

Friends of the Elderly

Little Bramingham Farm Residential Care Home

Inspection report

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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 

Overall summary

This inspection was carried out over two days, on 5 and 8 January 2015. It was an unannounced inspection and was undertaken by one inspector.

Little Bramingham Farm Residential Care Home is a registered care home for a maximum number of 25 elderly and frail people. It does not provide nursing care. The home offers accommodation over two floors. There were 22 people living at the home when we inspected it.

At the time of our inspection, there was a registered manager 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 and associated Regulations about how the service is run.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected, as DoLS applications were in progress and were being submitted to the authorising agencies.

People were assisted by staff in a way that supported their safety and they were treated with respect. People had care plans in place which took account of their needs and individual choices.

People's medication was administered by staff who had received training to ensure that the medication was administered safely and in a timely manner.

Staff cared for people in a warm and caring manner. They used appropriate techniques to calm people when they were anxious or angry.

Staff were trained to provide effective and safe care which met people's individual needs and wishes and were supported by the manager to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

People were able to raise any suggestions or concerns they might have with the manager and were listened to as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

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?

The service was safe

People felt safe. Staff had received training and were able to raise any concerns they may have about people's safety.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Staff recruitment procedures and safety checks were in place.

Good



Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that they received.

People were supported to maintain a balanced and nutritional diet.

Staff received an induction when first employed, and on-going training and supervision.

The manager and staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

People were encouraged to maintain their hobbies and interests and were also able access the local community.

Good



Summary of findings

Is the service well-led?

The service was well led

The registered manager was good at managing the home and was approachable.

Staff felt supported by the manager.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Good



Little Bramingham Farm Residential Care Home

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 5 and 8 January 2015 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed all the information we had received about the service since the last inspection including notifications that the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also looked at information we had received from the local authority.

During our inspection we spoke with five people who used the service, the manager of the home and five care staff who were on duty. We reviewed the care records of four people who used the service and reviewed the records for three staff, and records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We interviewed care staff and relatives who were visiting the home on the day of our inspection. We also carried out observations on the care that was being provided to people.

After the inspection visit, we contacted three health professionals who worked closely with the home, and two additional relatives of people who used the service.

Is the service safe?

Our findings

Relatives of people who lived at the home told us that the home was not “institutional” and that “people can speak out” if they did not feel safe. They told us that, “[relative] is never in any state of concern, they are relaxed”. People we spoke with told us that they were kept safe.

Staff we spoke with demonstrated that they knew how to recognise and report any concerns they might have about people’s safety. They were aware of the provider’s safeguarding policy, and were able to name external agencies they could report concerns to. One staff member told us, “I would go to the manager if I have any concerns. She always considers them and deals with them quickly.” For example, we were told of a recent incident which had led to staff raising concerns about a person in the home. We saw that staff had spoken with the manager and followed the correct processes. The manager had contacted all the relevant authorities to report the concerns and had also informed family members of the incident and actions taken to safeguard the person. This showed us that staff knew the processes in place to reduce the risk of abuse and felt able to report any concerns.

Individual risk assessments had been undertaken in relation to people’s identified health care and support needs and this included safe movement around the home, risks of falls, and accidents and injuries. These risk assessments were put in place to keep people as safe as possible within the home. The home also recorded and reported on any significant incidents or accidents that occurred. We saw examples of where an incident had occurred and the steps the provider had taken to learn from the incident and further train staff to ensure that the risk of reoccurrence was minimised.

A person we spoke with told us, “I feel safe, even when the fire alarm goes off; I trust them with my possessions.” The home had a fire and evacuation plan in place and a ‘grab bag’ located in easy reach in case of an evacuation. We saw that the bag contained details about each person, including emergency accommodation details and medical history. We saw that the bag was checked and updated monthly to ensure that all the contents was up to date and in working order. Records showed that emergency

evacuation drills involving people who lived in the home had taken place. This showed us that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

We observed how staff provided care throughout our inspection. We saw that people were supported quickly by staff and their support needs were met to their satisfaction. One person told us “staff are all in all very good and see to me quickly”. Staff we spoke to told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to people at all times and assisted people in a patient, unrushed and safe manner. A visiting relative said, “We are very happy, this home is brilliant because residents are at the heart of it all.” and another relative said, “[relative] feels safe, no one is nasty.”

The manager told us that staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records we looked at showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to.

We also saw that the provider was quick at taking disciplinary action, where the need arose, and detailed records were kept of any disciplinary action and outcomes.

We saw that medication was stored safely within the home. Records instructed staff, how prescribed medication should be given including PRN medication and how a person should be supported. Medication Administration Records (MARs) showed that medicines had been administered as prescribed. One staff member signed these records to indicate that they had administered the medication and another staff member signed that they had witnessed this. We observed medication being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking the medication. Staff were able to talk us through the processes in place for the safe disposal of medication. The manager told us that this medication administration process was in place to reduce administration errors and maintain people’s safety.

Is the service effective?

Our findings

Staff were knowledgeable about people's individual support and care needs, and had received the necessary training to equip them for their role. For example we saw how a staff member effectively used a distraction technique to calm a person when they were becoming anxious. Staff told us they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care to expand on their skills and knowledge of people and their care needs. Staff were also provided with regular supervisions and appraisals.

The manager demonstrated a sound knowledge of the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people who used the service. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance. Staff told us that they would "Always assume capacity", which meant that they would always ask people for their consent before providing care because they recognised that the person may sometimes be able to provide consent. We were told by the manager that people's capacity to consent was evaluated and assessed regularly. We saw that staff encouraged people to make day to day decisions. One person told us, "Staff don't mind you changing your routine; if you want to sit in the garden then they take you." A staff member told us, "People's rights and preferences are always considered, we try to give people a choice."

We saw that staff monitored and managed people's weight to support them to maintain a healthy weight. We spoke with external health care professionals who advised that staff regularly attended training on nutrition organised by an external agency and were regularly monitored by the agency to ensure they were providing people with suitable, nutritional food and supplements. We saw that the home used nutritional scoring systems and worked closely with the local dietetics service to assist and support people in maintaining a good healthy and balanced diet. People we spoke with told us they enjoyed the food and one person said, "The food is varied and you get a good choice." Another person we spoke with said jokingly, "Don't come here if you want to lose weight, every time you look up there is another cup of something on the table." Our observations over lunch showed that staff effectively encouraged people to eat their food, while allowing them to maintain their independence. We observed that where a person refused the meal options available, staff offered alternatives and provided encouragement for them to eat their meal.

People we spoke with said that they felt that the staff involved external health care professionals when needed. One person told us, "If I'm not feeling well, they get a doctor to me and there is no hesitation". This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. We also spoke with a GP who regularly visited the home and they also confirmed that the staff were quick at responding to any concerns about people's health and wellbeing.

Is the service caring?

Our findings

We spoke with five relatives of people who lived at the home and they all made positive comments about the staff and the provider. One relative told us, “Staff genuinely care, and it’s just lovely.” Another told us that they felt, “Very welcome, the staff know who you are as soon as you come in.”

We noted that the home had a friendly atmosphere. People were comfortable and had been made to feel as though they were in ‘their own homes’. When we spoke with the manager, staff and also people using the service, they all expressed the same views, that Little Bramingham Farm was ‘their home’. We saw that staff helped people in an unrushed manner. One person we spoke with told us the manager “is a wonderful person”. Another said “I have never been spoken to or made to feel like a nuisance”. We saw that staff showed care towards the people they were supporting. A relative also told us, “staff also visit when [family member] is in hospital; you see they go the extra mile”. The staff demonstrated that they knew and understood people’s likes and dislikes and their daily

routines. When we spoke to a person who routinely stayed in their room due to an on-going medical condition they told us “nobody makes me feel like a nuisance, they say it’s not my fault and that makes me feel better”.

We observed people to be clean and suitably dressed. One person we spoke with said, “Staff respect my dignity”, and they said when staff provided them with personal care, “They tell me what’s happening and what they are doing”. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing care and support. Each person had a designated member of staff that they worked with and the provider had also introduced lead roles for staff, which included ‘dignity champions’. The role of this person was to ensure that staff were following the correct practices in order to maintain people’s dignity while providing care.

We observed during lunch that staff were caring and attentive towards people. We saw that one person was unable to identify the food that had been served, we noted that staff spoke to them and told them the food choice they had chosen and offered to cut the food up for them so they could eat the food themselves. We observed that after cutting up the food, staff moved away from the person to allow them to eat at their own pace and independently.

Is the service responsive?

Our findings

Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us, “We can ask about things and we are not brushed off”. The manager told us that they provided “flexibility and choice” when planning people’s care and support. They said that they “discussed routines with people and families to ensure a smooth and relaxed atmosphere” in the home.

On the day of our inspection we observed that people were involved in a game of skittles with the home’s activities staff. One person who did not participate in the activity told us, “I can’t be bothered with activities; I do go down sometimes when I want to, they ask me but I like my own company.” A visiting relative told us that there were regular activities for people to participate in adding, “They have schools visit and are taken to the shops.” The manager also confirmed that people were encouraged to access the local community for shopping and the local schools sometimes visited to provide entertainment such as singing or performing drama sketches. Relatives also gave us examples of how responsive the staff were to people’s needs. For example we were told, “Once we were discussing that the room wasn’t light enough, the next day it came and there was a lamp in the room, staff listen”.

Care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. One person we spoke with told us, “If I say can I lie on the bed? The answer is always, this is your home, you do as you feel”. They also told us, “Staff put themselves out for me.” A relative we spoke with told us, “We are so pleased [person] is here, it’s one of the best” and they also said, “It’s not a clinical environment” They told us that staff had been effective in improving the experience for their family member. People’s care and support plans, as well as their regular reviews of care, were signed by the person or their representative. Relatives we spoke with confirmed that they had been involved in these reviews and told us that these meetings gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

Care records we saw showed that people’s general health and wellbeing were considered when their plan of care was

put together. People we spoke with told us that they were involved in their care planning. One person said “Yes I have a care plan, Staff go on for hours talking it through with me, they ask so many questions, and they are always building it up.” We saw from documents provided that the home carried out a needs assessment for each person regularly to ensure that the support being provided was adequate and that they were responding to people’s changing needs. Staff we spoke with gave us examples of their knowledge and understanding of people’s different requirements and we saw that staff were responsive to people’s needs throughout the day. One person we spoke with said that when they asked for anything from the staff, it was always made available and they said, “If you want anything, you name it, it’s there” another person told us “I have a bath when I want it”. They also told us that the manager regularly came and visited them in their room to ensure that they were happy with the service being provided. They said, “The Manager comes to talk to me; the manager is a lovely person.”

We also saw that the manager was aware of people’s history prior to using the service and adapted the service where possible to suit them. For example we saw that a person’s family had asked for staff not to provide support while they were meeting with their family members unless it was absolutely necessary. We saw that the family was allowed the time to be together, and routine activities, such as lunch were offered but delayed at the request of the person.

When we spoke with staff they told us “I love working here, people get personalised care”. They said that “every day is different, and we adjust accordingly”. We asked a staff member what was the best thing about the service and they said, “I really love my job,” and, “The challenges are that every day is different”.

Staff held daily meetings to pass on current information or concerns about people who used the service. Two relatives we spoke with confirmed to us that the manager actively encouraged them to be involved in care reviews. One said, “I am told about everything that I need to know about. The manager keeps us informed”. Both relatives told us that communication with the manager and staff was good and that the manager made sure that they were updated about the care of their family member and any changes in the service provided.

Is the service responsive?

Everyone we spoke with during our visit made positive comments about the home. They were happy with the service being provided and were happy with the staff and the management of the home. A visiting relative said “We know all the staff, they tell us about everything that is happening in the home.”

Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision. We saw staff demonstrate this throughout the day, for example at meals times; people were shown both meal options and staff patiently waited for people to indicate their preference. A staff member we spoke with told us, “[Person] uses certain gestures depending on where they want to go, if they want to go to their room they will point in the direct”.

Staff had been taught appropriate interventions to reduce people’s anxiety in a positive way. We observed that some people in the home exhibited behaviours that could put themselves or others at risk. We noted that the staff supported these people effectively, and were able to

demonstrate what actions they took to support people safely when distressed. We were told that when one person became distressed, the staff would speak with them in another language, which would make the person laugh and reduce their anger. We also observed this technique being used when a person became distressed during lunch and they started to laugh and their mood state changed.

We saw that a complaints policy was available to people in the home and presented in a format that made it easy for them to understand and follow. From our discussions with people we were able to confirm that they were aware of the policy and who they should approach in the event of a complaint. We discussed complaints with the manager, who told us they had an ‘open door policy, which provided people with a daily opportunity to discuss any concerns with her. This subsequently addressed any matters before they escalated to a complaint. They had not received any complaints in the past year. However she was able to demonstrate the process of investigation and explained how outcomes of concerns and complaints would be used to promote learning.

Is the service well-led?

Our findings

There was a registered manager in post. Our observations and discussions with people who lived in the home showed that they were fond of the manager and felt relaxed and comfortable around the manager and staff. One person told us, "If I have any problems I speak with the manager, the manager is lovely". Other people said, "people's views actually matter." And, "the home is very transparent."

The manager and staff were always accessible to people who lived at the home. When we spoke with the manager we found that they had good knowledge of the needs of people who used the service, knew the staff that were on duty well and utilised their specific skills effectively. We saw that the manager was always looking for ways to improve the service, by encouraging people to express their views.

The manager told us that they were proud of how they were open to meeting challenges and making changes within the home, to improve the atmosphere and the visibility of staff. Regular meetings were held to give people the opportunity to share their views and contribute to discussions about improving the service. The manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choice within the home. They said that routines were regularly discussed and updated to ensure that the home always had a smooth and relaxed atmosphere. We observed throughout the day that the home had a calm and relaxed atmosphere. People were seen to be moving about the home freely and staff had time to deliver care in an unhurried way.

We found that the manager's 'open door' approach meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and that the manager was quick at resolving these. Relatives told us that this made it easy for them to make any suggestions they may have about the service as soon as any concerns or issues came to light. One relative told us that, "Staff are good and hardworking, the manager is approachable and has an open door policy, and if I raise any concerns the manager considers and deals with them quickly".

During our visit we spoke to the manager about notifications. She was aware of what matters should be reported, and our records showed that the manager reported these events in an open and timely manner.

We saw that staff meetings were held regularly. The minutes showed that staff were able to discuss what was going well and whether there were any improvements needed. A staff member we spoke with told us, "We work as a team, and communicate well; If something is not right we let the manager know straightaway".

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people.

All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I love working here, I have worked here for many years." Another member of staff told us, "We know our residents, we really care about them." The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of service provided within the home. We saw that the provider carried out monthly inspections on the home, which included reviews of care documents, medical records, activities provided by the home and also any complaints received and action taken. We saw that as part of the review the provider also spoke with people who used the service and made observation on the care being provided and the overall atmosphere in the home. We saw that any areas of concern identified had action plans implemented and they were followed up in the next monthly inspection.

The manager recorded all incidents that occurred within the home and took action immediately to ensure that the safety of people within the home was not compromised. This was demonstrated on the day of our inspection where we observed the manager take action to resolve concerns that were raised by a person using the service and their family. We spoke to the manager about the concerns and they were able to demonstrate to us how they had learnt from the incident and made quick changes to safeguard people in the home and staff.