CareConcepts (Appleton) Limited

Brampton Lodge

Inspection report

CareConcepts (Appleton) Limited
Bridge Lane, Appleton
Warrington
Cheshire
WA4 3AH

Tel: 01925606780
Website: www.careconcepts.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on the 08, 09, 13 & 14 February 2017.

The home was previously inspected in July and August 2015 during which we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. We found that medicines had not been managed in a safe way. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the register person had failed to notify CQC of incidents of abuse or allegations of abuse. □

During this inspection we found that the provider had taken action to address the breaches identified at the last inspection.

Brampton Lodge is a residential care home providing accommodation and nursing, personal and intermediate care for up to 59 older people, some of whom are living with dementia. The service is provided by Care Concepts (Appleton) Limited. At the time of our inspection the service was providing accommodation to 56 people.

All bedrooms are single, wheel chair accessible and have en-suite facilities which include a shower. Two passenger lifts are installed to enable access between the ground and first floor areas. The home is divided into four units and has four lounges and dining areas, a smaller lounge and various seating areas. There are three assisted bathrooms and a multipurpose room with hair salon.

At the time of the inspection a registered manager was in place. 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.

During our inspection of Brampton Lodge, we spent time talking with people using the service, their relatives and staff. We also undertook observations within the home. We saw that staff took take time to communicate and engage with people using the service and that people were treated with dignity and respect. Staff were also observed to be responsive and attentive to the needs of people using the service and people were empowered to follow their preferred routines.

The needs of people using the service had been assessed and planned for. Risk assessments had been completed alongside each care plan where appropriate, to help staff to identify and control potential and actual risks. Care and support plans viewed were person centred and included key information on what was important to people, their likes and dislikes, tips for promoting effective communication and key information on their support needs.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

Staff were supported through induction, regular on-going training and supervision to develop the necessary skills and competence for their roles.

People had access to health care professionals subject to their individual needs and medication was ordered, stored, administered and disposed of safely.

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). Staff had received training in relation to this protective legislation.

People had access to a range of activities available in the home and local community.

People had access to a choice of menu which offered a varied, balanced and wholesome diet.

Audits had been established to monitor service operations and systems were in place to safeguard people from abuse and to respond to complaints.

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 had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

Staff had access to induction and a range of training that was relevant to individual roles and responsibilities.

People living at Brampton Lodge had access to a choice of wholesome and nutritious meals and received access to a range of health care professionals subject to individual need.

Is the service caring?

Good

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

Good

The service was responsive.

Care plans contained information that was personalised to help ensure people received care that was based upon their individual needs and preferences.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

A range of individual and group activities were provide for people living within the home to participate in.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Brampton Lodge

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 was 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 was unannounced and took place on the 8, 9, 13 & 14 February 2017. The inspection was undertaken by one adult social care inspector.

The provider was not requested to complete a provider information return (PIR) prior to the inspection, as the inspection was undertaken at short notice. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. We invited the local authority and clinical commission group to provide us with any information they held about Brampton Lodge. We took any information provided to us into account.

During the inspection we spoke with 17 people who used the service and 15 visitors. We spent time with people in the communal lounges or in their bedrooms with their consent.

We also undertook a Short Observational Framework for Inspection (SOFI) observation in one unit of Brampton Lodge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Furthermore, we spoke with the managing director and operations director; the registered manager; a visiting senior nurse practitioner; an independent advocate and a social worker. We also spoke with five nurses and a student nurse; one unit manager; two senior support workers; six support workers; an activity coordinator and the facilities manager.

We looked at a range of records including four care files belonging to people who used the service. This

process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training; maintenance and audit documentation.

Good

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided at Brampton Lodge to be safe. People spoken with confirmed that they felt the service was safe.

Comments received from people using the service included: "Everything is fine here. I'm happy"; "I have nothing to fear. This home is first class" and "I have a nice room and I feel comfortable and safe."

Likewise, comments received from relatives included: "My mother is safe, secure and well cared for" and "Her new room is like being in heaven. She is relaxed, content and comfortable."

Information about the needs of people living at Brampton Lodge had been recorded within assessment documentation and care and support plans had been developed which were person centred and outlined what support staff need to know in order to keep people safe. A range of risk assessments had also been completed to ensure staff were aware of any risks to people using the service and the action they should take to minimise and control potential risks to people's health and wellbeing.

General and environmental risk assessments such as fire risk assessments and personal emergency evacuation plans had been developed in the event of an incident or fire. We saw that a business continuity plan was in place to ensure an appropriate response in the event of a major incident or disruption to the service.

The details of any accidents and incidents that occurred within Brampton Lodge had been recorded each month. An overview of key information such as the time of an incident; type; location; level of intervention required and numbers had also been recorded to enable the management team to analyse the statistical data and identify any trends.

We noted that there was no information on any lessons learnt to reduce the likelihood of events reoccurring. We raised this with the registered so that the records could be updated to include this information.

56 people with a diverse range of needs were receiving accommodation, personal and / or nursing care at Brampton Lodge when we undertook our inspection. We checked staff rotas with the registered manager in order to review how the home was being staffed.

Staffing levels set by the provider for Brampton Lodge were four registered nurses on duty in the morning and three in the evening. Throughout the morning and evening there were 11 support workers on duty. During the night there were two night nurses and five support workers on duty.

Other staff were employed to coordinate activities and for administration, domestic; catering, and maintenance duties. The registered manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to assess and review the needs and dependency of people using the service and the required staffing hours to meet individual needs. We found that the service was being staffed in line with the dependency tool in use.

The registered manager told us that all new employees were appropriately checked in accordance with the provider's recruitment policy and procedures before people were employed to work at Brampton Lodge.

We looked at a sample of four staff files for staff who had recently been employed. We saw that all staff had completed an application form and that recruitment checks included, obtaining two references, confirming identification and reviewing health and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults. In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All the staff files we viewed included interview notes and provided evidence that the registered manager had completed the necessary checks before people were employed to work at Brampton Lodge. This helped protect people against the risks of unsuitable staff being employed to work in the home.

The provider had developed a 'Safeguarding' and 'Whistleblowing' procedure for staff to refer to. Records held by the Care Quality Commission (CQC) indicated that there had been two whistle blowing concerns received by the Care Quality Commission (CQC) in the past twelve months.

One concerned food hygiene and management. The other concerned the standard of care; conduct of staff; training; infection control; record keeping and management of prescribed medication and controlled drugs on one of the units in Brampton Lodge.

Both of the whistleblowing concerns were investigated and unsubstantiated. However, we noted gaps in some turn charts (a record and plan used to record the daily turning and movement of a person). Furthermore, we noted that the turning records did not specify the required frequency of turns. The registered manager updated the charts during the inspection to include this outstanding information and assured us that she would undertake regular checks of these records in the future.

The registered manager and staff spoken with confirmed they had completed safeguarding adults training as part of their induction and on-going training. Staff also demonstrated a good awareness of their duty of care and the action they should take in response to suspicion or evidence of abuse. Training records indicated that all staff had completed safeguarding training at the time of our inspection.

We viewed the safeguarding records for Brampton Lodge. A log record had been developed to enable the manager to maintain an overview of incidents. We noted that safeguarding concerns had been referred to the local authority safeguarding team and that the outcome of safeguarding incidents had been recorded.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a detailed medication policy which was available for staff to reference. The policy was available in the medication storage room for staff to reference.

We looked at the arrangements for the management of medicines on two units at Brampton Lodge with trained nurses. We were informed that only nursing and senior staff were responsible for the administration

of medication and that that staff responsible for administering medication had completed medication training, prior to being authorised to administer medication.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to laminated forms which provided key information on people using the service such as their GP and any known allergy details. This helped to identify and safeguard the wellbeing of people and minimise the risk of administering medication incorrectly.

Medication was stored in medication trolleys that were secured to a wall in a dedicated room which was temperature controlled. Separate storage facilities were available for medication requiring cold storage and controlled drugs.

We checked the arrangements for the storage, recording and administration of medication. We carried out a sample of checks on people's medication and associated medication administration charts (MAR), including controlled drugs medicines. Overall, we found that MARs and the controlled drugs register were up-to-date and accurate.

We noted a gap for one important type of medication which had not been signed for. The nurse responsible for administering the medication told us that she had administered the medication but forgotten to sign the MAR. The registered manager assured us that action would be taken in response to this finding and that she would remind staff of the importance of signing for medication immediately following administration.

Systems were also in place to record homely remedies, medication errors, returns, storage room and fridge temperatures.

The environment at Brampton Lodge presented as clean and comfortable. There were no unpleasant smells in any parts of the building and areas viewed during the inspection appeared hygienic.

Dedicated hand wash stations were sited on each unit and personal protective equipment such as hand sanitisers, gloves and aprons were in place. Following recent advice from the infection control team the provider had taken steps to improve the arrangements for hand-washing facilities in the dementia unit for staff undertaking any aseptic techniques to prevent infection.

Staff had access to policies and procedures for infection control and audits and surveillance reports had been produced periodically to monitor and review infection control standards within the home. The last infection control audit overall score was 97%.

Good

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Brampton Lodge to be effective. Overall, people spoken with told us that their care needs were met by the provider.

Comments received from people included: "All the girls [staff] are smashing"; "The food is beautiful. It's excellent"; "I respect the staff because of their knowledge of me"; "The quality of catering varies. Sunday lunch is very good" and "The staff look after me very well and I have seen my GP, optician, chiropodist and dentist since I've lived here."

Likewise, feedback received from relatives included: "The staff have bent over backwards to help us"; "My wife is well looked after. I get peace of mind and the food is nice"; "My mother is gaining weight and the staff are friendly and helpful" and "I have had concerns regarding staffing in the past but they have a settled staff team now."

Brampton Lodge is a modern purpose built residential home that provides accommodation and nursing, personal and intermediate care for up to 59 people, some of whom were living with dementia. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and dealing with day-to-day tasks.

The accommodation in the main building was over two levels (ground and first floor) and rooms were for single occupancy. All rooms are equipped with en-suite facilities.

The home was divided into four units. The units included: Broomfields and St Monicas (located on the ground floor for up to 30 people living with dementia some of whom may also have nursing needs); Cobbs Suite (located on the first floor for up to 15 people with nursing care needs) and the Intermediate Care Unit (also located on the first floor for up to 14 people requiring a period of rehabilitation).

Communal facilities available for people using the service included four lounge and dining areas, a multi-purpose room with hair salon, a smaller lounge and various seating areas. There were three assisted bathrooms and two passenger lifts to enable access between floors. People using the service were also noted to have access to a range of individual aids to assist with their mobility and independence.

We noted that people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable. We also saw that efforts had been made to help people orientate around the home. For example, memory boxes had been fitted in the unit accommodating people living with dementia and bathroom doors had been painted blue and toilet doors painted yellow. There was also clear signage displayed on the doors to help people identify each facility. Additionally, corridors and communal areas had been decorated with different themes and artwork to ensure they reflected the needs of the people living in each unit.

We looked at staff training records and spoke to staff working at Brampton Lodge to establish feedback on the range of training provided. We saw that the provider had been awarded the 'Investors in People' bronze award.

Staff told us that they had opportunities to shadow experienced staff and to access induction, mandatory and other training that was relevant to their roles and responsibilities. We viewed the staff training matrix which confirmed staff had access to induction training that was linked to the 'Skills for Care' care certificate standards. Skills for Care helps create a better-led, skilled and valued adult social care workforce and provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

Training records indicated that staff had also completed a comprehensive range of training in subjects such as: COSHH (Control of Substances Hazardous to Health); Risk Assessments; Reporting & Recording of Incidents; Infection Control; Hand Hygiene; Personal Protective Equipment (PPE); Food Hygiene; Safeguarding and Privacy and Dignity; Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); Medication Awareness; Moving & Handling; Nutrition; Falls Prevention; Basic Life Support; Challenging Behaviour / Causes of Difficult Behaviour; Dementia Friends and Dementia Awareness and Equality and Diversity. We noted that 23 of the 47 care staff had also completed a National Vocational Qualification in health and social care or dementia at level two or above.

We looked at the clinical training available for nursing staff. The training matrix highlighted gaps where there was potential to provide additional nursing staff with training. For example, training records indicated that only 38% of the nurses (including the registered manager) had completed wound management training; 15% syringe driver and 23% venepuncture. Venepuncture is the collection of blood from a vein.

We noted that staff received refresher training periodically and that systems were in place to monitor the outstanding learning needs of staff. The registered manager provided us with a list of training over the next four months which included venepuncture training for nursing staff. We also received assurances from the registered manager that where necessary she would review and endeavour to source additional training for nursing staff.

Daily handovers occurred between shifts to ensure important information concerning the needs of people using the service was shared. Staff also told us that they attended team meetings periodically and had access to an annual appraisal and regular supervisions with their line managers.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager highlighted that nine people using the service were subject to a DoLS authorisation

at the time of our visit to the service. Records indicated that an additional 24 DoLS applications had been submitted to the local authority which were awaiting authorisation.

The registered manager had produced a 'DoLS information sheet' for each unit which was displayed in the office on each unit for staff to reference. Training records indicated that all staff working at Brampton Lodge had also completed training on the MCA and DoLS. Three staff spoken with lacked awareness of which people living in the home were subject to a DoLS authorisation. We received assurances from the registered manager that action would be taken to review staff knowledge and understanding of which people were subject to a DoLS via supervision and team meetings.

A three week rolling menu plan was in operation at Brampton Lodge which was reviewed on a regular basis with people using the service.

Daily menus were on display in each unit and a pictorial menu board and plan was used in the units accommodating people living with dementia to help people with cognitive impairments to make an informed meal choice. We noted that the menus offered an alternative choice of meals and snacks at each sitting and that people had a drink of their choice. Additional refreshments and snacks such as fresh fruit, crisps and cakes were also provided throughout the day.

Food was transported from a central kitchen in Brampton Lodge to each unit via heated trolleys. Each unit had a designated dining area and people using the service were encouraged to eat where they preferred. We observed that some people had chosen to eat their meals in their bedrooms or in other parts of the home and that these preferences were respected.

People we spoke with and observed had varying levels of need for support at mealtimes and those spoken with confirmed they received support according to their individual needs. Staff spoken with told us that there were sufficient staff on duty to support people with complex support needs, some of whom required individual support at meal times. We noted that advice had been sought from speech and language therapists and dieticians for people that experienced difficulties with their eating.

Dining areas viewed provided a pleasant environment for people to eat their meals and tables were equipped with appropriate tableware. We observed that staff were attentive and responsive to the needs of people requiring help and support to eat their meals and drink refreshments and saw that mealtimes were viewed as a social occasion for people, many of whom were observed to spend time talking and interacting with their friends and staff.

The most recent local authority food hygiene inspection was in November 2015 and Brampton Lodge had been awarded a rating of 5 stars which is the highest award that can be given.

Various health and social professionals were involved in the care and support of people using the service to help ensure people's health and well-being was appropriately safeguarded. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and examination of a selection of care plan records provided evidence that people using the service had accessed a range of health care professionals such as: GPs, dentists; chiropodists and opticians subject to individual needs.

Good

Is the service caring?

Our findings

We asked people using the service and their relatives if the service provided at Brampton Lodge was caring.

Comments received from people using the service included: "First class care. The staff are all cheerful and give you their time"; "The care provided here is by far the best" and "Usually the standard of care is very good but occasionally I have had to wait a while."

Likewise, feedback received from relatives included: "She received wonderful, excellent care"; "I have no concerns regarding the standard of care provided" and "It's beyond decent. They look after people well. I have no complaints."

One person told us that they had to wait an excessive period of time for a response to a call bell. We raised this feedback with the managing director and the registered manager who assured us that action would be taken in response to the concern raised. Following our inspection, the managing director provided evidence to CQC that software had been fitted to the call bell system at Brampton Lodge to enable the management to maintain an overview of response times and to identify any action required, trends or people in need of additional support.

Likewise, two relatives spoken with told us about some previous concerns they had about the standard of personal care their relatives had experienced. Whilst the relatives had no current issues to report, they expressed concern about the ability of the service to sustain a consistent standard of care. We shared this feedback with the management team who assured us that action would be taken whenever necessary to ensure expected standards were maintained.

During our inspection of Brampton Lodge we undertook a Short Observational Framework for Inspection (SOFI) on a unit accommodating people living with dementia.

We observed that the unit presented as a calm and relaxed environment and that people were being supported by staff that were genuinely warm, attentive and responsive to people's individual needs. Staff were seen to take time to facilitate communication and interact with different people with a diverse range of needs and encourage them to participate in conversations or activities in a respectful and dignified manner. We also noted that people were accepted and empowered to follow their own routines throughout the day.

Staff were seen to acknowledge and give recognition to people for their different contributions and we saw examples of how people responded positively to humour and fun through different activities and interaction. We also observed that relatives were made to feel welcome and that they were encouraged to visit at different times of the day.

We saw that people living at Brampton Lodge presented as clean and appropriately dressed. We noted that staff spoke to people using their preferred names and responded appropriately when support was needed.

Staff spoken with told us that they had received induction and on-going training to help develop their knowledge and skills which had included opportunities to read information contained within care plans and to shadow experienced staff. Staff advised that this had helped them to get to know people and understand their individual needs, personalities and preferences.

We noted that the provider was committed to the value base of social care and ensuring that people using the service received a service that was personalised to their needs. In order to promote this expectation a one page profile had been developed for people using the service. Furthermore, a one page profile tree had been completed for each member of the staff team which had been displayed in the home. A 'One Page Profile' captures important information about a person on a single sheet of paper under three simple headings: what people appreciate about me, what's important to me and how best to support me.

Information about people living at Brampton Lodge was kept securely to help ensure confidentiality. A statement of purpose and a service user guide was available for prospective and current service users to view. These documents contained a range of information about Brampton Lodge such as the details of the organisation; services provided and fees. The provider also distributed newsletters periodically to communicate and share information.

Good

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be responsive.

Comments received included: "They [staff] look after us very well"; "I join in with the activities but I also like to read" and "The staff are really attentive and if you need anything else they will do their best to help you".

Likewise, comments received from relatives included: "I have always been made aware of any problems and involved in decision making" and I'm really pleased with the standard of care. Staff respond to concerns quickly."

We looked at the personal files of four people who were living at Brampton Lodge.

Files viewed contained an index sheet developed by the provider which outlined the expected contents for each file such as: care plans; MCA and DoLS records; life story information; daily notes; observation and monitoring charts; admission documentation and other relevant paperwork.

The intermediate care unit utilised a different set of assessment, care planning and risk assessment tools that had been developed by Bridgewater Community Healthcare NHS Trust to ensure consistency in records management systems across locations providing intermediate care.

We found evidence that the holistic needs of people using the service had been assessed and planned for. Mental capacity impact and risk assessments had also been completed alongside each care plan where appropriate, to help staff to identify and control potential and actual risks.

Care and support plans viewed were person centred and included key information on what was important to people, their likes and dislikes, tips for promoting effective communication and key information on critical care and support needs.

One page profiles had also been produced to highlight what people appreciated about the person using the service, what was important to them and how best to provide them with effective support.

A range of supporting documentation was also on files subject to each person's needs such as: DNACPR; weight records; risk assessments; daily notes; healthcare records; past medical history; contact sheets; care plan summary records and other miscellaneous information.

We noted that records had been kept under regular monthly review and that people had been involved in the care planning process subject to individual needs. Staff spoken with also had a good understanding of the needs and support requirements of the people using the service.

We received feedback from one visiting professional who expressed concern that qualified nurses did not

always complete the nursing risk assessment booklet for people using the intermediate care unit. We raised this concern with the managing director who assured us that he would look into the issues raised. Upon completion of the inspection we received an email from the registered manager who informed us that a meeting had been arranged to review this matter.

The provider had developed a 'Complaints, Suggestions and Compliments' policy and procedure to provide guidance to staff, people using the service or their representatives on how to make a complaint.

A 'complaints and comments' notice was displayed in the reception area and had been included in the service user guide and the statement of purpose for people to reference. A suggestions post box was also located in the reception area of the home to enable people to share their feedback anonymously.

We reviewed the complaints log and associated records for Brampton Lodge over the last 12 months which detailed that there had been eight complaints in that period. Three of the complaints had not been upheld, two had been partially upheld and the remainder had been upheld.

Information about the complaint and action taken was available for reference. This confirmed that any formal concerns or complaints raised by people had been listened to, acknowledged and acted upon.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly.

We also viewed a large number of thank you cards and letters from family members expressing appreciation for the standard of care provided to people who had had previously used the service.

At the time of our inspection, Brampton Lodge employed one full time and one part time activity coordinators who were responsible for the development and provision of activities for people using the service.

Brampton Lodge was a member of the National Activity Providers Association (NAPA). This is a charity which exists to provide guidance and support to activity coordinators to enhance their skills and improve activity opportunities for older people in care settings.

We spoke with one of the activity coordinators who informed us that the service did not produce a daily programme of activities as people using the service preferred to have the flexibility to choose different activities on a daily basis.

We noted that a list of forthcoming events was displayed on notice boards around the home to advertise key and popular events such as: songs of praise; karaokee sessions; theme days; fundraising events; parties; external entertainers and trips out to various destinations.

During our inspection we observed the activity coordinators facilitating a range of activities which included: a church service; bingo; flower arranging; holistic therapy; preparing items for valentine's day; table decorating; arts and crafts; reminiscence session; dancing to grease musical and other songs and a range of 1:1 activities such as gardening, spending time talking to people and reading together.

It was evident through direct observation and discussion with people using the service, staff and relatives that the activity coordinator we spoke to was passionate about her role and that she was valued for her contribution to the service. We observed the activity coordinator and staff interacting with and encouraging

people to participate in both group and individualised activities which people clearly enjoyed. We saw people responding to this contact by smiling, laughing, exchanging banter and communicating with staff using their preferred methods of communication.

We sampled a number of activity records and viewed various photographs which confirmed that people had accessed a diverse range of activities both within Brampton Lodge and the local community.

Good

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Brampton Lodge to be well led. People spoken with confirmed they were satisfied with the way the service was managed.

One member of staff reported "The managing director and registered manager are approachable and supportive."

Brampton Lodge had a manager in place that had been registered with the CQC since December 2015.

The registered manager was present during the four days of our inspection and was helpful and supportive throughout the inspection. We found the registered manager, managing director and operations director to be approachable and noted the senior management team had a visible presence in Brampton Lodge.

The management team were seen to take time to interact with people using the service, visitors and staff in a supportive and friendly manner. Staff spoken with demonstrated an understanding of the organisation's overall vision and values and information on the home's aims and objectives and statement of philosophy was available within the statement of purpose for people to view.

The provider had established a quality assurance system which was based upon seeking the views of people who use the service or their representatives. 'Resident' and 'relative' surveys were last distributed to people during June 2016. The results for both surveys had been analysed and a summary report and action plan had been produced.

We noted that 11 people using the service had returned questionnaires. Overall, the feedback received was good but lower scores were noted for the level of satisfaction with the meals on offer and being able to choose when to have a bath. The action plan indicated that the service would be working hard to ensure continued improvement or sustained performance in all areas.

On-going feedback was also sought from people who had resided on the 14 bed intermediate care unit following a period of rehabilitation. Furthermore, the provider encouraged people to share their feedback via the carehome.co.uk website. This information was used by the provider to evaluate, develop and improve the service provided.

Records indicated that there were 16 respondents to the relative questionnaire. Responses were generally good for all questions however lower scores were recorded for the response to phone calls and also to any complaints or comments. Feedback had been shared with people via the home's Autumn 2016 newsletter, in meetings and through 'You said' and 'Our response and plan' notices which had been displayed within the home.

Additionally, a staff culture questionnaire had been circulated to staff during February 2016 which focussed on a range of topics such as: Morale; Individual's Performance; Company Issues; Learning and Development;

Communication and Managers and Teams. The feedback had been reviewed which indicated that overall, the scores were generally positive. Actions had been identified where necessary, to ensure the on-going development of the service.

A governance checklist was in place which the senior management team used on an on-going basis to assess and appraise the overall performance of key aspects and functions of the service. This covered areas such as: health and safety; staffing; medications; quality action plans; regulatory requirements; complaints and compliments; safeguarding; care plans; communication; feedback and outstanding works. Upon completion of the governance checklist, a detailed action plan was completed which included details of the action required, person responsible and target dates. Progress was monitored closely by the managing director to ensure scrutiny and accountability.

Other auditing systems were also in place for monitoring: infection control; medication; care plans; catering; domestic and laundry, maintenance and grounds.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a visit to Brampton Lodge during October and November 2016. Upon completion of the monitoring visit the service was issued with an improvement plan for areas relating to the safe and effective domains of this report. We reviewed the provider's action plan with the registered manager and noted that significant progress had been made in response to all of the findings.

The provider had developed policies and procedures in place for staff to reference. These included: quality assurance; Mental Capacity Act; deprivation of liberty safeguards; staff recruitment and supervision; safeguarding of vulnerable people; whistleblowing; infection control and medication. These were readily available for staff to reference on each unit.

We sampled a number of test records and / or service certificates in the presence of the provider's facilities manager for: the fire alarm system; fire extinguishers; electrical wiring; portable appliances; gas safety; passenger lifts; hoists and slings and legionella testing. We found all records to be in order and that a contractor control and management policy was in place to ensure safe working practices.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.