

Brampton Care Ltd

Brampton Lodge

Inspection report

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11 July 2019

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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

About the service: About the service: Brampton Lodge provides accommodation with personal care to older people. There were 20 people using the service during our inspection. Most people were independent with their personal care needs. The service continued offering short spells of respite care as well as permanent placements.

People's experience of using this service:

We continued to receive positive feedback about Brampton Lodge. One person said, "Its very good care, I have a very comfortable room." Another person said, "The staff are very kind. They are very good at respecting our privacy, we know the deputy manager well, they are very good to us." A relative said, "We are very impressed with the home, Mum is being well looked after."

People told us that staff met their needs with care and were friendly towards them. We continued to observe staff with kind and positive attitudes to delivering person centred care. During the inspection, we often heard staff saying kind things to people and observed that staff were friendly and attentive to people's needs.

Equality, diversity and human rights policies were in place and the care assessments included sections about people's backgrounds and lifestyles. Staff worked in partnership with people, respecting people's rights and always offering people choices about their care.

Risks assessments and the ongoing maintenance of the premises and equipment minimised the risk of people being exposed to harm. The premises were adapted to people's mobility needs to make all areas of the premises and garden accessible to people with mobility problems.

People's needs were fully assessed and people's right to retain independence in their day to day lives was respected. Staff understood how to safeguard people at risk and how to report any concerns they may have. The staff learnt from incidents and accidents to reduce the risk of them reoccurring.

Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service. Staff had supervision and personal development opportunities to learn skills in social care. Staff training was ongoing. There were systems in place for ensuring the staffing levels and staff skills balance were maintained to meet people's needs.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained

to administer medicines safely.

People were offered a range of food choices and encouraged by staff to eat healthily. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff followed good hygiene practice to minimise the risks from the spread of infection.

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 Outstanding (published 11 January 2017).

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

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 effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was Well Led

Details are in our Well Led findings below

Good ●

Brampton Lodge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector. Inspection activity started on 10 July 2019 and ended on 11 July 2019.

Notice of inspection:

The inspection was unannounced on 10 July 2019 and announced on 11 July 2019.

Service and service type:

Brampton Lodge is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Brampton Lodge staff do not provide nursing care.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The deputy manager was in charge of the service when we inspected.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we reviewed information from five people's care plans. We spoke with six people and a relative. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We viewed quality audit records. We also spoke with the deputy manager and six members of staff.

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 Good. At this inspection this key question has remained the same Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were no safeguarding concerns about this service. People consistently told us they felt safe.
- Staff received training about protecting people from abuse. Staff told us they understood their responsibilities to report concerns.
- Staff told us what signs they look out for and felt confident the management team would listen and act on any concerns they raised. We saw an example of how staff reported a concern that protected a person from further harm.
- The management operated a 24 hours on call service for people to access, offering staff advice and support out of office hours.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed, recorded. Risk assessments informed staff what the risks were and what actions to take to minimise them. Each person had an up to date personalised fire evacuation plan. Fire risks and practice drills were in place. Information was given to people about fire risks. One person said, "I know what to do in the event of a fire."
- Risk assessments did not limit people's rights to choice and independence. People continued to participate in community activities but understood the importance of their personal safety. For example, we observed that people leaving the service independently informed staff what time they expected to be back.
- General risks were assessed and potential hazards in the service removed. Daily checks were made looking for hazards, such as items that may cause people to fall. There was guidance and procedures for staff about what actions to take in relation to maintenance and health and safety matters.

Staffing and recruitment

- Staff were provided to people 24/7 based on their needs on an individual basis. Staff turnover remained very low. Staff confirmed that the providers recruitment policy was followed.
- Staff were recruited safely. Applicants were interviewed, had references, and work histories were recorded. They had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.
- Back-up staffing was provided through the existing staff team. This provided familiarity and consistency for people. Agency staff training and competence were checked before they were used.

Using medicines safely

- The use of medicines was managed safely in line with published guidance. Staff were trained in and followed the provider's medicines policy. Staff told us in detail how they administered medicines safely. Full and complete medicines administration records were kept. These evidenced that medicines were given as prescribed. As and when medicines like paracetamol was managed safely. People confirmed they received their medicines as prescribed by their GP.
- The administration of medicines was fully risk assessed. Medicines were stored at the correct temperatures in secure containers. Medicine stocks were counted and double signed where required. People confirmed the staff respected their right to stay independent with taking their own medicines. One person said, "I do my own meds, I love it here."
- The deputy manager audited medicines records to check staff were administering them correctly. Staff underwent observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection

- The service was clean and odour free. Staff received infection control training. We observed staff using disposable gloves, hand gels were freely available and guidance about good hand hygiene was followed. One person said, "The home is always clean and tidy."
- Cleaning schedules included weekends and staff followed a schedule of daily cleaning tasks which were checked by the deputy manager.
- Staff confirmed how they maintained hygiene by using equipment such as disposable gloves, aprons and good hand washing practice.

Learning lessons when things go wrong

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective. There had been no reportable incidents since the last inspection that required any changes in people's care.
- A system was in place for the investigation of incidents to reduce the risk of them reoccurring. Accident analysis included types of accident, time and location. We saw that there were follow-up checks on people after accidents had happened, even if no harm had been caused.
- In response to accidents, for example falls, people were referred to external health professionals and equipment such as walking frames for use when mobilising were used to reduce risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We observed people received the care they had been assessed for.
- Assessments included information and guidance about people's physical and mental health needs. Health care professionals contributed to the assessment process. For example, Occupational Therapist.
- The deputy manager assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. Staff told us about their training and understanding of this.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support the people. Staff training and inductions were tailored to people's needs. Staff told us that they felt supported by the deputy manager. Staff training, and supervisions continued to be managed for effective care delivery. Evidence showed that staff training had been completed.
- New staff underwent an induction programme followed by a period of shadowing an experienced member of staff before they were able to work with people alone.
- Formal on-going training was provided to staff to improve their skills and understanding of people's needs. Staff confirmed the levels of training had been maintained and told us about recent training they had attended.
- The deputy manager facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their day to day work.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included nutritional risk assessments to make sure staff had the guidance they needed to provide people with support they chose. For example, if people needed their food cut into smaller pieces. People made their own decisions about what they ate and drank. People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. One person said, "I am a vegetarian and they do very well catering for me." Another person said, "The food is lovely, it varies they do not keep repeating the same foods. If you want something else they will cook it for you."
- Nutrition assessment tools were completed for each person and action was taken to support people to stay healthy if they were considered to be at risk. People's body mass index (BMI) was monitored. BMI is a measure of body fat based on height and weight. If there were any concerns the GP was contacted.

Supporting people to live healthier lives, access healthcare services and support Staff working with other agencies to provide consistent, effective, timely care

- People received consistent and timely access to health care services. One person said, "I get care from the district nurses from local surgery for my leg, they dress the wound for me." Another person said, "Staff help with your teeth cleaning and anything you need help with." Another person said, "When I ask for a shower, they are just there for safety as I do this independently, they do answer the buzzer quickly if I need them. We are looked after well."
- People's health and wellbeing was maintained and reviewed in partnership with external health services. One person said, "We know we have a named worker and that if needed they would call the doctor for us." Staff worked closely with Community Nursing teams and the GP when people were unwell. For example, we saw examples of collaborative working with the community mental health team to improve people's mental health. Other people had been supported by staff to attend medical appointments.
- Staff were kept up-to-date and aware of change in people's health needs. People were encouraged to stay mobile and people told us they enjoyed walking on the sea front. One person was accompanied by a member of staff for a dental appointment. We saw records of people visiting the optician and people received regular foot care appointments.

Adapting service, design, decoration to meet people's needs

- The environment was well-maintained. The garden was full of flowers in bloom, with various areas for people to sit, including areas of shade. Ramps enabled people with poor mobility to access all of the internal and external areas of the service. Peoples bedrooms were personalised and adorned with their personal belongings. Adapted baths and showers were accessible.
- Signage, which included pictures directed people to places in the service like toilets and the lounges.

Ensuring consent to care and treatment in line with law and guidance;

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). One person living at Brampton Lodge was under DoLS. This was being managed within the principals of the DoLS authorisation.

- Staff had a good understanding of the MCA and issues around capacity and consent. Staff respected people's opinions and choices, whatever they were, but also understood signs to indicate that a person's capacity may have changed.
- When people's capacity was in question, the deputy manager understood how to carry out mental capacity assessments in relation to specific questions or decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. The service had not been able to evidence how the rating of Outstanding had been sustained since the last inspection. At this inspection this key question has been rated as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed and people told us they were treated well by staff. One person said, "I have always found staff great, the staff are caring very patient with us." We saw staff had built a good rapport with people, staff were constantly chatting and smiling with people and each other. This created an inclusive feel for people. Staff spoke with people using their preferred name in a friendly and caring way. We observed staff being kind when they spoke to people with a smile and tender touch on the arm.
- People looked relaxed and comfortable with each other and with staff. We heard staff speaking to people, giving them choices. People were not hurried to make decisions by staff.
- Staff received training and guidance about their approach to equality, diversity and human rights. We checked the staff's and the management team's attitude towards this. At the time of the inspection, people were able to self-advocate their care needs and preferences and no adjustments had been required in relation to diversity. However, the deputy manager told us they wanted to develop further in this area. For example, they wanted to make their positive approach to equality and diversity more transparent by sharing information with people about the welcoming service they offered.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff consistently respected their privacy and that staff supported them to maintain their dignity. We observed staff knocking on people's bedroom doors and asking for permission to enter. Bedroom doors were shut during personal care. Staff we spoke with explained how they preserved people's dignity. For example, by keeping people covered during personal care.
- People's bedrooms were filled with their personal items, which included; photographs, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

Supporting people to express their views and be involved in making decisions about their care

- All but one person funded their own care and had control over the care they wanted to receive. People told us they were involved in making day to day decisions about their care. People had full control of the way they dressed, what time they went to bed and got up and what they did during the day or night. People

had consented to their care plans to agree their care.

- A key worker system has recently been introduced. This was a member of the staff team who worked with individual people, built up trust with the person and met with them to discuss their care. Each person had a record of their key worker input. Once fully embedded in practice, this would enable people to build relationships and trust with familiar members of staff.
- The management team supported residents and relatives' meetings. These were minuted and showed people giving their views about what changes they thought would improve their care. For example, people had asked for changes to the menus and these had been changed as a result.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. The service had not been able to evidence how the rating of Outstanding had been sustained since the last inspection. At this inspection this key question has been rated as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. For example, where people were being monitored to maintain their health, like the amount they ate and drank, the care plan was completed and intake totalled daily. We found care plans to be accurate and up to date.
- Care plans contained information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health. One person with a visual impairment had an adapted television so that they could continue to enjoy watching their favourite programmes.
- The care plans were regularly reviewed by staff so they accurately reflected people's changing needs and wishes. For example, we saw recorded changes to a person's care plan after their needs had changed. We observed a number of examples of people receiving the care that was recorded in their care plan. People were supported with mouth care like teeth cleaning which was recorded. Staff told us they were kept updated with any changes in care plans through daily shift handover meetings and shift planners.
- There were activities located around the service for people to engage with independently or as a part of a group. Community areas displayed pictures of people taking part in activities, "what's on events" and general information. The activity coordinator spent time on a one-to-one basis with people so that they have a good idea of what activities to offer. One person said, "I enjoy the activities. It's just like being at home they do what you ask them to do." We observed activities with people smiling and joining in. People consistently told us they enjoyed the range of activities offered.
- People were enabled to carry on with things they used to enjoy such as marking birthdays. National special days had been marked with celebrations. For example, Easter and Christmas. Social events were organised such as afternoon teas.

People's concerns and complaints

- On admission every person and their families, were handed copies of the complaints process and the services approach to maintaining their privacy under the General Data Protection Regulation that came into force in May 2018. (The General Data Protection Regulation (GDPR), replaced the Data Protection Act as the primary law regulating how companies protect citizens' personal data).
- Information about how to complain and details of the complaint's procedure were displayed in the service. There had been one complaint. This had been investigated. The response letter included information about the actions taken in response to the complaint and included an apology.

End of life care and support

- No end of life care was being delivered at the time of this inspection. However, if this was required, the staff told us how they offered a comfortable, dignified and pain-free death. Care plan sections about death and end of life planning were discussed with people at assessments and care plan reviews.
- Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.
- Advance medicines and pain relief were made available through the community nursing teams based at the surgery nearby.

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 Outstanding. The service had not been able to evidence how the rating of Outstanding had been sustained since the last inspection. At this inspection this key question has been rated as Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

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

- There was no registered manager in post at the time of this inspection. The previous registered manager had left the service in February 2019. The registered provider had recruited a new manager, but they had left at short notice a few days before we carried out our inspection. The registered provider was in the process of advertising for a new manager.
- In the absence of a registered manager, the deputy manager, who had been at the service for nineteen years, was in charge of the day to day management of the service. The registered provider was in the process of arranging management support for the deputy manager to maintain the continuity and quality of the management of the service. However, this support had not been embedded at the time of this inspection.
- Staff told us they were encouraged to challenge any poor practice they may see. For example, if their colleagues were not following safe practice. There had been various meetings arranged for staff. These included daily hand over meetings and team meetings. Management and senior staff met regularly. These meetings and any actions were recorded and shared for staff to reference through meeting minutes.
- There was very low staff turnover in this service. From our observations and discussions with staff, and from what people told us they experienced, it was clear staff received information and training about the vision and values of the service. Staff comments included, "We work as a family." And "The staff are a really nice team."
- Systems were in place to continuously review and assess risks and the quality of the service was consistently monitored. Reviews included managing complaints, safeguarding concerns and incidents and accidents. Audits were reported to the registered provider who had oversight and responsibility for the quality of the service. When areas for improvement were identified through the internal audits, actions were put in to the service's 'service development plan'. For example, identified maintenance repairs required to protect people from harm were carried out promptly.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People and their relatives continued to speak positively about the staff and management team. One person said, "This is a well run home." A relative commented, "I am very pleased with the care here. I go to relatives' meetings. Managers are very approachable; the home is well run."
- The management team led by example and in an open and transparent way. People knew who the management team were and we observed the managers greeting people by their first names, chatting to them and to relatives and making themselves available to assist and advise staff.
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation, and were available for staff to refer to.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The deputy manager was aware of their regulatory responsibilities and had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- The management team met to discuss operational and quality issues. Staff told us they felt supported by the deputy manager. Team meeting minutes were displayed for staff to read.
- The deputy manager sought people's views and took action to improve their experiences. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience.
- The deputy manager promoted an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time. People and staff consistently told us the deputy manager was supportive and approachable.

Continuous learning and improving care

- The manager of the service had recently left. They had started to introduce new systems in the service, such as the way audits were carried out. These new systems had not been fully embedded into practice before the manager left. The deputy manager and provider needed to review which systems they would still use now and in the future.
- Plans were in place to share the providers policies on noticeboards for staff and people to view and comment on. Also, the service staff were planning to work more closely with the local hospice for access of end of life training to improve staff resource and training in this area.

Working in partnership with others

- People benefited from a service that developed working relationships to improve their experiences. People had access to all specialist services via the local nursing triage referral team, and the matron and GP services.
- Staff worked closely with a range of different professionals, local authorities and with local organisations. For example, they were linked to the Kent registered managers network, groups for older people that offered information about planning and organising activities, useful free resources and links for events and training opportunities.