manager to establish if lessons needed to be learnt and actions taken to reduce further risks.

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

characteristics

- Equality and diversity support needs were well managed and staff supported everyone at Brampton Lodge to meet their specific needs.
- Everyone had the opportunity to offer feedback about the provision of care they received. Annual satisfaction surveys showed consistent positive feedback and action plans drawn up by the provider responded to people's requests and suggestions. They had a detailed newsletter shared with everyone to keep people up to date about the service.
- The registered manager offered an 'open door' policy to everyone so they could discuss any matters with them and published dates for surgery's encouraging people to contact her any time.

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 aware of their legal responsibilities, the importance of investigating incidents/events as well as being as open and transparent as possible.