

Frampton Residential Homes Limited

Brookthorpe Hall Care Centre

Inspection report

Stroud Road
Brookthorpe
Gloucester
Gloucestershire
GL4 0UN

Tel: 01452813240

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Brookthorpe Hall Care Centre provides accommodation and personal care for up to 32 older people aged 65 and over. At the time of our inspection 25 people were using the service.

This inspection was unannounced and took place on 28 and 29 September 2016.

There was a registered manager in post. 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.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they were employing suitable people at Brookthorpe Hall.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at Brookthorpe Hall. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity.

The service was not always responsive to people's needs. Daily records were not completed thoroughly and immediately following care being given. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was not always well-led. Quality checks were in place and the registered manager was planning to ensure these were better used to improve the service provided. However, these audits had not identified shortfalls in areas such as record keeping. The registered manager was well liked and respected.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. This was a repeated breach from the last inspection. We found at this inspection that there had not been sufficient

improvements to meet the requirements of the regulations and the service remained in breach of the regulation.

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.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and support for people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they were employing suitable people at Brookthorpe Hall.

Is the service effective?

Good ●

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The environment had been adapted to meet the needs of people living at Brookthorpe Hall.

People were supported to personalise their living spaces.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity

and, were observed providing care which maintained peoples dignity.

People had end of life care plans which reflected their needs and preferences.

Is the service responsive?

The service was not always responsive to people's needs.

Daily records were not completed thoroughly and immediately following care being given. This was identified as a breach at the last inspection. We found at this inspection that there had not been sufficient improvements to meet the requirements of the regulations.

Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality checks were in place and the registered manager was planning to ensure these were better used to improve the service provided.

Audits had not identified shortfalls in areas such as record keeping. This was identified as a breach of regulation during the last inspection. We found at this inspection that there had not been sufficient improvements to meet the requirements of the regulations and the service remained in breach of the regulation.

The registered manager was well liked and respected.

Requires Improvement ●

Brookthorpe Hall Care Centre

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 28 and 29 September 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The last full inspection of the service was on 14 January 2016. At that time we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we saw evidence of significant improvement.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted five health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service.

Some people were able to talk with us about the service they received. We spoke with 11 people using the service. Not every person was able to express their views verbally. We also spoke with relatives of six people using the service.

We spoke with seven staff, including the registered manager, the deputy manager, a senior care worker and care staff.

We looked at the care records of nine people living at the service, five staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe living at Brookthorpe Hall. People used comments such as, "I feel safe here", "I like it here, this is home" and, "The staff are fantastic. They take good care of me". Relatives told us they felt their family member was safe and comfortable at Brookthorpe Hall. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

During our last inspection we found risk assessments were not always in place or sufficiently detailed. At this inspection, we found people had clear and person centred risk assessments. These identified risks related to the care and support of people as well as environmental risks. For example, one person who was at risk of skin breakdown had an assessment in place that identified this and provided a clear skin care regime for staff to follow. Where people required assistance to move from one place to another, there were clear plans for their moving and handling needs. The staff we spoke with informed us they felt the risk assessments had improved and now contained sufficient detail for them to feel confident they were providing safe care and treatment to people.

At our last inspection, we saw medicines were not being administered or recorded safely. At this inspection we saw evidence of improvement in the management of medicines.

During our inspection medicines were administered by two staff. When speaking with staff we were told, "There is always two people administering medicines". The registered manager said the policy was for two staff to administer medicines. Whilst administering the medicines one staff member wore a tabard stating, 'Do not disturb drug round in progress'. During the last inspection, we observed that other members of staff were approaching these two members of staff despite the notice. However, at this inspection, we observed the administration of medicines on both days of the inspection and the staff who were administering the medicines were not disturbed.

Each person living at Brookthorpe Hall had their own medicines profile. This contained details of what medicines they had been prescribed, their individual need around the administration of medicines and details of any allergies they may have. The profile also contained their individual medicine administration record (MAR). The registered manager also informed us they had implemented a new information file for staff since the last inspection. This contained information for each medicine that was being administered at Brookthorpe Hall. The registered manager informed us staff could use this file to find specific information around medicines. The staff we spoke with informed us this file was easily accessible and they could use it to obtain information as to what specific medicines were for.

When looking at the MAR charts for people living at Brookthorpe Hall, we saw these accurately reflected the medicines that were being administered to people. Where people had controlled drugs, these had been stored safely and when administered had been recorded accurately. The registered or deputy manager completed a monthly audit of medication followed up by an annual audit from an external pharmacist.

Where issues had been identified these had been addressed. For example, the last external audit identified fridge temperatures were not regularly taken. We saw evidence that this had been implemented and fridge temperatures were taken daily,

At the last inspection, we found that Investigations into accidents and incidents were not always sufficiently detailed and follow up information on people's wellbeing not clearly recorded. This had improved by the time of this inspection and where people had suffered an accident or injury, this was followed up with an investigation into the specific incident. Where required, people's care plans and risk assessments were updated as a result.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff completed safeguarding training as part of their induction and on-going training programme. They were provided with information regarding what is meant by safeguarding people, what constitutes abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the nurse in charge, the deputy or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff we spoke with knew about 'whistle blowing' to alert management to poor practice.

There were sufficient numbers of staff supporting people living at Brookthorpe Hall. We received positive feedback from people using the service regarding whether there were enough staff to meet their needs. People said, "They always respond quickly" and, "There is always somebody to help if I need it". Relatives we spoke with felt there were enough staff. This was confirmed in conversations with staff and by reviewing the rotas. When we visited, six staff were providing care to people in the mornings and three in the afternoons. We were told two staff were available at night. Staff rotas showed these staffing levels were provided consistently. Staff said they felt there was enough staff. Throughout the inspection, we observed a strong staff presence in communal areas and where people requested support, staff were quick to respond to this.

At the last inspection we identified that although a dependency tool was used to assess the staffing levels to ensure people were safe, this had not been reviewed for 12 months. At this inspection, we were shown evidence of weekly reviews of staffing levels to ensure there were always sufficient levels of staff on duty. The registered manager also informed us they would review the staffing levels whenever a new person moved to Brookthorpe Hall.

People were protected from the risk of unsuitable staff being employed because relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the registered manager.

The provider had an infection prevention and control policy. Staff had received training in infection control. There was an infection control lead person identified. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. We saw staff using protective equipment to minimise the risk of infection. The service was clean and odour free.

Is the service effective?

Our findings

Training records showed staff received a range of training to meet people's needs. Staff told us they had received training in basic first aid, safeguarding vulnerable adults and moving and handling. At our last inspection, some staff informed us they had not received training in working with people living with dementia. The training records we looked at during this inspection confirmed this training had been provided to all of the staff working at Brookthorpe Hall. The staff we spoke with confirmed they had received training around dementia care. One member of staff said, "The training was great. It has made me understand it (dementia) much better". Other staff members commented on how they had found the training to be informative and that they felt their practice had improved as a result.

The service had a programme of staff supervision in place. These are one to one meetings a staff member has with their manager. Staff supervision was delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these took place regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and, whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. At the last inspection, we found people's capacity to make choices and decisions had not always been assessed. Staff did not have an understanding of the principles of the MCA and did not demonstrate an understanding of their responsibilities to promote people's choice and decision making. The provider had not identified where people's freedom and liberty was being restricted. We also found that where people were being deprived of their liberty, the relevant authorisation for this had not been sought. During this inspection we found this had improved. We found people's capacity had been consistently assessed and, where it was identified that people were being deprived of their liberty, the correct authorisation had been applied for. The registered manager told us how they worked closely with the local authority when they had any concerns around issues of mental capacity and DoLS. This was also confirmed to us by the local authority. When speaking with staff, they demonstrated a good understanding of the principles of the MCA.

During our lunchtime observations we saw the food was well presented and that people seemed to enjoy

their meals. People had chosen their main course the day before from a choice of three dishes which included a vegetarian option. Some people had changed their mind and their revised choice was accommodated. Menus were available on each table. People who required assistance to eat their lunch were supported. There was a positive atmosphere during lunch and we observed staff engaging with people whilst they supported them.

People gave mixed feedback regarding the food. Comments included, "I don't really enjoy the food" and, "The food is good. There is a good choice and always enough". Relatives also gave mixed feedback. One relative said, "The food could be better". Another said, "I feel the food is good and there is good choice".

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. One visiting healthcare professional told us they felt the service met people's needs.

Attempts had been made to provide an environment suited for people living with dementia. For example, toilet doors were painted red, bedroom doors yellow and wardrobe doors blue. The registered manager said they had sought advice and had further plans to provide a dementia friendly environment for people.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I really like the staff. They are very friendly". Another person said, "The staff are kind and caring". Relatives also said staff were caring. One told us, "X (name of family member) is very happy here". Care plans were regularly reviewed and attempts had been made to involve people and their families in the care planning process.

Staff said they felt the service provided was caring. A number of staff we spoke with said they would be happy for a relative of theirs to use the service. One member of staff said, "I love working here. All of the people here are fantastic".

During our last inspection, we found staff did not always treat people with dignity and respect. However, during this inspection we observed a significant improvement. Staff were observed providing personal care behind closed bedroom or bathroom doors. When speaking to staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room. Where people were distressed, we saw staff spending time with them to find out the cause of their distress and to reassure them. It was evident from our observations that there was a genuine sense of fondness and caring from the staff towards the people living at Brookthorpe Hall.

People looked well cared for and their preference in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as 'brilliant, caring and compassionate' were used by relatives to describe the staff.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. One person explained they had specific dietary requirements and that these were met. Another person was assisted with keeping in contact with people from the church they had attended for many years.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed 'there have never been any restrictions on visiting'.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. Where relevant to them people had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files.

Is the service responsive?

Our findings

The service was not always responsive.

At our last inspection, we found that although daily records of people's care were kept, these were repetitive and did not give an individualised report of their care.

We found at this inspection that most people had large gaps in their recordings. For example, a person would have a recording in the morning and then there would be no further recording until the evening. We also found that these did not contain sufficient detail regarding a person's daily routine and activities. This was particularly noticeable for recordings done at night. Many people had the same entry for night records, with just the person's name being different. For example, 'slept on hourly checks', 'incontinent of urine in the morning', 'personal care given', 'escorted/assisted down to the lounge'. The time these records were written was recorded and were often the same for each person. We saw some daily records being written at the end of shifts. This meant the records were not person centred, not detailed and were not written directly after care had been given.

Although the registered manager had identified this issue and was working with staff to improve the quality of daily reports, we found at this inspection that there had not been sufficient improvements to meet the requirements of the regulations and the service remained in breach of the regulation.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

During our last inspection, we found care plans were not sufficiently detailed or written in a person centred manner. Following on from the inspection, the provider had implemented a new care planning system and had plans in place to review the files of everyone living at Brookthorpe Hall and re-write them using the new format. Although this had not been completed at the time of this inspection, we found that the files which had been transferred over to the new format were person centred and reflected people's individual needs. Care files contained specific information for staff as to how each person wanted their personal care to be provided. For example, one person's care file stated how they did not like the sensation of having deodorant sprayed on their body so there were instructions for staff to spray the person's clothes instead.

The registered manager was able to show us that the process for transferring each person's care file over to the new format had commenced and, was continuing to ensure this was completed in a realistic time-scale.

People were supported on a regular basis to participate in meaningful activities. An activities programme was on display, detailing activities due to take place that week. We observed a musician visiting the home on the second day of our inspection. It was evident from our observations that people were enjoying the activity and staff were present to support people to use musical instruments to encourage them to engage in the activity. There was a happy atmosphere during the activity and we observed staff supporting people to dance to the music. People we spoke with told us they had enjoyed the activity.

The registered manager informed us most activities took place in the mornings as this is what the people living at Brookthorpe Hall had decided during 'resident meetings'. The registered manager told us they had tried to arrange for activities in the afternoon but people preferred to have them in the mornings. People and relatives confirmed that there were a number of varied activities people could engage in at Brookthorpe Hall.

Meetings where people were encouraged to express their views and opinions were held. The registered manager told us the meetings took place every three months. We saw evidence that where suggestions had been made, the registered manager had endeavoured to fulfil requests. For example, one person requested prawn fillings for the tea time sandwiches. This had been implemented by the time of the inspection.

At the last inspection, the provider had not implemented a system of recording comments or complaints. During this inspection, the registered manager showed us a file which they used to record complaints and compliments. We were shown evidence of a complaint which was made to the registered manager. This had been dealt with effectively and had reached a positive outcome.

Is the service well-led?

Our findings

The service was not always well-led.

We found during the last inspection that although there were systems in place to check on the standards within the service, these had not always identified shortfalls in service provision. We found at this inspection that there had not been sufficient improvements to meet the requirements of the regulations and the service remained in breach of the regulation.

The quality assurance systems at Brookthorpe Hall consisted of a schedule of audits. These audits looked at; health and safety, infection control, record keeping and the monthly completion of a care home audit tool. These audits were carried out as scheduled and corrective action had been taken when identified. However, these audits had not identified shortfalls in record keeping.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At our last inspection, we found the registered manager had not always notified CQC of events as required by law. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Following on from the last inspection, the registered manager had ensured that where a death or serious injury had occurred they notified CQC.

Staff spoke positively about the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager said they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement.

The staff described the registered manager as being 'very hands on'. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. One member of staff stated the registered manager would readily support people with personal care or any other aspect of their daily routine. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the service and, were responsive to any requests made by relatives or representatives. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

An on call system for staff to access advice and support if the registered manager was not at the service was in place. This involved the registered manager, deputy manager and senior care worker taking turns to be the point of contact for staff. Staff confirmed they were able to contact a senior person when needed.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Accurate, complete and contemporaneous records of care and treatment provided were not kept. Regulation 17 (2) (c).</p> <p>The provider had not ensured there was an effective system in place to assess, monitor and improve the quality of service provided. Regulation 17 (2) (a).</p>

The enforcement action we took:

Issues a warning notice requiring the provider to become compliant in three months.