Care Quality Commission

Carebase (Histon) Limited

Bramley Court

Inspection report

Chivers Way, Histon,
Cambridgeshire, CB24 9AH
Tel: 01223 236105
Website: www.carebase.org.uk

Date of inspection visit: 23 November 2015
Date of publication: 15/02/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good

Overall summary

We carried out an unannounced, comprehensive inspection of this service on 26 and 31 March 2015. As a result of our findings we found a breach of two legal requirements. We asked the provider to make improvements to the management of medicines and consent. The registered manager wrote to us detailing how and when improvements would be made.

However, since the last inspection we have received concerns in relation to safety and the quality of people's care which the registered manager had investigated. We also looked at these areas of concern during the inspection.

As a result we carried out a focused, unannounced inspection to check those improvements had been made.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Bramley Court on our website at www.cqc.org.uk.

During this inspection on 23 November 2015 we found the provider had made improvements and that the regulations had been complied with.

Bramley Court is a service that provides nursing and personal care for up to 67 people, some of whom are living with dementia. There are three units called Cherry, Pear and Damson. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use. At the time of our inspection on 23 November 2015 there were 66 people living at the service.

The service had a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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.

People received their prescribed medicines appropriately. Medicines were managed safely by staff who had received appropriate training and whose competency had been assessed.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting and escalating concerns to protect people from harm. Risks were regularly reassessed to take account of people's changing needs.

People told us they were encouraged to make choices about their everyday lives. The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected.

There were sufficient staff to meet people's assessed needs. Staff were appropriately trained to meet people's needs. People's health, care and nutritional needs were effectively met. However, people had mixed views about the quality of food served. In addition some people experienced a long time gap between their meal one day and the first meal the next and this was not their preference.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and helped people's spiritual needs to be met. Staff welcomed visitors to the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

We found action had been taken to ensure the service was safe.

There were systems in place to ensure people's safety was managed effectively.

People were supported to manage their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

Is the service effective?

Requires improvement 

We found action had been taken to ensure the service was effective.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met. People

did not always receive a choice of menu and some people experience a long time gap overnight between meals.

The service monitored people's healthcare. People were referred appropriately for external healthcare support.

Staff knew the people they cared for well and understood, and met their needs.

Whilst improvements had been made we have not revised the rating for this

key question; to improve the rating to 'Good' would require a longer term track

record of consistent good practice.

We will review our rating at the next comprehensive inspection.

Is the service caring?

Good 

The service was caring.

People received care and support from staff who were kind and caring.

Staff respected people's privacy and dignity and helped people's spiritual needs to be met. Staff welcomed visitors to the home.

Bramley Court

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Bramley Court on 23 November 2015. This inspection was undertaken to check that that the provider had made improvements detailed in their action plans and that people's care safely met their individual needs.

The inspection team inspected the service against the three questions we ask about services: is the service safe; is the service effective; is the service caring. This is because following our last inspection on 26 and 31 March 2015 we had asked the provider to make improvements to the management of medicines and consent. In addition, since that inspection we had also received concerns about the care people received.

The inspection was undertaken by two inspectors, an inspection manager 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 the inspection we looked at all of the information that we held about the service. This included information from visitors, community health and social care professionals and information from the registered manager and commissioners of the service. We also looked at information from notifications that we had received. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with ten people and five relatives of people who used the service. We also spoke with two healthcare professionals who regularly visited the service. Throughout the inspection we observed how the staff interacted with people who lived in the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 10 people's care records.

We also spoke with the registered manager, the deputy manager, the clinical lead, a registered nurse, one team leader, and eight care workers.

Requires improvement

Is the service safe?

Our findings

At our comprehensive inspection on 26 and 31 March 2015 we found that people were not protected against the risks of unsafe management and administration of medicines. This was a beach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 wich corresponds to Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the comprehensive inspection we received an anonymous concern that staff errors when administering medicines were not addressed. There was insufficient information for the registered manager to fully investigate this complaint. However, they told us that the action they had taken was to remind all staff of their responsibilities in this regard.

At this focused inspection on 23 November 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above. We found that the management of people's medicines had improved since the last inspection and medicines were being safely managed.

People all said they received their medicines on time and that they were supported to take them in the way they wished. One person told us, "I have medication four times a day. Staff give me them." Another person said that staff were "very good with pain relief." One person's relative related to us that the registered manager had "sorted out" a recent concern they raised about their family member's medicines.

We found medicines were stored securely and at the correct temperature. Staff told us, and records verified, that staff had been trained to administer medicines. We observed that staff were respectful of people's dignity and practiced good hygiene when administering medicines. Staff demonstrated they had a good understanding of people's needs and of the medicines that were prescribed to them.

Staff had taken appropriate precautions for specific people who lacked the mental capacity to make decisions about their medicines. We saw appropriate records were in place and Deprivation of Liberty (DoLs) applications had been made in these instances.

Appropriate arrangements were in place for the recording of medicines received and administered. This included the administration of topical medicines. Senior staff carried out checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

The people we spoke with said that they felt safe at the service. All the staff we spoke with told us they had received safeguarding training and, where appropriate, refresher training within the last 12 months. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to protect people from harm.

Where concerns had been reported, we saw the registered manager had taken appropriate action. This included reporting to other organisations (including the local authority and the CQC). They had also investigated and, where appropriate, had taken action to reduce the risk of reoccurrence in the future. Action included staff training and the implementation of the disciplinary procedure. This meant that there were processes in place to reduce the risk of abuse and avoidable harm.

Since the comprehensive inspection the fire authority identified deficiencies in the precautions taken by the service to reduce the risk of harm if a fire occurred. The registered manager shared their action plan to address these matters with us. They subsequently confirmed the fire authority were satisfied with the actions they had taken to protect people from the risk associated with fire in the service.

During our inspection we found that records showed that risks had been assessed and the actions to reduce harm recorded in people's care plans. This included skin care, food and nutrition, and evacuation from the building. We saw that the actions in these risk assessments were being followed in order to promote people's safety. For example, that people deemed to be at risk were repositioned regularly and offered fluids frequently. We also saw that risk assessments were regularly reviewed and took account of changes in people's healthcare condition.

Since the comprehensive inspection we received an anonymous concern that there was insufficient staff to safely meet people's needs. Prior to our inspection a commissioner of the service told us they felt staffing levels in the home had improved.

Requires improvement

Is the service safe?

During our inspection on 23 November 2015 we found there were sufficient staff to safely meet people's needs. People had mixed views about whether there were sufficient staff. Positive comments included, "I feel very safe. There seem to be enough staff, and they come quite quickly when called." And, "Staff come quickly [when I call them]." Two relatives who were frequent visitors to the service assured us that they had always found adequate numbers of staff on duty. One relative said, "[Staff] are always around and we don't have to look for them when we need them."

However, other people said there were insufficient staff and that staff sometimes took a long time to answer their call bells. One person told us, "I have my call bell by me and [staff] usually, but not always, come quite quickly, there are not always staff around." Another person said, "Times to answer a call bell can depend – it may be 5 minutes, sometimes up to 30 minutes, but I do feel safe and I am in good hands." One person's relative told us, "You hear the call bell going all the time."

During our inspection we saw the staff were very busy due to a number of emergency situations arising. However, we noted that emergency call bells were responded to quickly and people received the care they needed. We saw that people who were able to use them could easily reach bells to call staff when needed.

We looked at the call bell record for 20 November 2015. This record showed when calls were made, accepted and responded to by staff in the person's room. The call log showed that people frequently used the call bell system and that the calls were usually responded to quickly. Typical response times for staff being present in the person's room were within two minutes.

The registered manager told us that she used a recognised tool to assess people's needs and determine the number of staff required in each unit of the service. We saw that the numbers of staff employed at any time corresponded to how many staff were required to assist people to manoeuvre, or to provide psychological support, such as continuous or periodic one to one support. This meant there were sufficient staff to provide care safely to people.

Requires improvement

Is the service effective?

Our findings

At our comprehensive inspection on 26 and 31 March 2015 we found that people who used the service who lacked the mental capacity to make their own decisions could not be assured that decisions were made in their best interest. This was a beach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 23 November 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some of the people receiving care had restrictions imposed on them for their own safety and well-being. In these instances we saw that staff had submitted appropriate applications to the local authority.

Staff were knowledgeable in relation to the application of the MCA. We saw that any restrictions on a person's liberty were minimal and were a considered element of the care that people needed. Relatives told us, and records showed, that relevant relatives and professionals were consulted to ensure that people's best interests were upheld. Two relatives told us that they had been consulted about restrictions to their family member's liberty in the form of padded bedsides. They said they had been consulted and agreed to these in their family member's best interest, to order to help ensure their family member's safety. They told us they felt their family member, "Was in a very safe home."

People told us they were encouraged to make choices about their everyday lives, for example, what clothes they wore. We noted that verbal and physical support from staff encouraged people to express themselves so that their liberty to make their own choices was encouraged.

Since the comprehensive inspection we received concerns that people were not being assisted to eat and drink sufficient quantities of food and fluids.

During our inspection on 23 November 2015 we found that people received appropriate assistance with food and fluids. There were sufficient staff to serve the meals and to provide assistance to those people who needed it. This included encouraging people in a positive way to remain focused on their eating meal when they became distracted.

Records showed that people's weight was monitored regularly and action taken where concerns about people's food and fluid intake were identified. Where appropriate, advice from healthcare professionals had been sought and followed in relation to people's diets. Staff were aware of people's nutritional needs. Records showed that the foods and fluids people consumed were monitored and action was taken to encourage people to increase their intake where necessary.

Some people complimented the quality and quantity of the food served at the home. One person told us the service provided, "Good food and plenty of it." However, we also received some poor feedback in relation to the quality and presentation of meals. People made comments such as, "The food could definitely be improved. They could make it more tasty for a start." One person said, "The food is flopped on the plate, you can't see what it is. The pastry is like a wet face flannel." Another person commented, "The food is quite simply dreadful."

Although the registered manager told us that a choice of menu was available, people told us they were often not always offered a choice in reality. One person said, "There is not always a choice [of meal]. Just sometimes." Another person said. "We are theoretically given a choice but it doesn't always happen." A third person told us that they were given a choice of meal at the table. However, they then told us, "When I have said I don't really fancy either [option], I am told that is the only choice."

Everyone said that they could choose where to take their meals. This included in the dining rooms, lounges or their bedrooms. However, supper was served between 4.30pm

Requires improvement

Is the service effective?

and 5.30pm and the majority of people we spoke with told us that this meal too early. One person described the time of this meal as, "Stupid." Only one of the 10 people we spoke with told us they had anything to eat between supper at 5.30pm and breakfast the next morning. Staff told us breakfast was served from 8am. However, we saw people at 10am who eating their breakfast. This meant that there was a risk that people were potentially going for in excess of 14 hours without food.

People were supported to access appropriate healthcare. Everyone we spoke with confirmed that they saw relevant health professionals Records showed staff had made referrals to chiropodists, opticians and dentists when people required this. Staff told us they could easily and quickly contact community nurse teams and people's GPs when needed.

We spoke with a GP who regularly visited people who used the service. They told us the staff referred people to them and called them out appropriately. They said that staff were proactive about people's healthcare and prompted them to make referrals to other healthcare professionals, such as the dietician. They described staff as "very professional" and said staff entered into a "good ongoing dialogue" about the health of their patients. Another visiting healthcare professional also praised the staff for being proactive about people's health. They commented the staff were, "Really proactive pressure care." They went on to tell us that staff completed charts to show they provided appropriate care and that senior staff monitored this.

Prior to our inspection a commissioner of the service told us that staff clearly demonstrated a good knowledge and skills in topics such as safe guarding, health and hygiene, mental capacity and dementia. During our inspection people said that they felt their needs were met and that they were confident in staff members' abilities.

We found staff members were knowledgeable about people's individual needs and preferences and how to meet these. A visiting healthcare professional described staff as, "Very professional caring and conscientious."

There were comprehensive induction arrangements for newly recruited care staff. The manager described, and staff confirmed, the induction process that lasted until each new staff member was assessed as competent. This included the opportunity for new staff members to work alongside more experienced staff. Staff members told us that they had received sufficient training suitable for their roles. They said they had received a range of training that included first aid and the Mental Capacity Act 2005 (MCA). We found staff were trained and competent to carry out the roles for which they were employed.

Good

Is the service caring?

Our findings

Prior to our inspection we received some concerns that staff did not always show a caring attitude and treat people with respect. The registered manager had investigated these concerns and took appropriate action to address the issues.

Everyone we spoke with during our inspection told us the staff maintained their privacy and dignity at all times. A visiting healthcare professional commented that they observed staff always treated people with courtesy. They said staff willingly assisted people to move to their rooms for examination or treatment, ensuring people's dignity was respected.

People told us that the staff were caring, kind and knew them well. One person described the staff as, "Magnificent, very caring." Two relatives told us, "[Staff] have always been really kind. [Staff] are attentive and lovely people and I am so glad they are here. They have made a big difference to my [family member's] life." Another person told us, "Most of the staff are good. The permanent [staff] are interested [in me]." However, they went on to tell us, "I would be stuck without my visitors, as staff are always very busy." Other people also told us the staff were often too busy to spend time talking with them. One person said, "The staff are nice, but you don't get much in way of conversation." Another person told us, "The regular staff are wonderful, very caring, very considerate, and they do listen but agency staff are, how shall I put it, not quite so committed." They too told us that permanent staff chatted with them "when they can, although not as often as they used to, because they have less time." The person commented, "[Staff] do know me well."

During our inspection we saw some very caring interactions between staff and people receiving a service. We observed that staff were always polite and respectful in their approach to people. We heard people being addressed by their name to ensure their full attention was gained and staff spoke clearly and directly to them. We saw that this focused communication showed a caring aspect that was beneficial to people because it helped them engage with care staff.

People told us that staff made their visitors welcome and that this was important to them. One person told us, "[The staff] are very kind to visitors." Another person told us their visitors were treated "very well" and that they would be joining them for Christmas lunch. Another person's relatives said, "[Staff]have always greeted us whenever we have arrived which has often been late and at odd times."

People told us that their and their family member's religious and spiritual needs were met. This included regular visits from a church leader who took religious services. Another person told us that staff had arranged for them to attend a memorial service and how important this had been to them.

There were opportunities for people to access the local community. People told us of short trips out, for example for a meal and to participate in specific activities such as painting ceramics. They said there were opportunities for visits further afield and told us about a coach trip to London. However, some people commented on the lack of stimulation at the weekend and said they were sometimes bored.