

Savace Limited

# Bramcote Hills Care Home

## Inspection report

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12 October 2022

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Bramcote Hills is a Care Home providing a regulated activity for personal and nursing care to up to 63 people. The service provides support to older people and those with dementia or who require nursing care. At the time of our inspection there were 39 people using the service. The home was purpose built, split over five floors.

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

Risks were assessed and managed, improvements had been seen since our last inspection, and records were more concise. Staffing levels were sufficient with the use of agency and bank staff to cover shortfalls. Medicines were administered in a safe way by competent staff. The service was following infection control guidance to ensure control measures were in place. People told us they felt safe living at the service and with staff who care for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had enough to eat and drink to ensure they had good nutrition and were well hydrated. Staff received training that reflected their role and recruitment safety checks were completed to make sure staff were safe to work with vulnerable people.

People received consistent effective care. They had access to other healthcare professionals when needed.

Care plans contained detailed information to ensure staff could meet people's needs. People had received positive outcomes that improved their wellbeing. Communication needs were considered to help people communicate effectively. People were supported to maintain relationships with family, friends and others at the service.

Regular audits had been completed to improve the quality of the service. We received positive feedback in regard to the managers and how the service had improved. The service planned and promoted person-centred care. They fulfilled their legal obligations to report incidents of concern and worked well with other professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 December 2019) and there were breaches of regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 24 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 Safe care and treatment and Regulation 17 Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramcote Hills Care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Bramcote Hills 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.

#### Inspection team

The inspection team consisted of one inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

At the time of our inspection there was not a registered manager in post. However, two managers had been in post for 12 months and were in the process of submitting their applications.

#### Notice of inspection

This inspection was unannounced.

We visited the home on 06 and 12 October 2022. The second day was announced as we needed to be sure the manager would be free to meet with us.

#### 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's commissioning and safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 17 people who used the service and three visiting relatives about their experience of the care provided. We spoke with ten members of staff including one senior manager, two managers, a nurse, two senior care workers, two care workers, staff from the catering and housekeeping team.

We reviewed a range of records. This included eight people's care records and a random sample of medication records. We looked at four 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 also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Risks were assessed, and managed. For example, action was taken to manage the risk of falls or skin breakdown and the development of pressure sores. However, we found people who used a hearing aid had no risk assessment implemented. Managers addressed this during the inspection.
- People who used a hoist and required the use of a sling, it was identified in their care plan the size of hoist and colour coded sling to be used.
- Moving and handling risk assessments were in place and reviewed regularly.
- Staff told us they had enough information to manage people's needs and identify any risk. One staff said, "Each person had a quick reference care plan at the front of their care file and this was duplicated in people's rooms discreetly." This was so staff can check any risks for people and ensure they are managed.
- Emergency contingency plans were in place and routine tests were carried out on the fire and emergency lighting systems. Records showed that maintenance checks were carried out on the fire, water, gas, electrical system and other equipment.
- People had personal emergency evacuation plans (PEEP's) in place in the event of the building requiring evacuation.

### Staffing and recruitment

- People told us the staff were nice and assisted them when needed. There was sufficient staff on duty to meet people's needs. The service used agency and bank staff for shortfalls to ensure the home was fully staffed.
- The manager told us due to the geographic location of the home they were finding it hard to recruit permanent staff. They ensured any agency staff were block booked for continuity. They told us recruitment was ongoing.
- None of the staff we spoke with raised concerns regarding the staffing levels at the home. During the two days of the inspection we noted staff were visible and call bells were responded to in a timely manner.
- Checks were carried out on staff suitability to work at the service before they were offered employment. This included Disclosure and Barring Service (DBS) checks which provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Systems were in place to ensure people received their medicines effectively and as prescribed.
- One person told us they got their tablets three times a day. One person told staff they were in pain. Staff responded quickly and requested assistance from the staff responsible for administering medicines. This meant people were not left in pain.
- Medicines were audited regularly and action taken to follow up any areas for improvement. Medicine administration records (MAR) were accurate and correct.
- Staff had received training in medicine management and their competencies checked to ensure they were administering in line with the providers medicine policy and procedure.

#### Preventing and controlling infection

- The home was following current guidelines for infection control measures.
- 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 promoting safety through the layout and hygiene practices of the premises. The home was clean to a high standard.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Visiting in care homes

- Visiting was supported in line with current government guidance relating to the COVID-19 pandemic.

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

- People told us they felt safe living in the home and with staff that cared for them. For example, one person said, "I have been here for a long time. I like it because of the staff."
- Staff had good understanding for keeping people safe. They were knowledgeable how, when and who to report concerns to.
- The provider and manager fully understood their responsibilities to keep people safe and knew to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

#### Learning lessons when things go wrong

- There was an open culture where staff were comfortable to report any accidents, incidents or near misses. Staff felt managers would fully investigate and share outcomes for lessons learnt.
- The management team regularly reviewed information when things did not work well or there were shortfalls in the service. We found the managers had been proactive and implemented new procedures to improve the service since the last inspection.



# 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 our last inspection we rated this key question Requires Improvement at this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failure to ensure the an accurate, complete and contemporaneous record was maintained in relation to each person who lived at the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Staff demonstrated awareness of people's dietary needs and understood the risks associated with eating and drinking. The cook had processes in place for people's dietary requirements and knew who required food supplements or special diets.
- Food and fluid charts were completed daily and check by the clinical lead to ensure prompt action could be taken if people's dietary requirements deteriorated.
- People told us the food was okay. One person said, "It was a nice dinner".
- We observed a breakfast and lunch time meal. People were supported with their food and received their meals on time. It was a calm, relaxed experience. Where people wanted their meal in their bedrooms this was accommodated.
- Records relating to people's health and well-being were comprehensive and included information and assessments from other involved professionals. Referrals were made promptly to external professionals.

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

- People's needs and choices were assessed before they moved into the service. The managers gave examples and records showed people's needs were assessed prior to moving in. We saw one person's experience had been documented. They felt reassured and surprised when they were told the home could meet their needs. Person said, "It made my day. I think that day was the first time I half smiled in a long time."
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support; induction, training, skills and experience

- Staff received training that reflected their roles, staff we spoke with confirmed they received enough training. We reviewed the training matrix, which identified training staff had completed and refresher

courses they had been booked to attend.

- Nurses were supported to keep up to date with professional qualifications and were supported by a clinical lead. Management monitored the nurses PIN (this is a code given to every nurse registered with the Nursing and Midwifery Council) to ensure their registration were kept in date.
- Staff recruitment procedures were followed. We looked at four staff files. The files were organised and easy to follow.
- Staff felt supported by management. Staff received regular supervision and attended team meetings, where information and updates were shared with the staff team.

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

- Staff told us they received daily shift handovers. They also worked with the Primary Integrated Community Services (PICS) team (The PICS is a group of healthcare professionals who share their specialist skills so that patients with specific needs benefit from personalised care) to discuss people's changing needs and how they can be effectively supported.
- People's care files showed us the service worked with other professionals and people received consistent, effective and timely care. We had discussions with one person and identified how they had improved since living at the home. Their relative told us, "[Name] is now more settled and is eating. Before they were sleeping during the day and causing mayhem during the night but this is more balanced since moving here."
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist or GP regularly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management and staff team had a good understanding of MCA and DoLS.
- People were encouraged to make their own decisions and choices as much as possible.
- Throughout the inspection we consistently heard staff asking for people's consent. For example, one person was not feeling well. Person was seated and we observed staff get down to the persons level and asked if they wanted some pain relief.

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

- The home was built over five split level floors. Each floor was themed around sport and music. There was signage to help people navigate around the home. However, some signs were not visible, for example signs to identify which floor you were on or how to access the next floor by the stair well. The manager addressed

this immediately.

- The home was dementia friendly and had colour coded doors such as yellow so people could identify toilets and bathrooms easily.
- Bedrooms were personalised and furniture was secured to the wall to prevent large items falling on people. One person said, "here [the home] was modern and nice."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failure to ensure the an accurate, complete and contemporaneous record was maintained in relation to each person who lived at the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Care plans had been updated and contained detailed information that reflected people's needs. However, we found one care plan where the persons needs had changed. The mobility plan had handwritten information that the person had gone from using a stand aid to being hoisted. The care plan had been evaluated on 22/08/2022 and stated no change to mobility, but we were told the persons mobility had recently changed.
- Staff were aware the persons needs had changed and the manager told us the clinical lead was in the process of reassessing the person. The clinical lead confirmed the plans were in progress of being changed.
- People that required a hoist and use of a sling had written information in their mobility plans for staff to support the transfer safely. We observed staff make a number of transfers with the use of a hoist or stand aid. Staff clearly explained what they were doing. They slowly and patiently supported the person and complimented them when they followed instructions.
- We saw written examples that had a positive response on people's life. One said, since being at the home they were so much happier. We saw comments such as, "I love all of the staff, I love my room, I feel like I am at home."
- The manager confirmed there had been positive changes to the persons wellbeing and social integration. For example, the person goes to the dining room and integrates with others. They smile, laugh and joke with the staff and at times will also join in with the home's activities.
- Other people had also responded well to staff care and support. Since being at Bramcote Hills one person had difficulty standing and walking, however, the staff worked hard to get the person mobile again. The person now stands themselves up from their chair and will confidently walk through the home by themselves with a frame. This meant there were positive outcomes for people.

Meeting people's communication needs

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- Staff told us they know how to communicate with people. One staff said, "I look at facial expressions and

body language to help me understand what the person wants.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to make friends and maintain relationships with family and friends. One person told us, "I have visitors' friends and colleagues and there are choices at lunch times." One relative told us they visited daily.
- There was good interaction from staff who made sure people didn't feel lonely or isolated. One person was anxious and getting frustrated. Staff spoke calmly and distracted the person to go and have a drink of tea, so they would relax.
- We observed people participating in individual activities such as, a memory game or reading. We were told outside entertainers came to the service. One relative said, I am looking to get involved as I am a musician." There was evidence activities and outings had taken place.
- The manager told us the activity person was absent at the time of the inspection and they had reviewed the need for extra activity staff, which they were in the process of recruiting.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available which was accessible to people using the service. People could also speak to and share their concerns with the managers who knew everyone well.
- The manager told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- People were supported to have discussions about their plans for end of life care.
- Do Not Attempt Resuscitation form (DNAR) were on care files. This meant people's wishes in regard to resuscitation would be respected.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has remained the same. The provider had not met the conditions for a registered manager to be in place.

At our last inspection the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been no registered manager at the service for 319 days. There were two managers with intention to register but had not submitted their application at the time of the inspection. However, they had good oversight of the service and were key members for driving the service improvements.
- The management team constantly reviewed the service to optimise people's potential. Good governance was fully embedded into the running of the service. There was a strong focus on continuous quality improvement.
- The providers representative completed management overview reports on a monthly basis. This identified good practice, staff knowledge and issues or concerns and action taken to address the issues.
- The providers medicine policy was being adhered to. Medicine audits and medicine records were concise and clear. Other audits and monitoring were completed to ensure the managers had full oversight of the service and how it was run.
- Incidents and accidents were consistently monitored and analysed.
- We received positive feedback from people and staff regarding the management and support.
- The managers were supported by senior managers to ensure improvements identified would be implemented and sustained.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centred care.
- Staff were motivated in their work. Every staff member was driven by people having choice and control over their own lives. This had increased people's self-confidence.
- Staff told us it was a lovely place to work. One staff said, "We all try our best. The home is more friendly. We provide good care and support, we care from the heart and support each other, we are family."

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

- The managers knew the people using the service well and were involved in supporting them. They worked closely with people and staff, leading by example to ensure people received good quality care.
- People were asked for their views and involved in decisions made about all aspects of their care. This was achieved through regular care reviews, wellbeing discussions, spot checks on staff, resident and staff meetings.
- The managers understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Working in partnership with others.

- Managers and the management team were working with other agencies, including the local authority, healthcare professionals and families.
- Managers attended care forums, local council meetings and regular meetings with healthcare professionals to network, to help learn and share ideas.