

Brampton View Limited

Brampton View Care Home

Inspection report

Brampton View, Brampton Lane
Chapel Brampton
Northampton
Northamptonshire
NN6 8GH

Tel: 01604656682

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brampton View Care Home is a care home providing personal and nursing care to 60 people aged 65 and over at the time of the inspection. The service can support up to 88 people.

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

People had individual risk's assessed with strategies in place to mitigate risks. However, staff did not always follow the strategies.

Checks were in place to ensure the environment was safe. We identified that some people's bedrooms doors required repair.

We were assured that infection control was managed appropriately but we found some gaps in recording on cleaning records.

Auditing and oversight of some care records required improvement.

Medicines were administered, stored and disposed of safely.

Systems and processes were in place to protect people from abuse and people told us they felt safe

There were enough staff on shift to meet people's needs and staff were recruited safely.

People and relatives spoke positively about the care provided and people were supported to stay in contact with their loved ones.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 1 April 2020). The service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brampton View Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the governance and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Brampton View Care Home

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 Care Act 2014.

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

The inspection site visit was carried out by two inspectors and a specialist nurse advisor. An assistant inspector and an Expert by Experience conducted telephone calls to staff and relatives remotely.

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

Brampton View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider had recruited a manager who had submitted an application to be registered.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the service and us to manage any potential risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who use the service during the inspection site visit and eight relatives via telephone about their experience of the care provided. We spoke with 15 members of staff including care and nursing staff, activities staff, kitchen staff, administrative staff, the manager, the clinical lead, a clinical development nurse, a divisional clinical lead nurse and regional director.

We reviewed a range of records. This included five people's care records, care delivery records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at records such as training data, staff rotas and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- People had individual risks assessed, with strategies in place to mitigate these risks. For example, one person had been identified as at high risk of falls and required regular visual checks. However, records did not evidence that these checks took place as planned. Other risks such as pressure areas and behaviour that challenged were well managed to ensure people's safety.
- Food and fluid charts were in place for people who were at risk of weight loss and dehydration. However, staff had not always documented that the charts had been reviewed to ensure people had adequate intake.
- People had individual emergency evacuation procedures in place (PEEPS). We identified that an emergency grab sheet for one of the units was out of date and did not reflect people's current needs. For example, how many staff people needed support from to evacuate. This risk was partly mitigated as the service had a regular team that knew the people well.
- Staff demonstrated a good knowledge of people's care needs and the risks associated with their care and told us what they do to keep people safe.

Using medicines safely;

- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed.
- Protocols were in place for "as required" medicines. However, for one person, staff had not always documented on the MAR why these medicines had been administered.
- There was a 'resident of the day' process in place for MAR's to ensure that nursing and care staff had correctly recorded administration of medicines and to identify any concerns or improvements.

Learning lessons when things go wrong

- Lessons had been learnt where medicine errors had occurred. Staff had implemented a process where individual medicines were checked and counted during every medication round, enabling errors to be noted immediately.
- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene

practices of the premises. We found gaps of recording on the cleaning schedules therefore; the service was unable to evidence that regular cleaning had been maintained. There was limited evidence to show that high touch and communal areas in the home had been cleaned regularly.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Systems and processes to safeguard people from the risk of abuse;

- Systems and processes were in place to protect people from abuse and people told us they felt safe. A relative told us "Having the bed rails up makes [person] feel safer."
- The manager had made referrals to the local authority when required.
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member said, "If any of the residents are being spoken to in an inappropriate way, if I heard there was any abuse going on, I would report it." Staff told us they would report any concerns to the manager.

Staffing and recruitment

- There were enough staff on shift to meet people's needs. The provider used a dependency tool to calculate how many staff were required per shift and the rotas confirmed that there were suitable numbers of staff.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers
- Staff received appropriate induction and training to ensure they had the relevant skills to support people appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not robust enough to identify the issues we found during the inspection. Auditing of care records and care delivery required improvement. We identified gaps in recording for wellbeing checks, food and fluid charts and inconsistency in the information recorded on charts and care plans. For example, fluid intake target amount and nutritional requirements. During the inspection, the regional director and manager conducted supervisions with staff regarding the gaps in recording identified. This needs to be embedded and maintained to ensure there is an oversight of care delivered.
- We found that the risk assessment review schedule was not effective in ensuring that these were reviewed as planned. Some records were three months over their review date. These were updated during the inspection.
- Cleaning schedules were checked monthly by the manager; However, we identified gaps within the recording. The manager had conducted individual and group meetings with the housekeeping staff but there was limited evidence that gaps in recording had been identified and actioned.
- Checks were not always effective in ensuring the environment was safe. For example, during the inspection we found the fire safety closing mechanism on some bedroom doors was broken and doors had been propped open by objects. This put people at risk of not being protected from fire should one break out in the home. The maintenance checklist identified that some of the doors required new closers however, it did not identify the doors that did not close fully when released. Following the inspection, the maintenance person reported this to an external supplier to check and repair the doors where required.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had submitted CQC statutory notifications where required.
- The provider had implemented a 'policy of the month' where staff were required to sign they had read and understood the policy for that month.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People had care plans in place that were person centred detailing likes, dislikes and preferences and staff understood people's individual needs.
- People and relatives spoke positively about the care provided. One relative said "Through this whole pandemic, [staff] have been amazing. They always update me, they're kind and caring and I don't worry about [person]."
- People were supported to stay in contact with their family during the pandemic. A visitor room had been adapted with the implementation of a room divider with a perspex screen. This enabled people to see their friends and relatives safely.
- Relatives told us that they were kept up to date with information regarding their loved one. One relative said "We are in regular contact. They are extremely good at keeping me updated. I visit often and have chats with the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People were engaged with and were asked for their feedback during regular meetings. One person said "[The manager] is lovely, she cheers the place up she comes around to see us checks everything is ok. We have meetings and they tell us what's happening, and we can tell them stuff."
- People and their relatives received regular letters from the provider to provide them with information and updates regarding the service.
- The provider had set up a dedicated helpline to provide support to staff, people and their relatives during the pandemic.
- Staff had the opportunity to provide feedback via a survey which had been reviewed and acted upon. For example, staff said they wanted more hands on and face to face training. Additional training was being implemented following the feedback including tissue viability training for all staff conducted by the provider's clinical development nurse.

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; Continuous learning and improving care; Working in partnership with others

- Complaints had been recorded and responded to appropriately. People and their relatives felt confident to raise any concerns they had with the staff or the manager. One person said ""I would talk to the carers if I was unhappy."
- Improvements had been identified and actioned where an incident had occurred. For example, the clinical lead had introduced National Early Warning Score (NEWS) observations and had delivered relevant ad hoc training to staff regarding signs of a person health deteriorating. This had been implemented to improve the care provided by staff.
- The provider had introduced a Clinical Development Nurse into the service to provide regular support and implementing changes where required. One staff member told us that things were slowly improving, and they felt more supported.
- We saw evidence of referrals being made to external healthcare professionals when required such as GP, district nurse, speech and language therapy team, continence nurse, and falls team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were either not effective or robust enough to monitor the quality and safety of the service.