

# Frampton Residential Homes Limited

# Brookthorpe Hall Care Centre

## Inspection report

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Date of inspection visit:

17 May 2017

18 May 2017

Date of publication:

22 June 2017

## 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

Brookthorpe Hall Care Centre provides accommodation and personal care for up to 32 older people aged 65 and over. At the time of our inspection 25 people were using the service.

This inspection was unannounced and took place on 17 and 18 May 2017. The service was last inspected in September 2016.

There were two breaches of legal requirements at the last inspection in September 2016. At our comprehensive inspection on 17 and 18 May 2017 the provider had followed their action plan with regard to meeting the requirements of the regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they were employing suitable people at Brookthorpe Hall.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at Brookthorpe Hall. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity.

The service was responsive to people's needs. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality checks were in place and where issues had been identified, there was evidence these had been addressed. People, relatives and staff spoke highly of the registered manager. Staff morale was good and reflected the positive support from management. The registered manager had

informed CQC of the relevant notifications as required by the law.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and support for people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they were employing suitable people at Brookthorpe Hall.

### Is the service effective?

Good ●

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The environment had been adapted to meet the needs of people living at Brookthorpe Hall.

People were supported to personalise their living spaces.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity

and, were observed staff providing care which maintained peoples dignity.

People had end of life care plans which reflected their needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Quality checks were in place and where issues had been identified, there was evidence these had been addressed.

People, relatives and staff spoke highly of the registered manager.

Staff morale was good and reflected the positive support from management.

The registered manager had informed CQC of the relevant notifications as required by the law.

# Brookthorpe Hall Care Centre

## **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 17 and 18 May 2017 and was unannounced. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at Brookthorpe Hall. The ExE also spoke with visitors and members of staff of their experience of Brookthorpe Hall.

The last full inspection of the service was in September 2016 where we found two breaches of regulation. During this inspection we checked whether the requirements of the two warning notices and requirement notices were met and improvements had been made to the service .

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service.

Some people were able to talk with us about the service they received. We spoke with seven people using the service. We also spoke with relatives of six people using the service.

We spoke with eight members of staff, including the registered manager, the deputy manager and a senior

care worker.

We looked at the care records of seven people living at the service, five staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and , recruitment, accidents and incidents and equality and diversity.

# Is the service safe?

## Our findings

People told us staff were caring. One person said, "I really like the staff. They are very friendly". Another person said, "The staff are kind and caring". Relatives also said staff were caring. One told us, "X (name of family member) is very happy here". Care plans were regularly reviewed and attempts had been made to involve people and their families in the care planning process.

Staff said they felt the service provided was caring. A number of staff we spoke with said they would be happy for a relative of theirs to use the service. One member of staff said, "I love working here. All of the people here are fantastic".

Staff were observed providing personal care behind closed bedroom or bathroom doors. When speaking with staff, they were clear in their understanding of privacy and informed us they always knocked on each door and sought permission before entering a person's room. Where people were distressed, we saw staff spending time with them to find out the cause of their distress and to reassure them. It was evident from our observations that there was a genuine sense of fondness and caring from the staff towards the people living at Brookthorpe Hall.

People looked well cared for and their preference in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as 'caring' and 'compassionate' were used by relatives to describe the staff.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. One person explained they had specific dietary requirements and that these were met. Another person was assisted with keeping in contact with people from the church they had attended for many years. The registered manager told us how one person living at Brookthorpe Hall spoke German and English but felt more confident speaking German. We saw that this was clearly detailed in their care file. The registered manager told us how they had supported one member of staff who had a basic level of speaking German to attend language classes so they could communicate better with this person. The person had feedback as to how this had made the atmosphere in the home more welcoming and homely to them and how they felt the staff genuinely cared about them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed 'there have never been any restrictions on visiting'.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. Where relevant to them, people had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files.



# Is the service effective?

## Our findings

The people living at Brookthorpe Hall told us they were supported by staff who knew them well and had the appropriate skills to support them. Relatives we spoke with told us they felt the staff had received appropriate levels of training to enable them to do their job effectively.

Training records showed staff received a range of training to meet people's needs. Staff told us they had received training in basic first aid, safeguarding vulnerable adults and moving and handling. All of the staff working at Brookthorpe Hall had received training in core areas such as first aid, safeguarding, person centred care, manual handling and dementia care. The staff we spoke with were positive about the training they had received. One member of staff spoke about the dementia training and said, "The training was excellent. It has made me understand it (dementia) much better". Other staff members commented on how they had found the training to be informative and that they felt their practice had improved as a result.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff informed us they had found the shadow shifts a 'good learning experience'. The registered manager told us new staff would also be mentored by a senior member of staff who they could approach if they had any questions or concerns. Staff told us they had found the mentoring experience to be positive and it gave them confidence there was somebody always available if they had questions during their induction.

The service had a programme of staff supervision in place. These are one to one meetings a staff member has with their manager. Staff supervision was delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these took place regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and, whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). Senior staff had received training on MCA and DoLS. We found people's capacity had been consistently assessed and, where it was identified that people were being deprived of their liberty, the correct authorisation had been applied for. The registered manager told us how they worked closely with the local authority when they had any concerns around issues of mental capacity and DoLS. This was also confirmed to us by the local authority. When speaking with staff, they demonstrated a good understanding of the principles of the MCA.

During our lunchtime observations we saw the food was well presented and that people seemed to enjoy their meals. People had chosen their main course the day before from a choice of three dishes which included a vegetarian option. Some people had changed their mind and their revised choice was accommodated. Menus were available on each table. People who required assistance to eat their lunch were supported. There was a positive atmosphere during lunch and we observed staff engaging with people whilst they supported them.

People spoke positively about the food. Comments included, "The food is good" and "There is always a good choice of meals and always enough food." Relatives we spoke with provided positive feedback regarding the food at Brookthorpe Hall and felt people had a varied choice of meals available to them.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. One visiting healthcare professional told us they felt the service met people's needs.

Attempts had been made to provide an environment suited for people living with dementia. For example, toilet doors were painted red, bedroom doors yellow and wardrobe doors blue. The registered manager said they had sought advice and had further plans to provide a dementia friendly environment for people.

# Is the service caring?

## Our findings

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People looked well cared for and their preference in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as 'caring and compassionate' were used by relatives to describe the staff.

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The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. Where relevant to them, people had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files.

## Is the service responsive?

### Our findings

At our comprehensive inspection on 28 and 29 September 2016 the service had not ensured people's daily recordings were individualised or provided a detailed report of their care. We found most people had large gaps in their recordings. For example, a person would have a recording in the morning and then there would be no further recording until the evening. We also found that these did not contain sufficient detail regarding a person's daily routine and activities. This was particularly noticeable for recordings done at night. Many people had the same entry for night records, with just the person's name being different. For example, 'slept on hourly checks', 'incontinent of urine in the morning', 'personal care given', 'escorted/assisted down to the lounge'. The time these records were written was recorded and were often the same for each person. We saw some daily records being written at the end of shifts. This meant the records were not person centred, not detailed and were not written directly after care had been given. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

During the inspection on 17 and 18 May 2017, we saw a significant improvement in the overall quality of people's daily recordings. We found the recording were detailed and person centred for each individual. For example, daily records now contained details of what people had eaten during the day, what care was provided to them throughout the day and what activities they had engaged in. The daily recordings also made note of people's emotional state throughout the day. We saw a significant improvement in the night records and these now contained sufficient detail to provide a good overview of the support provided to people.

Each person had a care plan and a structure to record and review information. Care files contained specific information for staff as to how each person wanted their personal care to be provided. For example, one person's care file stated how they did not like the sensation of having deodorant sprayed on their body so there were instructions for staff to spray the person's clothes instead. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

The staff were aware of people's routines and how they liked to be supported. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. When speaking to one keyworker, they were able to provide a detailed account of the person they were supporting including their likes and dislikes.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. An activities programme was on display, detailing activities due to take place that week. We observed staff supporting people to play skittles. It was evident from our observations that people were enjoying the activity and staff were present to support people as and when they required support. We observed staff encouraging people to take part in the activity. There was a happy atmosphere during the activity and the people we spoke with told us they had enjoyed the activity. Where people indicated a preference not to take part in the skittles, other staff were observed spending time with the person supporting them to engage in another activity of their choice.

The registered manager told us most activities took place in the mornings as this is what the people living at Brookthorpe Hall had decided during 'resident meetings'. The registered manager told us they had tried to arrange for activities in the afternoon but people preferred to have them in the mornings. When we looked at the records of the resident meetings, there was evidence this had been discussed and the people living in the home had chosen for most activities to take place in the mornings. People and relatives confirmed that there were a number of varied activities people could engage in at Brookthorpe Hall.

Meetings where people were encouraged to express their views and opinions were held. The registered manager told us the meetings took place every three months. We saw evidence that where suggestions had been made, the registered manager had endeavoured to fulfil requests. For example, one person requested prawn fillings for the tea time sandwiches. This had been implemented by the time of the inspection.

At the last inspection, the provider had not implemented a system of recording comments or complaints. During this inspection, the registered manager showed us a file which they used to record complaints and compliments. We were shown evidence of a complaint which was made to the registered manager. This had been dealt with effectively and had reached a positive outcome.

# Is the service well-led?

## Our findings

At our comprehensive inspection on 28 and 29 September 2016 we found that although regular audits of the service were taking place, these had not always identified areas for improvement. For example, audits had not recognised shortfalls in the record keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

During our comprehensive inspection on 17 and 18 May 2017, we saw improvements had been made to the quality assurance systems at the home. The registered manager had ensured systems were in place to check on the standards within the service. These consisted of a schedule of audits. These audits looked at; health and safety, infection control, record keeping and the monthly completion of a care home audit tool. These audits were carried out as scheduled and corrective action had been taken when identified. For example, where issues had been found in relation to poor record keeping, this had been raised with the staff during staff meetings and individual supervision. It was evident from reading the records, that the audits, meetings and supervisions with staff had been effective in driving improvements to the record keeping in the home.

People living at Brookthorpe Hall and their relatives spoke positively about the registered and deputy managers. One person described the registered manager as, "Friendly and caring." Another person said "She is lovely." One relative said "The manager and deputy are fantastic. They care a lot about the people living at the home." Another relative praised the registered manager saying "She is great."

Staff also spoke positively about the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager said they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement.

The staff described the registered manager as being 'very hands on'. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. One member of staff stated the registered manager would readily support people with personal care or any other aspect of their daily routine. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the service and, were responsive to any requests made by relatives or representatives. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access

these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. An on call system for staff to access advice and support if the registered manager was not at the service was in place. This involved the registered manager, deputy manager and senior care worker taking turns to be the point of contact for staff. Staff confirmed they were able to contact a senior person when needed.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.