

Classic Care Limited

Bricklehampton Hall

Inspection report

Bricklehampton
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bricklehampton Hall is a nursing home providing personal and nursing care to 40 people at the time of the inspection. The service can support up to 55 people in an adapted building with a purpose-built extension.

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

Improvements had been made and the provider was informing the Care Quality Commission of changes within the management arrangements and of notifiable events which had taken place.

The environment was safe. Improvements in the environment had been made and there was a scheduled of further refurbishment work.

Improvements had been made in medicine management and administration. People received there medicines as prescribed.

Staff were recruited safely. There was enough staff to meet people's needs. There was time for social interaction and there were designated activities coordinators to assist people to follow an entertainment programme.

There were improvements in quality monitoring and oversight. Systems were in place to monitor the quality of the service and care provided. Actions were taken to continuously improve the service.

The provider had processes in place to protect people from avoidable harm and abuse. Staff had received training in safeguarding and knew how to report any concerns.

People and their relatives were happy with the care they received and felt safe because of the support provided by staff that knew their needs.

People's care plans were personalised and reflected needs and preferences. Risks to people were identified and recorded so safety was maintained.

Processes were in place to prevent and control infection. This included enhanced cleaning schedules and safe visiting precautions.

People's needs were assessed prior to moving into the home. Care plans reflected people's needs and were reviewed at regular intervals.

Staff were provided with training and refresher training and received regular supervisions.

Staff were kind and caring. They respected people's privacy and dignity and supported people to be as

independent as possible.

The provider had a complaints policy in place. People and relatives were aware how to raise any concerns and felt comfortable in doing so should any arise.

People's end of life wishes were respected. Staff worked with health professionals to ensure people were pain free and comfortable.

The registered manager worked in a transparent way with people, their relatives, staff and health and social care professionals to provide a good quality of life for people.

Staff felt supported by the management team and worked well as a team.

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 and update

The last rating for this service was requires improvement (published 14 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to check they had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bricklehampton Hall on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bricklehampton Hall

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 team consisted of two inspectors and a specialist advisor in nursing on the first day of the inspection. The inspection team consisted of two inspectors on the second day of the inspection.

Service and service type

Bricklehampton Hall 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. 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 three people who lived at the home about their experience of the care provided. We spent time seeing how people were cared for. 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 spoke to three relatives and received feedback via email from another relative about their experience of the care provided.

We spoke with ten staff which included the registered manager, deputy manager, clinical lead, nurses, senior carers, care staff, bursar and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment. In addition, we looked at a variety of records relating to the management of the service. We reviewed additional information, policies and procedures and customer satisfaction questionnaires the registered manager sent to us.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection in September 2019 the provider had not fully ensured people were protected from the unnecessary risks within the home environment, staff practices and medicine management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Since our last inspection the provider had made improvements to the environment and an ongoing refurbishment plan. This included replacing carpets and decorations.
- We noted fire extinguishers were now stored correctly.
- Doors to sluice areas had new keypad entry locks.
- Accidents and incident records were monitored by the provider and registered manager and reflected actions taken to prevent further occurrences.
- Improvements to medicine management and administration had been made.
- People received their medicines as prescribed by staff that were trained to administer medicines and regularly had their competency checked. However, two competency assessments for staff showed that these were out of date. We discussed this with the management team who immediately actioned for those staff to be assessed at the first opportunity. We were forwarded evidence that these had been carried out.
- Although we could not find evidence anyone was harmed. One person was receiving pain relieving medication via a trans-dermal patch. The system did not record the site of application and confirm removal of the previous patch. This was discussed with the clinical lead who immediately put a system in place during the inspection.
- Where people had been prescribed 'when required' (PRN) medicines there were clear protocols for the administration of these.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding concerns were reported appropriately and investigated by the registered manager.
- Staff understood safeguarding and what action to take if they suspected abuse. One staff said, "If I had any concerns I would go straight to the manager and I am confident that they [registered manager] would take action. There are policies I can refer to."

Staffing and recruitment

- There was sufficient staff on duty to meet people's needs. One person told us, "There are enough staff if I press my buzzer day or night, they [staff] always come quickly and ask if anything is wrong?."
- The provider followed safe recruitment processes which included Disclosure and Barring Service (DBS) checks. 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 was following current government guidelines in relation to visiting. There were arrangements in place such as visiting area in the conservatory. People were encouraged to see visitors in their own bedrooms. Alternative measures such as virtual technology calls were always available for people's use.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be identified and monitored.
- Staff told us any learning from any accidents and incidents were shared with them and discussed at staff meetings to prevent from happening again.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection in September 2019 the provider had not fully ensured people received safe care and treatment. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At our last inspection the provider's electronic care planning system did not include a section for recording wound care. This had been addressed and there was now a system in place to monitor people's wound care. For example, wounds were regularly photographed and measured to aid monitoring. The wound assessments showed that the areas were being re-dressed as indicated in the care plan.
- At our last inspection we found care plans had not always been updated to reflect actions. At this inspection improvements had been made to the recording of people's needs in care plans. For example, where a person required catheter care there was a comprehensive care plan. This included a log of daily care and catheter changes. The person's fluid intake and out-put were also being monitored to ensure the person had a good fluid balance.
- Prior to moving into the service people told us they had a pre- admission assessment which provided staff with information about how a person's needs could be met. Assessments were reviewed regularly or when people's needs changed.

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.

At our last inspection in September 2019 the provider had failed to ensure people's capacity was assessed. People's ability to make decisions and to involve appropriate people in best interest decisions was not met. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- At this inspection we found the provider had made improvements. For example, where people lacked capacity to make a specific decision about their care needs mental capacity assessments had been carried out where appropriate. Best interest decisions were made with people's relatives and health and social care professionals.
- Staff had a good understanding of the MCA and followed the principles.
- When people needed to be deprived of their liberty to keep them safe the registered manager had applied to the local authority for a DoLS authorisation. For those people who required this they were in place and conditions were being met.

Staff support: induction, training, skills and experience

- Since our last inspection improvements had been made in staff training. The provider's training data now showed they were 91% compliant.
- Staff told us they completed training and received refresher training to enable them to carry out their role effectively. This consisted of mainly online eLearning training with some practical sessions. For example, staff told us, and records showed staff were booked on to upcoming face to face training in fire safety and first aid.
- Staff told us they were supported by the management team. Staff told us they have one to one supervision, staff meetings and daily huddle meetings.

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

- People told us they enjoyed their meals and were offered choices.
- A relative told us, "[Relative's name] likes the food. When at home they were starting to get picky with foods. [Relative's name] says food is great...really likes the puddings. [Relative's name] would tell us if they didn't like the food.
- At mealtimes people were offered a choice of where they would like to take their meals. The dining tables were nicely presented with condiments available and flowers on the table. There was a range of adaptive cutlery available, and clothes protectors should these be required.
- Some people had specific-coloured beakers that alerted staff to the level of support the resident required. Red for assisted fluids and blue for requires prompting. The beakers had discreet measuring tool on them to support accurate recording of actual fluid intake. Napkins were printed with a picture of the hall and the address. This is a dignified prompt for people to help with orientation to place.

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

- People's health conditions were well managed, and staff engaged with external health professionals.
- An external health professional had complimented a staff member following a telephone consultation with them. They described how helpful and knowledgeable the staff member was about the person and their needs.
- We saw many compliments and thank you cards from people's relatives about the care and support their family members received.
- Staff were proactive in making referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

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

- The physical environment was continuously being reviewed, updated and improved. The provider had an ongoing refurbishing programme.
- People had access to a range of outdoor spaces including large garden areas, courtyard and conservatories.
- The home had many comfortable places for people to sit to socialise.
- People were encouraged to personalise their bedrooms.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about staff and described staff as, "Fantastic," "Very caring" and "I can't fault them."
- People were provided support from staff who treated them in a respectful, kind and caring way. We heard positive interactions with staff engaging with people and visitors in a kind and professional manner. For example, the deputy manager took time to chat with a person about the village they used to live in. One relative said, "Staff are accommodating, we can speak to them, they [staff] engage and have meaningful conversations with us."

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

- People were involved in decisions about their care. One person told us, "I couldn't ask to be cared for by better people they can't do enough for you."
- People were able to choose how they spent their time. Some people chose to spend time in their bedrooms where other people chose to spend time in communal areas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. For example, staff were heard and observed to knock on bedroom doors and introduce themselves before entering.
- Staff worked with other health professionals to assist people to maintain their independence. For example, one person told us they were seeing a physiotherapist to help them mobilise.
- People were supported to maintain relationships with those close to them. Family members were informed when change's in people's needs were identified. One relative said, "If any issues they will ring to update and let us know for example if GP seen [relative's name]."

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 requires improvement. At this inspection the rating has changed to good. 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

At our last inspection in September 2019 the provider had failed to ensure people received the safe care to meet their individual care needs. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At our last inspection we found and were told on occasions people had to wait for their call bells to be answered. At this inspection we did not see people having to wait neither did we hear call bells sounding for long periods of time before being responded to.
- A person told us when they pressed their call bells staff responded promptly. Relatives also confirmed call bells were answered quickly by staff.

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 communication needs were assessed and information about how people communicated was available in their care plans.
- People were supported to use technology and had access to telephones and the internet which helped them to maintain contact with people that were important to them. One relative explained how they had set up a tablet to WiFi so they could converse with their family member.

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

- The provider had an entertainment programme which was displayed in the hallway for people to choose whether they wanted to join.
- The provider had two activities coordinators who led sessions over a 7-day period.
- We joined the flower arranging session during our visit and saw how the activities coordinator positively interacted and engaged with people. They encouraged people to choose their flowers and arrange them for

their own bedrooms.

Improving care quality in response to complaints or concerns

- The registered manager and provider had oversight over any complaints received. We saw they had been recorded with immediate action taken and any outcome monitored, so lessons could be learnt.

End of life care and support

- People's end of life wishes had been considered. Advanced decisions were recorded about not wanting to be admitted to hospital or wanting to be resuscitated. This was supported by Respect documentation.
- People's end of life plans in place were personalised and stated individuals' choices and preferences for care at this stage in their life.
- The provider had previously been awarded the Gold standards framework for end of life care and were in the process of re-submitting for their accreditation.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in September 2019 the provider had failed to notify the Care Quality Commission of a change to the nominated individual was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- There had been a change to the registered manager and nominated individual.
- Following the inspection CQC received statutory notification of this change.
- The provider and registered manager understood their responsibilities to notify the CQC of any significant events

At our last inspection in September 2019 the provider had failed to notify the Care Quality Commission of DoLS authorisations was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider was now submitting DoLS authorisations with conditions in place to the CQC as legally required to do so.

Systems were not sufficiently robust to ensure the quality of the service was suitably well led. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Since our last inspection the provider had made improvements in their quality monitoring and oversight.

For example, regular quality checks undertaken by the management team in relation to the home environment and infection prevention and control practices had supported continual improvements which we found had been sustained.

- Systems had been improved to ensure people's wounds were dressed and their needs met effectively.
- Improvements had been made in relation to staff recruitment, staff training and mealtime practices. For example, no concerns were identified for staff files checked. Staff had received relevant training and were booked on to face to face refresher training.

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

- Staff were complimentary about the registered manager and the management team. One staff said, "The manager is very good...visible and available...nothing is too much trouble for the people or for the staff... communication across the whole team is really good." Another staff member described the home as, "A lovely place to work... The manager and the deputy are really supportive, all the staff are really committed and caring."
- The registered manager empowered staff to follow their areas of interest. For example, one nurse was the lead in wounds and dressing and another nurse is lead in diabetes care.
- The registered manager held well being clinics for staff offering staff the opportunity to have a one to one chat with them about anything. This could be face to face or over the phone.

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 had been open and honest with people and relatives about incidents which happened in the home. They had ensured relatives were kept up to date with any concerns about people's care needs and worked with staff to make the necessary improvements
- The registered manager was open and honest during our inspection. They followed a service improvement plan and described how they met the shortfalls identified at our last inspection. For example, daily walk rounds had been introduced by the registered manager and deputy manager. Worn carpets had been replaced in the hallway.
- The provider's previous rating was displayed in the entrance of the home as well as on the provider's website. A copy of the previous report was available for people to read.

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

- People and relative's feedback were sought through regular conversations, residents' meetings and customer feedback questionnaire to drive through improvements. For example, minutes from residents' meetings showed people had been consulted about planning for a street party for the Queen's Platinum Jubilee.
- Staff were provided the opportunity to feedback on people's care and support through daily meetings, team meetings and supervisions. Staff told us the registered manager was supportive and listened to their comments.

Continuous learning and improving care

- The registered manager gained and shared best practice with staff through attending forums such as skills for care and frailty forum (for learning with Dementia care).
- The provider visited the home at least once a month to conduct an audit and provide feedback to the registered manager.

Working in partnership with others

- The registered manager told us they had excellent relationships with healthcare professionals such as GPs to meet people's individual needs. They also told us they had worked well with Public Health England (PHE) during COVID-19 outbreaks.