

Carebase (Histon) Limited

Bramley Court

Inspection report

Chivers Way
Histon
Cambridgeshire
CB24 9AH

Tel: 01223236105
Website: www.carebase.org.uk

Date of inspection visit:
24 May 2023

Date of publication:
13 June 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bramley Court is residential care home providing accommodation, nursing and personal care to up to 72 people. The service provides support to older people some of whom were living with dementia. Each person's accommodation included en-suite facilities with shared communal areas. The home is divided into 3 units, called Damson, Pear, and Cherry. At the time of our inspection there was 67 people using the service.

People's experience of using this service and what we found.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and knew how to do this. The service had enough safely recruited staff who were appropriately skilled and knew people's needs to help keep them safe.

Risks to people were identified and systems in place to reduce them, including falls, skin integrity, eating and drinking and accessible means for people to go outdoors. However, we found staff had temporarily left a mobility aid blocking a fire escape. The registered manager removed this immediately. They told us our inspection had interrupted their walk round which covered checking fire escapes. Audit records and fire safety checks showed these areas were covered on a daily basis. Lessons were learned and shared across the staff teams as required with reflective practice sessions being available so staff could learn what to do better next time.

Staff had regular, effective medicines administration training and had their competency assessed to do this safely. Staff supported people with their medicines in a way that respected their independence and achieved positive health outcomes. People were enabled to administer their own medicines independently where this was safe. One person told us, "I don't have any worries about my medication. I know what I take and I am full of admiration for [staff], they bring it on time and make sure I take it."

The service was clean and suitably equipped to meet people's support needs. One relative told us, "There are never any unpleasant smells here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person told us that when they asked staff to help them go outside, this was enabled.

Staff were reminded of their responsibilities in meetings, such as for medicines administration recording. The provider set high standards of care and there was an embedded open staff team culture. All staff spoken with praised the registered manager for being approachable, listening and acting on concerns raised including reporting any concerns staff may have.

Management and quality assurance teams were in place to effectively evaluate the quality of support

provided to people, and to make changes as needed. This involved people, their families, advocates and other professionals as appropriate. Staff respected people's wishes, needs and rights and values and acted upon their views. People had a say in how the service was run. People's lives were enriched by staff who put people first and foremost. One relative said, "It is definitely a place I would recommend to others if they needed care. I know my [family member] is in the right place being able to [spend their life in a way they want to]."

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection

The last rating for this service was outstanding, published on 16 January 2020.

Why we inspected

The inspection was prompted by a review of the information we held about this service, concerns received about people's care and support, risks to people's safety, the staff team culture and management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Where the provider had already identified risks, actions taken had been effective. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained outstanding based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Bramley Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bramley Court is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Bramley Court is a 3 storey care home with nursing care. Each floor has named units to aid people's orientation. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We also used information gathered as part of monitoring activity that took place on 22 February 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 10 people who used the service, 9 relatives and 2 friends visiting a person. We also spoke with 11 members of staff including the registered manager, a visiting regional manager, head of nursing, head of quality, nursing staff, care staff, and members of the house keeping team.

We reviewed a range of records, this included 3 people's care records. We looked at 4 people's medicines' records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including water and fire safety,, incident records, residents' and staff meeting minutes, compliments, quality assurance processes, complaints, audits, policies, and procedures.

Is the service safe?

Our findings

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risks of abuse

- Prior to our inspection, concerns had been reported to us about risks to people including staffing, staff's professionalism, people's skin integrity, continence support and medicines administration.
- Staff were trained and knowledgeable about safeguarding procedures, and to whom incidents were reported. Staff also knew how to escalate any concerns if need to the CQC or the local safeguarding authority. One staff member told us about the different types of abuse and said, "If I suspected any of these, I would report this to the head of care, [registered] or regional, manager. I would feel supported to do this. We can speak up as [registered] manager listens and acts."
- The reasons people told us they felt safe were, "Always enough staff," "This wheelchair is my own, I don't let anyone else use it. The staff push me in it and I feel safe" and, "Staff are careful helping me with my [walking aid]." Staff knew what action to take regarding people's skin integrity. One relative told us how careful staff were when attending to their family member's skin integrity. One staff member said, "I would report any concerns to the provider, and if action wasn't taken I would contact the CQC or the safeguarding authority."
- The provider helped people and relatives understand safeguarding by providing training and information about what this meant to the person.

Assessing risk, safety monitoring and management

- Risks including for infection prevention and control, falls, choking, skin integrity and fire safety had been identified. People and relatives told us how staff always used moving and handling equipment safely, ensured people's skin integrity was maintained and that enough staff were in place for these tasks.
- People were also encouraged to take risks that were safe whilst improving mobility and independence. This included artificial lighting technology so people could stay as safe as practicable when mobilising.
- However, we found staff had left a mobility support aid in a fire escape. The registered manager corrected this straight away and told us when they had done this. They said their daily walk round had been interrupted by our inspection and this situation would have been identified. Audit records for fire safety showed any previous issues had been acted on.

Using medicines safely

- Staff were trained how to safely administer medicines and staff's competency to do this had been assessed. One person said, "The staff tell me what they are giving me and I always seem to get it when I need it." A relative told us, and we saw, how attentive staff were to administer pain relief.
- Records and guidance were in place for people's as and when (prn) medicines. Such as for pain relief. Where some medicines required two staff signatures, both staff were competent. This meant medicines were safely administered and managed.
- Staff regularly checked the quantities of medicines in stock and those in daily use. The running totals of

medicines were accurate.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person's friend told us how they could help make decisions, such as when to go outdoors or to join in with activities including dancing and singing.

Staffing and recruitment

- Enough staff were in place, they were deployed effectively and they had been safely recruited. Checks were in place such as for photographic identity, employment references and any gaps had been explored, or an explanation had been provided.
- Other checks were undertaken including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's request for care and support were responded to in a timely manner. One person said, "I think [staff] are very good at answering the call bell. They might call you on the intercom to see what is wrong, but they get to you pretty quickly." Another person told us, "If I want any assistance I just have to ring my [call] bell. We have [emergency lifeline pendant] alarms that we wear round our neck so staff can soon come to help us. They come pretty quickly." We checked if there were enough staff to support people with their mobility needs. A relative told us that there were always 2 staff for using the moving and handling equipment. Our observations confirmed this.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a risk of cross contamination with the use of non-pedal type bins and automated bins that were not working due to flat batteries. The registered manager addressed these matters straight away. Also, there were effective audits in place to ensure this was sustained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visits for people at any time without restriction. The provider had adhered to guidance around visiting.
- Examples of how this benefited people included those people with end of life care, people who could have visiting without restriction, or being able to go for ride out with family members. One relative said that they were free to visit their family member in their room.

Learning lessons when things go wrong

- The staff team were made aware of incidents, such as falls, pressure ulcer care and safeguarding, such as through staff handover records, staff meetings, and if needed through individual reflective practice sessions or supervision.
- Wider learning was also shared with staff in addition to any changes made. For example, changes to medicines procedures, staff training, but also through staff reflecting on what they might do differently.
- One staff member told us how learning was shared across the staff team at individual supervisions, team meetings and through the electronic care records system. They said, "There are no barriers to getting support when needed. We hold discussion about changes and try new ways of working by being able to contribute to help make things work as well as practical. Nothing is ruled out, but we always get the opportunity to speak up, in private if needed."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to our inspection we were made aware of various concerns about the service including the staff culture, deployment of staff, the quality of care, oversight, governance and the quality of leadership and management.
- The provider demonstrated the duty of candour, by apologising with openness, sincerity and showing learning was had where this was needed.
- The registered manager told us how they had engaged with all staff using all possible means to be open and honest about any potential quality of care issues, including anonymised surveys, various meetings as well as involvement of independent consultants.
- Staff were empowered, and understood their responsibilities, to provide good quality care. One staff member said, "I needed support as I was feeling overwhelmed. I got the support I needed and that is why I am still here." Another staff member said the registered manager knew their job and saw the quality of care and told us, "They listen and always support staff, issues raised by staff are acted on."

Continuous learning and improving care

- The registered manager had an effective staff team supporting them. Audits covered various subjects based upon risk, such as legionnaires management, fire safety, staff training and support, quality assurance surveys and a range of meetings for people, relatives, and staff.
- The provider's effective oversight and governance ensured we were notified about incidents, such as safeguarding allegations. They ensured all staff groups were listened to. One staff member said, "It was refreshing to talk with other staff about what we could, if possible, do better or differently. I always feel I can speak with the [registered] manager. They reassure me and they ask what I would do I know I am listened to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The majority of staff upheld the values of the service about providing high quality care without exception. Audits and oversight were in place to identify any situation if staff let their standards of care fall, such as when promoting dignity. For instance, staff were reminded of their responsibilities with reflective practice, further training, or mentoring.

- Compliments sent to the provider included praising the staff team for, 'their mixture of kindness and competence which was perfect', and responding quickly as people's dementia progressed by providing the peace and quiet meaning the person was 'in just the right place'. This meant relatives could be assured they were kept involved. The provider and whole staff team saw everyone as part of the 'Bramley' family. This sentiment was shared by all those we spoke with.
- People had a variety of means to feedback about the quality of service provision. These included surveys, e-mails and daily contact with staff.
- People and their visitors spoke positively about the management and staff team and how staff were passionate about making people's lives as person centred as practicable. This included the use of accessible technology which had enabled a person gain a full experience of their own country's national anthem and a virtual tour of their hometown.
- Staff understood how the quality of care made a positive difference by providing care with equality. For example, supporting people with pain relief where staff acted swiftly where people, due to health conditions couldn't. A relative told us, "The quality of care and attention to detail is amazing. When I walk through the front door, all my worries melt away. Another person told us how much they enjoyed visits by school children and teaching them about calligraphy, something the person really valued as they used to do this a lot.
- Staff respected each person's preferences, such as using different means of communication by holding a hand or giving a reassuring hug. One person who had lost mobility after a fall had regained this through an exercise programme saying, "I've been given the confidence to do more than I thought I ever could and the belief that I could walk again."
- Staff felt supported and had the opportunity to feed back about the service provided in supervisions, handovers, and staff meetings. Staff told us they felt listened to and the management team was approachable. One staff member said, "We are empowered to make decisions. It is so rewarding when [a person's independence improves], including using [a variety of] shaving devices to achieve, a lovely clean shave."

Working in partnership with others

- The provider and staff team worked with health and social care professionals and other organisations, such as GP's, tissue viability nurses, speech and language therapists, social workers, and community nurses. This helped promote and maintain people's well-being.
- The provider had engaged positively when safeguarding issues were raised. By working well with others, the provider demonstrated openness to take onboard learning and prevent the risk of recurrences.
- People achieved good outcomes as a result of joined up working. For example, one person had been supported with physiotherapy and ongoing exercise and for the first time in many years was now able to enjoy car journeys with a family member. The provider was also working with a university to improve people's quality of life through the power of music. A relative had fed back to the provider after watching their family member dancing to music saying, "This is the happiest I have seen them in months."