

Classic Care Limited

Bricklehampton Hall

Inspection report

Bricklehampton
Pershore
Worcestershire
WR10 3HQ
Tel:01386 1710573
Website: www.bricklehamptonhall.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 August 2015 and was unannounced.

The provider is registered to provide accommodation, nursing and personal care for 55 older people.

There was a registered manager in post at the time of our inspection. 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.

People were kept safe from potential abuse and harm by staff who understood how to identify and report any concerns. Staff were trained and supported to meet the needs of people which included supporting people safely to take their medicines. People's medicines were

Summary of findings

managed safely, medicines were stored correctly in locked trolleys and there were clear processes for recording and auditing, so medicines could be accounted for.

Staff were encouraged to become specialist leads for the benefit of the whole staff team and the people they supported, to develop best practice. This practice supported people to continually receive quality care. Checks had been completed on new staff to make sure they were suitable to work at the home.

People were asked for their consent for care and had their rights and freedom protected. Staff asked their permission before providing care and delivered it in a way they preferred.

People were given choices of food and drink suitable for their dietary requirements in order to keep them healthy. People had access to a range of health professionals to promote their health and well-being.

People were treated by staff as individuals; they knew and understood people's individual preferences. They responded to people's support needs and requirements in a timely manner which included helping people with their personal care and supporting people with following their interests.

People knew how to complain and felt the registered manager was approachable to share their concerns and felt confident they would be dealt with.

People benefited from living at a home where quality checks were completed on different aspects of the service to drive through improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were supported by staff who knew them well and how to keep them safe.

People received their medicines when needed by staff who had the knowledge to do this in a safely.

There were enough staff available to support people in meeting their needs.

Good



Is the service effective?

This service is effective

People were cared for by staff whose knowledge and training helped them to understand people's health requirements and the risks to their health.

People received additional support from medical and social care professionals when they required it.

People had a choice of meals and received nutritional meals to meet their needs.

Good



Is the service caring?

The service is caring

People were cared for by staff who actively engaged with them, understanding individual people's interests and preferences.

People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care.

People were encouraged to follow their individual interests.

People felt complaints were listened and responded to.

Good



Is the service well-led?

This service is well-led.

People's care was regularly reviewed and monitored, so it could continually be improved.

Staff felt confident to raise concerns and that they would be addressed.

People and staff were complimentary about the registered manager stating she was a good role model for the staff team.

Good



Bricklehampton Hall

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 August 2015 and was unannounced.

The inspection team consisted of one inspector and one 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. Their area of expertise was in older people's care services.

We looked at the information that the provider had sent us. This included statutory notification's received from the provider about deaths, accidents and safeguarding incidents. A notification is information about important events which the provider is required to send us by law.

We asked the local authority and the clinical commissioning group, who commissions services from the registered provider for information. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with people who lived at the home, relatives, staff and the registered manager. We spoke with visiting external professionals including nurse practitioners and a social worker

We conducted a Short Observational Framework for Inspection (SOFI) assessment as a way of forming an opinion about the care that people who were unable to talk us about their support received. We looked at three people's individual care records, quality audits, medicine records, complaints and compliment records and training and recruitment files.

Is the service safe?

Our findings

People told us and showed us they felt safe living in the home. One person told us, “Whilst bathing the carer’s take time with the hoist, whilst lowering me, speak and reassure me. I feel safe in their hands”. People were smiling and through their body language we saw they looked relaxed.

We spoke with staff and asked what action they would take if they felt someone was being abused or at risk from harm. One staff member told us they would immediately report it to the registered manager. They knew the procedures to follow and if necessary would report it to the safeguarding department of the local authority. We saw from the daily notes staff could raise concerns over any changes in a person’s welfare or risk to their safety. One care staff member told us how if they thought someone was not their usual self or had a concern, they could tell one of the nurses. They felt confident they would take action.

Staff told us how people’s individual risks were managed. They told us risks to people’s health and safety had been assessed and guidelines for staff to follow were put in people’s care plans. In people’s care records we could see that they and where appropriate their relatives had been involved in the decisions of how individual’s risks were managed. People’s health and risks to their health were understood by staff ensuring they knew how to keep them safe. For example staff could describe the care of people with diabetes ensuring they followed the correct dietary advice and made sure their blood sugars were regularly monitored to remain at a safe level.

We looked at how the provider managed people’s medicines. Qualified nurses administered the medicines to people. We saw how they explained to people why they were being given each medicine. We saw that there were suitable arrangements for safe storage, management and disposal of medicines. The manager told us how they regularly audited people’s medicines to ensure there were no mistakes, or if a mistake should be found it is reported immediately to the GP.

We looked at the provider’s system for recruiting staff. We checked and new staff confirmed that they had a Disclosure and Barring Service (DBS) reference before being able to start their employment. The qualified nurses had registered with the Nursing and Midwifery Council (NMC).

We spoke with people about the staffing levels in the home; people said there were enough staff on duty to meet their needs. One relative told us, “When we first came there seemed to be enough staff and it still appears that way”. We saw that call bells were answered quickly. Staff told us they felt there were enough staff and how they worked as part of a good team covering sickness and holiday absences to maintain continuity of care for people. The registered manager organised the rotas so there was a qualified nurse leading each team of staff to offer support to the care staff working on each floor of the home. Each of the nurses had been in employment at the home for a number of years which helped to provide people with continuity of care from nurses who they were familiar with and knew their needs.

Is the service effective?

Our findings

People spoken with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, “I have everything I need here, the staff are helpful and professional and nothing is too much trouble”.

Staff had been given training in specific areas such as diabetes and dementia so they were knowledgeable about the care needs of people they supported. We saw how staff used their knowledge gained from their training to encourage and support people to maintain their health and well-being. For example one person had diabetes so was encouraged to regularly test their blood sugars, to maintain good health.

Staff told us they were happy working at the home; they considered themselves as working as a team. One member staff told us although it was busy, “They could always rely on each other for support. “

We saw staff used their communication skills effectively to support people in their everyday lives. For example, when some people appeared confused to their whereabouts, a member of staff stopped and asked if they could help. We saw staffs abilities to communicate with people assisted them to make their own choices about where they wanted to be in the home, such as, supporting people into the dining room for their breakfast.

The provider followed the principles of the Mental Capacity Act (MCA) 2005 to ensure that people’s rights to make decisions were upheld. Where possible people had been asked to sign the care plan to say they agreed with its contents and gave consent for treatment. When people did

not have the mental capacity to understand their specific health and care needs staff involved other people who knew each person well. This enabled specific decisions to be made in people’s best interests. This was confirmed by a relative we spoke with who told us, “I was involved in the care plan for my dad and I am informed of any changes needed or any issues there are regarding the care of my dad”.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) but at the time of this inspection no one living at the home was subject to a DoLS application. A DoLS is a safeguard to protect people when it is felt necessary to place restrictions on their freedom of movement in their best interests to keep them safe from harm.

People spoke positively about the food choices within the home and we saw several choices were available on the menu. The cook was able to accommodate specialist dietary requirements. We saw some people had food supplements to meet their nutritional needs. The meals were served in the choice of two dining areas and we saw people were given the choice as to where they wanted their meal served.

We saw the provider followed detailed care assessments of people’s health and social care needs, which were transferred into care plans for staff to follow. We saw that advice and liaising with external health professionals occurred regularly. A GP and nurse professional visited regularly to advice on people’s care. People had access to opticians, dentists and chiropody as required which was recorded in their care records so that people’s health needs could be reviewed and monitored.

Is the service caring?

Our findings

People told us they liked living at the home. One person said, "I like it here and I wouldn't want to go anywhere else. All the staff are good to me."

We saw that people were treated with kindness, dignity and respect. Staff took time to explain about the way they were going to assist a person with their personal care whilst using specialist equipment. Staff reassured this person by chatting with them about their grandchildren to ease their anxieties. It was clear staff had taken time to find out what was important to this person, and form caring relationships.

Staff spoke affectionately about people. They could recall people's preferences and interests. For example one person loved gardening, so staff had arranged easy accessible gardening pots and specialist tools to assist them with their hobby.

We saw staff communicating with people in a kind sensitive manner. When people requested they wanted to go back to their bed, this was done discreetly so as not to draw attention to the person.

We also saw staff respected people's dignity and privacy, when a person asked for assistance to use the bathroom, staff discreetly offered support, to assist them.

Relatives visiting their family members on the day of this inspection spoke positively about staff and described how

they were welcomed and encouraged to be involved with their family members care. One relative told us they felt, "Their relatives were well looked after and had no complaints". We viewed three people's care records and could see that regular reviews had taken place and people and where appropriate their relatives had contributed.

People were asked to contribute to their care plan so their preferences were recorded. This included details of a person's end of life care preferences. We saw this in practice where one person was thought to be in the later stages of life, a member of staff was sitting, comforting the person in their bedroom.

A visiting health professional described the service as having, "Very good palliative care". People at the end of their lives were treated sensitively and care. People told us they were encouraged to describe their preferences. After people had died there was a memorial book where people were remembered with photographs and tributes to their lives were held.

The provider operates an open visiting policy for people and their relatives and friends. We noted relatives were welcomed by staff and management, some stayed and dined with their family members. Family photographs were welcomed in people's rooms, making their rooms feel familiar and comfortable. Staff were able to identify family members, promote conversations which held importance for people they were caring for.

Is the service responsive?

Our findings

People described how staff supported them. One person told us, "I have spent four weeks in this home and I am very impressed by the care and understanding and friendliness of all the staff. They have gone out of their way to keep me comfortable, happy and keep my spirits up. My specific needs are well catered for and I can only applaud the warmth and service I received."

We saw care plans and risk assessments were reviewed and monitored monthly by the nurses, noting any changes that may have occurred. Staff told us that if they had any concerns over a person they were caring for they would immediately tell one of the nurses on duty and if necessary they would call the doctors.

Visiting health and social care professionals gave praise about staff and the care people received. One person stated, "They are responsive to my suggestions and act on them." Another visiting professional told us that the staff were good at liaising with agencies including GP's and hospitals if they had any concerns about the people they cared for.

Staff were able to describe individual's needs and how they tried to meet these. Staff were familiar with people's individual's life histories and had conversations with people about their lives. For example one person had served in the military; staff were able to have conversations which were important to this person acknowledging the value of their service. This made the person smile and helped them to have a conversation to recall their past.

We saw dogs were brought into the home on a twice weekly basis which people we spoke with told us this was a highlight of their week. People had the opportunity to stroke a small dog which we saw stimulated people into discussing their own pets they had owned previously.

People were encouraged to follow their individual interests. Photographs around the home showed people involved in activities such as outings to the local community, to the

local fish and chip shops and visits to the local cathedral. We saw that gardening, draughts and arts and crafts were popular as fun things which interested people. People were supported by two activities co-ordinators who offered people a choice of interesting things to do in either a group or if they preferred on an individual basis.

The registered manager told us that they had good links with the local community and had recently hosted the local village fete, enabling people who lived at the home to have a fun day. They told us this helped people to not feel isolated and gave them a feeling of belonging to the local area. People told us they and their relatives really enjoyed the day.

A good relationship existed between the local church and people who lived at the home, which had led to them sharing the use of the church minibus, which helped people to be provided with outings further afield. Photographs of recent outings were available in the reception area for everyone to see and remember where they had visited and to stimulate conversation.

People who lived at the home and relatives were regularly asked for feedback in order for the services to improve and develop via questionnaires and meetings with people and their relatives. We saw that the provider had responded to these suggestions for example areas of the home had been redecorated at their request.

People and their relatives told us they knew how to complain if they needed to. One person told us they would have no problem speaking to the registered manager as they were very approachable and felt confident it would be dealt with. We saw from the complaints folder that any complaints were detailed and logged and any action taken recorded. An example of a complaint was where a relative had complained that there was a delay in opening the front door one evening. The matter was investigated and a written apology and explanation sent to the relative concerned. The registered manager had spoken to the staff on duty to request there shouldn't be a reoccurrence of this happening again.

Is the service well-led?

Our findings

People we spoke with were very positive about the staff and management at the service. People told us they liked the registered manager as she spent time getting to know them. We saw she spent time in the lounge talking with people. One person commented how nice her clothes were and so she spent time chatting with them about brightly coloured clothes and jewellery.

The registered manager actively sought the opinions of people who lived at the home through questionnaires and meetings with people. This kept the provider up-to-date with people's views and involved people with decisions about the future development of the home. The comments we saw were very positive about people's experiences of living at the home.

The registered manager acknowledged that people could become isolated living at the home so made efforts to forge good links with the local community. They gave the example of how the local church had become involved with people who lived at home and had started to involve them with local activities, such as the local fete. Visitors from the local community had been welcomed into the home to see people.

The registered manager told us she loved working at the home and felt privileged to have such a good staff team that supported her. One visiting health professional told us that they considered the registered manager to be a very good role model for staff. If they asked for something to be done they felt confident action would be taken. One member of staff told us that the registered manager was very approachable and listened to any concerns they raised. They gave the example that the registered manager

had been very supportive over a recent illness. They had been flexible to change their working hours to assist in their well-being, enabling them to continue with their employment.

Staff told us they received regular one to one meetings, appraisals about their work and training. They felt they were encouraged to be champions in specialist care delivery such as diabetes care but there was an expectation they would share this knowledge for the benefit of the staff team and people who lived at the home. The nurses said this made them feel valued and included in how the service was delivered. Staff had a clear vision of their roles and the provider's values. One staff member told us how they felt supported by the registered manager's values and how important it was they worked as a team.

The registered manager said they felt supported by the provider who visited the home on a weekly basis but stated she could contact them any time to raise concerns. The provider had arranged for an external quality auditor to visit the home to give the registered manager feedback for areas of improvement.

The registered manager showed us how they reviewed the quality of care people received through regular audits examining medicine records, the home environment and any accidents and incidents. They kept a record of any actions that had been taken in response to any accidents and incidents, and monitored any patterns to reduce the likelihood of these happening again to ensure people received effective care and support to meet their needs. The lessons learnt from accidents and incidents were shared at staff meetings to inform staff of areas of improvements so that continual improvements were made for the benefit of people who lived at the home.