

# Carebase (Histon) Limited

# Bramley Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

Bramley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bramley Court is registered to provide personal care and accommodation for up to 72 people. At the time of the inspection there 68 people living in the home. The home is divided into three units; one on each floor, called Damson, Pear, and Cherry. Shops and other amenities are a short walk away.

This unannounced inspection was carried out on the 22 and 28 August 2018.

At the time of the inspection there was a registered manager in place. However, they were not present for the 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.

At the previous inspection in June 2017 the home was rated Good. However, at this inspection the rating has changed to Requires Improvement. The registered manager had not submitted notifications to the Commission about serious injuries acquired in the home, as required by the regulations. The Commission requires notification of these events to assess if there has been any avoidable harm or if people are at risk from further harm. You can see what action we told the provider to take at the back of the full version of this report.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified hazards and provided staff with the information they needed to reduce risks where possible.

Medicines were managed safely. Staff received training and competency checks before administering medicines unsupervised. Medicines were stored securely. The records were an accurate reflection of medicines people had received.

Care plans gave staff the information they required to meet people's care and support needs. People received support in the way that they preferred.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Staff were only employed after they had completed a thorough recruitment procedure. Staff received the training they required to meet people's needs and were supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice and staff worked within the guidance of the Mental Capacity Act 2005.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

There was a varied programme of activities including activities held in the service, trips out and entertainers that came into the home.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

## 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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Medicines were mainly managed safely.

Staff were only employed after a through recruitment procedure had been completed

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Staff were acting in accordance with the Mental Capacity Act 2005. People's wishes, choices and decisions were respected.

### Is the service caring?

Good ●

The service was caring.

People liked the staff who were kind, caring and hard-working.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any concerns.

People were supported to make decisions about their preferences for end of life care.

**Is the service well-led?**

The service was not always well-led.

Not all notifications of events in the home had been submitted to the Commission.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

**Requires Improvement** 

# Bramley Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 28 August 2018 and was unannounced. The inspection was carried out by three inspectors 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who lived at the service, the deputy manager, the business manager, the head of care, one nurse, one senior carer and three care assistants.

We looked at the care records for six people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

# Is the service safe?

## Our findings

People told us that they felt safe living at Bramley Court. One person told us, "I feel safe here as staff are around somewhere all the time." Another person told us, "I feel safe here. There is always someone about to keep any eye on you. They check on you at night so I know I am being looked after."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. Staff told us and the records confirmed that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings. The registered manager had reported any safeguarding concerns to the local authority for investigation or guidance.

Risk assessments were mainly detailed and contained the information the staff required so that they were aware of what action they should take to minimise any risks. For example, one person was at risk of falling when walking independently, so a pressure mat was placed by their bed to alert staff if they got out of bed. This meant that staff could go to the person's bedroom and assist them to walk safely. Information was missing from one person's risk assessment about how often they should be repositioned. However the staff could tell us the action they were taking to prevent the person from developing pressure ulcers.

Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and drinking. The staffing tool used to determine the number of staff needed for each shift was based on the dependency levels of the people living in the home. The dependency levels were regularly reviewed by both the registered manager and the business manager to ensure adequate staffing levels. In the event that a person needed extra support from staff such as at the end of their life then this was provided.

Although people told us there were normally enough staff to meet their needs they didn't always feel that call bells were answered in a timely manner. One person told us, "Sometimes you can't get help quickly if you ring the bell." Another person told us, "Sometimes they seem a bit short staffed but I can usually find someone to help me." The time it took staff to answer call bells was regularly monitored. However, people told us that staff would sometimes turn off the call bell and tell them they would come back to assist them. The business manager stated that they would discuss this with people and staff to ensure support was provided in a timely manner. During the inspection we saw that call bells were answered in a timely manner.

Staff confirmed that they had completed training in the administration of medicines and that senior staff regularly checked their competency in this area. The medicines were stored securely. Staff checked that the temperature in the storage area was within the required safe limits to retain the effectiveness of the medication. We found that the medication administration records tallied with the amount of medication in stock. However, the records for one person showed that staff had not always adhered to the recommended time for their medicated patches to be placed in a different area on their body (to avoid irritation to the skin). The deputy manager stated that they would ensure that the instructions for the administration of the patch were recorded clearly for staff to follow. There were regular audits of the management of medicines to

ensure that people were receiving their medicines as prescribed. One person told us, "The staff are very good, they bring my medication." Some people were prescribed medication on a "when needed" (PRN) basis. Staff had access to protocols advising them of when to administer this medication. However, we found on the first day of the inspection we found that one protocol was missing for someone who had recently been prescribed a PRN medication. The protocol was in place for the second day of the inspection.

Staff were following the provider's accident reporting procedure. Staff completed information about accidents and incidents on a paper form which was then reviewed and entered into the computer. This information was accessed by the business manager to identify any themes or patterns so that action could be taken if needed. During the inspection we saw that one person had sustained bruising to their face. We looked at the accident report for the person and their risk assessment and care plan. It showed that the necessary action had been taken to prevent a reoccurrence. However, although the initial information about the accident had been recorded on the form it had not been updated with the information about what medical treatment had been needed. This information would have been helpful when the forms were reviewed to identify any further action that needed to be taken.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. Maintenance staff regularly checked the fire alarms and emergency lighting to ensure they were working. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to staff and the emergency services in the event of an evacuation. Staff confirmed that they had been involved in fire drills.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

There was a prevention and control of infection policy and statement in place. Infection control audits were regularly carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care. The house keeper told us that there was a cleaning schedule in place which they checked had been completed correctly. One relative told us, "All the staff seem very particular about hygiene." Another person told us, "The cleaners are very good and very friendly." We found the home to be clean and free from any offensive odours during our inspection.



# Is the service effective?

## Our findings

People's needs had been assessed in detail before moving into the home. This helped to ensure that the home was suitable for them and provided staff with the information they needed to write people's initial care plan. People's physical, mental health and social needs were all assessed.

Staff training was planned to ensure that they had the skills required to meet people's individual needs and staff were following best practice guidance. For example, staff had completed training about understanding dementia. As well as the staff training the provider was following best practice guidance about how to make the environment suitable for people living with dementia. For example, items of interest were placed around the home for people to pick up and look at as they walked around.

Staff told us that they felt supported in their roles. New staff had received an induction including completing the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competence. Staff confirmed that they also spent some time with an experienced staff member before being signed off as competent to work on their own by a senior member of staff. Staff were expected to attend mandatory training set by the provider including safeguarding vulnerable people, fire safety, first aid, infection control and health and safety. Staff received regular supervisions and appraisals when applicable.

We observed people's lunchtime experience and saw that most people received the help and support they needed with eating and drinking. However, we observed that one person would have benefited from a member of staff sitting with them for the whole of the mealtime as when staff walked by and prompted them to eat they did but then placed their cutlery down again. One member of staff took this as a sign they had eaten enough and removed their plate. We also observed staff assisting people to eat at a relaxed rate that suited the individual. Most people told us they enjoyed their food. One person told us, "Food is very nice, I like it." A relative told us, "The food looks good, I have eaten here and it was fine. [Family member] lost weight when they came here but it has stabilised now. There is always cake in the afternoon. I think a lot of care and attention goes into the food." One person told us, "The food is quite nice. There is a lot I don't like and if I don't like it I just leave it, I don't get anything else." The deputy manager confirmed that if people did not like their food they could request another option. However, during the inspection, we heard two people say that they didn't want either of the main options but they were not offered an alternative. The staff member suggested they tried one and if they didn't like it they could try the other. People could choose where they wanted to eat their meals. Some people chose to eat in the dining area, others had their meals in the lounge or their bedroom. The home catered for special dietary needs such as diabetes or the need for soft food to prevent choking. The home also catered for people living with dementia by having small bowls of finger foods available for people to eat during the day.

The manager and staff had formed links with other professionals so that if people moved between services care was carried out in a timely, planned and consistent way.

People were supported to live healthier lives. Discussion with people and records showed that people had

been supported to access health care professionals as needed. The local GP held a surgery in the home once a week but also attended the home at other times when requested. When needed, staff supported people to arrange appointments with any healthcare professionals such as a GP, chiropodist or physiotherapist. The home also provided an extensive exercise programme for people of all abilities to join in with. The "All together better" exercise programme was run by nurses that came into the home, assessed each person's abilities and tailored an exercise programme to suit their individual needs. One person told us that when they had moved into Bramley Court they had to use a wheelchair but they had regularly attended the exercise classes and had support from the staff and were now able to walk again. One person had stated, "When I get my boxing gloves and throw a punch I feel energised. It makes me feel strong like I can do anything. The programme has really improved my fitness and I am so much more mobile."

A lot of thought and effort had been put into making the environment suitable for people. All of the lounge and dining areas were very homely and had a warm feeling to them. There was an extra dining room that could be used for private dining or events as requested by people or their families. For example, it had recently been used to celebrate a wedding anniversary for a person living at Bramley Court and his wife.

People and staff told us they were really looking forward to using the new "Village" area in the gardens of the home, which was having a major refurbishment. A new covered outside seating area, barbeque and raised pond had already been enjoyed by people and their visitors. Three summer houses had been installed. One had been decorated and furnished to provide a tea room, one was a "shop" with free items for people including toiletries, sweets and cards. The third was a workshop including tools and a potting area. There was also a small playhouse that was used by the visiting local pre-school. The gardens included a mini orchard and further plans to provide crazy golf and beach area. There was also an area that had chickens and guinea pigs. On the walls outside were sensory items for people to touch and look at as they walked around. The bedrooms on the ground floor each had a private garden area, which was fenced off and could be enjoyed by the person and their visitors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that when appropriate people had best interest meetings and decisions in place. This meant that any restrictions were only placed on people when it was appropriate and lawful to do so to keep them safe.

## Is the service caring?

### Our findings

People and their relatives said that most staff worked hard and were kind, caring and respectful to them. One person told us, "The staff are all very nice. I see what goes on and they are really good." A relative told us, "I think on the whole the staff are lovely. They are very caring and kind." However, some people also said that staff were sometimes "short" with them. One person said, "Sometimes some staff can be a bit sharp if they are short staffed. They haven't been nasty and I would speak to the Manager if I was worried." Another person told us, "I don't sleep very well at night and the staff can be a bit short then. One of them told me not to ring the bell anymore and another one said that is what they are here for."

During the inspection we saw lots of positive interaction with people. We saw that staff respected people's personalities by approaching them in a way that suited them. For example, we saw that some people liked to hug the staff whilst others needed staff to give them space and listen to what they were trying to say. One person said to us, "The staff often give you a cuddle." We saw that when people became distressed staff took the time to give them the reassurance they needed. One person told us, "I think the usual staff are very kind and compassionate. They are really careful when they give personal care, I don't worry about the usual staff."

One staff member told us that they promoted people's dignity and privacy by always ensuring that bedroom doors and curtains were closed before they assisted people with any personal care. We saw staff knocking on bedroom doors before entering and ensuring that bathroom doors were closed before assisting people with personal care. One person told us, "Staff try to keep me private when I get washed. When they give you a shower it is just like a wash with a spray and they don't stand and stare at me which is good." Personal information about people was held securely so that it was only accessible to staff or visiting healthcare professionals as required.

Staff knew people well and were aware of how they preferred to be supported and what their likes and dislikes were. Staff also talked to people about any wishes they had for the future. One person had a house by the coast and wanted to go and visit it. This was arranged and a minibus of staff and people went to the house and had lunch and visited the beach.

Staff told us how they tried to encourage people to make choices. For example, they offered the choice of a bath or shower and asked what clothes people would like to wear. We saw during the inspection that staff understood people's communication needs and knew that they might not understand when something was being offered verbally. For example, one member of staff asked a person who was living with dementia if they would like some crisps and they answered no in an angry manner. The staff member placed a bowl of crisps across the table from the person and when they saw it they asked if they could have some. The staff member then passed the bowl to the person and encouraged them to eat them.

Relatives were welcome to visit the home whenever they liked and were always made to feel welcome. Visitors were always offered drinks and were welcome to stay for meals with their family members. Relatives were also invited in to share special occasions with their family members such as birthdays and Christmas.

One relative told us, "It was our 57th Wedding Anniversary and they made a real fuss of us. There were a couple of events on in the home that day and they announced it to everyone and gave me a lovely bouquet."

Relatives had given positive feedback to the staff about how they still felt involved in their family members' care and were encouraged to ask questions if they were unsure about anything. One relative had told the registered manager, "Our relationship had gone back to mother and son, rather than mother and carer, which is all we ever wanted."

## Is the service responsive?

### Our findings

People's care plans included the information that staff required to meet people's individual needs. For example, we saw that one person was having lots of hugs with staff. Their care plan stated that they had a visual impairment and they found the hugs from staff were reassuring.

Staff knew people well and took action to meet people's individual needs. For example, one member of staff told us how one person living with dementia would become confused about whether they had eaten their breakfast or not. Instead of staff clearing away the person's breakfast items they left them on their table so that they knew they had eaten. This reassured them and gave them time to sit and talk with staff and other people instead of becoming anxious.

Staff told us that there was always a "Resident of the day." Time was allocated to review the person's care plans and risk assessments on their day which was usually once every three months. People and their relatives told us that they had been involved in reviewing their care plans and their preferences were taken into consideration. A relative told us, "I was involved in the care plan and [family member] has a key worker. The plan seems to be reviewed quite often" One person told us that they did not think they could choose if they wanted a male or female carer. However, we saw in people's care plans that they had been asked their preference and the information recorded. Staff told us that when people's needs changed their care plans and risk assessments were updated accordingly.

There was a big emphasis on people's wellbeing and activities were planned with that in mind. People were asked what they would like to do and were also given suggestions for trying new activities. The local under-fives children's group visited the home on a regular basis and interacted with the people living there. One person told us, "It's really therapeutic; they ask so many questions it keeps you on your toes." The relative of one person who was living with dementia told the staff that their family member had been a teacher for many years. Interacting with the children who visited the home had really improved their family member's self-esteem and sense of belonging as she loved to be involved with the children.

People spoke very positively about the activities and trips provided for people to take part in. People were asked where they would like to go and when possible, this was arranged. On the day of the inspection there were two trips out, one to a museum and the other to a garden centre. People could choose which trip they wanted to go on. One person told us, "The activities are good. We get taken out quite often which is nice." Regular exercise classes, including boxing and Tai Chi, took place within the home. One person had told the staff, "Tai Chi helps me relax and I always sleep well afterwards." One person told us, "I love the exercise classes. I'm going there this morning." People were also encouraged to promote their wellbeing by helping to look after the house pets of chickens, guinea pigs and dog. One person told us, "The dog is lovely. We can go outside when we want, it is nice out there." During the inspection we also saw three people using the cinema room to watch an old film whilst enjoying snacks and a drink. Other amenities in the home included a beauty salon with an adjoining bar serving alcohol and soft drinks. There was a weekly activities schedule displayed around the home.

There was a complaints policy in place that people were aware of. Staff knew what action to take if any complaints were raised with them. One person told us, "I have not had to complain about anything but I would speak to the manager or any of the senior staff if there was a problem." Another person told us, "I think all of the senior staff would sort something out if anything was wrong." Relatives told us when they had raised concerns the issues were resolved to their satisfaction. There had been six complaints received since August 2017. We saw that the complaints had been investigated following the providers policy.

People's preferences and choices for their end of life care was discussed with them, recorded in their care plans and respected. The deputy manager stated that the home was working towards the Gold Standards Framework which is a nationally recognised accreditation for homes that are following best practice guidance regarding end of life care. People were supported to have a dignified and pain free death. There were strong links with local health professionals so that when needed they could provide the necessary support. The family of one person had written a card of thanks to the staff. The relative commented, "I would like to say a special thank you to [names of staff] who made [family member's] last hours very peaceful. They were kind and caring both to her and me and I greatly appreciate their sensitivity." Another relative had thanked the staff and stated, "Every member of the team who supported [family member] showed them the most incredible care and dignity but they also showed [relative] and me a huge amount of thoughtfulness too – all of which made the last few days with [family member] ones that we can remember in a positive way."

## Is the service well-led?

### Our findings

Providers are required by law to notify CQC of serious injuries that people sustain in the home. This is so that we can make enquiries to see if there is any ongoing risk of harm to people or if the injury was avoidable. We had not been notified about all serious injuries that had occurred at Bramley Court. The business manager is arranging for all of the notifications to be sent to the Commission retrospectively so we have the information we require.

Failure to provide these notifications is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registrations) Regulations 2009.

There was a registered manager in place. However, at the time of the inspection they were on leave and the home was being managed by the deputy manager and the business manager. People and staff spoke positively about the support they had received from both the registered manager and the deputy manager. Staff told us both the registered manager and the deputy manager were, "Very responsive and will come in whenever you need them." It was clear that there was a strong emphasis on Bramley Court being people's home and that the care and support provided should be based on the individual and promote their well-being. People were mainly positive about the care and support they received from permanent staff. Staff told us they enjoyed working at Bramley Court and took pride in meeting people's needs in a person-centred way. One member of staff told us how they had seen the care improve by "getting away from being task orientated and providing much more personalised care."

Staff excellence and ideas were rewarded by the provider. Viable ideas for improving the service were rewarded with vouchers. There was also a "Heart of Gold" ceremony where staff were given a special award which had been voted on by people, family members and other staff. All staff had access to contact details for the provider and were encouraged to raise any concerns or ideas they may have had.

People were involved in the running of the home and were asked their views about the quality of the care and support they received. A questionnaire was sent to all people in November 2017 and the results collated into a report and action plan. 88% of the people living at Bramley Court said that they were extremely likely to recommend Bramley Court to a friend or family member. 96% of people felt that their overall impression of care they had received at Bramley court was either excellent, very good or good. The provider sent each person and/or their relative a response detailing the findings of the survey and how issues raised were being addressed. For example, one area for improvement was that people felt that the management team were not always available when needed or they did not always know who to speak to. In response, heads of care had been allocated to each floor, keyworkers were indicated on posters in people's bedrooms and the "person in charge" was displayed in the reception area.

There was an effective quality assurance system in place to ensure that, where needed, improvements were identified and made in the home. The registered manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. Staff from the provider's other homes were also used when they could offer expert advice such as person centred care planning. Audits covered a number of areas

including medication, health and safety, environment, care plans, personnel files and infection control. Where improvements were identified either internally or by other agencies the home's actions plans were shared with people so that they were aware of how they would be met. For example, the audits had identified a need for a member of staff to complete a 'train the trainer' course for fire safety. This had been completed and the member of staff told us that they were looking forward to sharing their knowledge with the staff team.

Staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon. Meetings for people living at Bramley Court and their families were also held so they could discuss any ideas or concerns they may have. The minutes of a recent meeting showed that they had discussed staff changes, the environment, maintenance, food, well-being, transport and communication. One relative told us, "I haven't been to the relatives' meetings but they always send a newsletter out afterwards telling you what has been discussed and decided."

Links with the community were encouraged by holding events to bring people into the home such as weekly exercise classes, summer fetes and Christmas fairs. People were also supported to use local facilities such as restaurants and shops.

Whistleblowing is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood the term 'whistleblowing' and felt confident using the whistleblowing procedure. The provider had a policy in place to support staff who wished to raise concerns in this way.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The Commission had not been notified of all serious injuries.