

Dr Christopher John Allen

Brockhampton Court Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Brockhampton Court accommodates up to 58 people within a large adapted building and specialises in care for older people and younger adults with physical disabilities. At the time of our inspection, 45 people were living at the nursing home.

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

People at the home told us they felt safe and protected from harm. People were cared for by staff who understood how to protect them from abuse and harm and keep them safe. People had comprehensive assessments, care plans and risk assessments which included information about their care and support needs and preferences. Staff were provided with ongoing training to meet people's diverse needs and understood people's individual needs. People were supported with their medicines by staff using safe practice. Staff had limited training and awareness of infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's care and support was planned and delivered in line with current best practice guidance and legislation. Care was delivered by staff who were knowledgeable about people's needs and wishes. 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 received personalised care from staff who knew their needs and wishes. People's concerns were listened to and action was taken to improve the service as a result. Where improvements were identified, there were plans in place to ensure these were made. People could remain at Brockhampton Court to receive end of life care, provided by the management team and staff, which was supported by external professionals.

The management team were open, approachable and focussed on providing person centred care. The management team and staff engaged well with other organisations and had developed positive relationships. The provider did not have formal processes in place to monitor and improve the quality of the service. However, the registered manager promoted a culture of openness and of reflection and learning.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Brockhampton Court Care Home with Nursing

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

On 6 August 2019 the inspection team consisted of two inspectors, one specialist advisor [who was a registered nurse] 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. Two inspectors returned to conclude the inspection on 7 August 2019.

Service and service type

Brockhampton Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection visit was unannounced. We informed the registered manager in advance of when we would be returning for a second day to complete the inspection visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service, and four relatives, about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, head of care, finance director, co-head chef, nurse on duty, senior care assistant and three care assistants.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, and complaints were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People who lived at the home and their relatives said staff always followed safe practice and wore protective equipment when needed.
- The home environment was clean and odour free.
- We found communal bathrooms and toilets were being used to store clean linen and equipment, which posed a cross contamination risk. The management team were made aware of this and took steps to rectify this during our inspection. There have not been any recent infection outbreaks within the home.
- Staff had not received formal training in preventing and controlling infections but had some basic knowledge when asked. Following on from our inspection, the management team have arranged for the Clinical Commissioning Group (CCG) to complete an audit and provide advice on improving the practices within in the home.
- The registered manager has plans to develop an Infection Prevention and Control (IPC) lead role for one of the senior care staff to take responsibility for overseeing and auditing IPC within the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, I have no worries at all". Relatives also said they felt people were safe at the home.
- Staff showed they understood how to recognise if anyone was at risk of abuse and how to report any concerns they had for people's safety.
- The registered manager was aware of the local authority's safeguarding processes. The registered manager showed they knew their responsibility to communicate and share information with relevant professionals and other agencies.

Assessing risk, safety monitoring and management

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 (Safe Care and Treatment) 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.

- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks. Staff were able to explain actions they took to support people with their needs whilst

promoting their safety.

- Assessments were completed to provide staff with guidance about people's risks related to their health and safety and took action to reduce these. This included meeting people's physical needs by using various pieces of equipment in line with their care plan so people's needs were safely met.

Staffing and recruitment

- The registered manager has developed a dependency tool which assists in identifying the number of staff required on each shift, based on the needs of the people living at the home. The registered manager used this information to draw up rotas with staff who have the right mix of skills and knowledge to meet people's individual needs.
- People told us there were enough staff to support them with their personal care and didn't feel rushed.
- Staff told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The management team had robust systems in place to ensure safe recruitment practice.
- Staff had been supported to provide good quality care and felt competent to support people safely.

Using medicines safely

- People told us they received the level of support they needed to manage and take their medicines safely. One person told us, "I am confident that my medication is being administered correctly".
- When staff administered medicines, they followed appropriate guidance and used an effective system to ensure people had their medicines.
- Staff were trained and had competency checks to ensure they followed safe medicine practices. Medicine records were checked by the management team and should errors be found action was taken straight away.
- The Medication Administration Records (MARs) we looked at showed medicines were in stock and people who lived at the home had not missed doses of their medicines due to stock availability.
- The minimum and maximum fridge temperatures were being recorded to ensure medicines requiring cold storage were kept at suitable temperatures so they remained effective.
- Protocols for medicines which had been prescribed to be taken 'when required' were available.

Learning lessons when things go wrong

- Staff described how the management team were supportive and encouraged them to be open regarding any mistakes made. This promoted good communication and a learning culture.
- Incidents and accidents were monitored so any themes and trends could be identified, and action taken to prevent any reoccurrence.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives said staff had good knowledge and skills to support them. We saw ongoing training updates were arranged for staff, and staff told us they had the skills to meet people's needs.
- Staff had completed training as part of their induction, then had regular refreshers. Staff said they shadowed experienced staff as part of their induction who shared best practice knowledge. One staff member told us how they were able to shadow experienced staff until they were confident in their role.
- Following on from our last inspection, improvements had been made in staff support. Staff had regular 'supervision' meetings with management where they could discuss issues in relation to their caring roles and personal development.
- There were daily handover meetings for senior care staff and care assistants to share information and actions which needed to be taken in meeting people's individual needs.

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

- People's individual needs including their preferences were assessed before they moved into the home which included the full involvement of staff who would be supporting the person. This way of working supported people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- People and their relatives were involved in decisions about people's care.
- Alongside regular reviews, the management team coordinated a 'resident of the day' scheme, whereby each resident regularly gets one day devoted to them including a special lunch, checking their wishes were being met appropriately and updating their care plans as required.

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

- People told us they enjoyed the food provided. One person said, "the food here is outstanding and the dining room is just so nice to sit in".
- The support offered to people to effectively meet their eating and drinking needs varied dependant on people's preferences. People were promoted to be as independent as possible when eating and drinking and were offered discreet support if needed.
- Care plans recorded people's meal preferences, allergies and the support people required with dietary needs.
- The chef we spoke with explained a range of fresh food was purchased and prepared to provide a variety of choices for people's meals. The chef told us "we make the food look as presentable as possible, it's really rewarding when something is a hit in the dining room. I'm enjoying it here [when referring to their work]".

- The provider had sourced a range of shaped moulds to present pureed food to make it more appetising to people. The chef told us, "This has really helped, it's not right that just because you need a pureed diet, means your food doesn't look like it should. It's helped increase the appeal of the food [for people]".
- Menus were provided in several different formats including pictorial. People had access to smaller versions of menus in their rooms and large printed formats of menus were displayed in the hallway.
- People's eating and drinking needs were monitored. When concerns had been raised, healthcare professionals had been consulted such as speech and language therapists.

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

- People and their relatives gave us examples of when staff had helped them to access healthcare services, so people were supported to meet their health needs.
- We saw appropriate professionals were involved when needed to ensure people's health and well-being improved.

Adapting service, design, decoration to meet people's

- People had the choice of seating in several different areas depending on their preference. There was a quieter lounge and people had access to outdoor space where they could sit with their relatives if they wished.
- People told us they found the home comfortable, and that they were able to personalise their bedrooms.
- We saw people had enough space to socialise with others, enjoy their meals, meet with visitors or spend time outdoors in the garden if they chose.
- The financial director told us, "Décor is important, we've recently redecorated and replaced carpets, and we have three full time maintenance staff. We are planning on updating the bathrooms next and replacing a bathroom upstairs with an accessible shower room as some of our residents [people who lived at the home] have expressed a preference for showers".

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff we spoke with showed good understanding into people's rights under the MCA.
- People told us staff sought their consent and respected their choices and 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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well cared for and treated with respect. One person told us, "Goodness yes, you only have to ask for help and they [staff] are there".
- Staff had a good rapport with family members. One relative told us, "The care certainly went above and beyond what was expected, and [family member] felt that they were not only well cared for but loved by the staff at the same time".
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. The ethos of the management team was inclusion, to ensure all the people they supported felt included and valued when staff supported them. One person said, "I love it here, it's like a hotel but with caring staff".
- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as a hug or hand holding, when they needed such.
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- The registered manager had a caring approach toward people and the staff team. They had a strong drive to lead by example to make sure people were provided with care which was centred around them and staff took pride in their caring roles.

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

- People explained they made decisions about their day to day support. One person told us, "I have one [a bath] every Tuesday and Friday and do not wish for more, although they [staff] always offer".
- People and their relatives were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and there were on-going action plans to make improvements.
- There were regular reviews of care plans which involved and focussed on what people wanted in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. Relatives told us their family members were treated with dignity and respect.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly looking at how they could improve people's

well-being.

- People's rights to privacy and confidentiality were respected. One person told us, "Staff are aware of my preferences".
- We saw staff providing people with support in a sensitive manner. For example, staff adjusted people's clothes when they were required in a discreet way. One person was seated in the lounge and became somewhat tearful, without asking a staff member brought over a tissue for the person, touched them in a kindly manner and asked if they were okay.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt in control of plans for their daily lives.
- People, and their representatives were involved in reviews of their care.
- Records were in the process of being transferred to a computerised system and contained detailed information for staff on how best to support people with all aspects of their life. They also included information about their health needs and the care people required to manage their long-term health conditions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person.
- Staff knew how to communicate with people to understand their wishes. Staff found different ways to ensure they understood people's needs, for example, understanding facial expressions and body language

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 supported to access the community when agreed as part of their assessed care needs.
- For those people who preferred not to go out of the home, the management team arranged activities to take place at the home, inviting relatives and the local community to join in.
- Visitors were welcome, we saw when visitors arrived they were greeted by their name and showed empathy and concern about their family member.
- People were supported to spend time in private with their visitors if preferred and or go on trips out.
- People spoke to us about the range of ways in which they enjoyed spending their time. These included joining in group activities, armchair exercise classes, music and singing, reading and watching favourite television programmes.
- During our inspection people participated in gentle exercises and there was lots of banter which showed people were having fun and enjoying this activity. We also saw some people were supported to walk around the garden areas to gain fresh air and have chats along the way. .

- People are encouraged to participate in activities they enjoyed. One person told us and we saw they liked to help set the tables ready for lunch. The person said it made them feel valued and they took pride in it.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy in place and outcomes of any issues were used to drive continuous learning and improvement in the care delivered.
- People knew how to raise concerns if they needed to. One person said, "I would go to matron [registered manager] but I have never had any cause to".

End of life care and support

- People who lived at the home and their relatives were encouraged to talk about their wishes and choices for end of life care upon admission to the home. This information was documented, periodically reviewed and updated as required.
- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they would involve other agencies to support people who chose to remain living at the home at the end of their life.
- We saw thank you cards from relatives of family members who had passed away, which included comments such as, "A big thank you to the whole team, for your professional skills, sensitive care, willingness to help and cheerfulness at all times" and "I put the culture and professionalism and delivery of care down to your leadership and vision".

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection improvements had been made in the oversight and governance of the service. This had been achieved by the registered manager leading their staff team by setting out their vision and values which reflected the principles of high-quality standards with care centred around each person.
- The registered manager had developed an open culture within the home and promoted positive team working practices. People who lived at the home, relatives and staff told us they felt supported by the registered manager and could speak with her whenever they wished to.
- The registered manager showed a clear understanding of people's individual needs and preferences. For example, the registered manager was open when discussing a person's needs and acted to reduce risks to the person by adjusting staffing arrangements. This culture change showed an improvement to people's experiences since our last inspection.
- We saw people who lived at the home and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home environment during our inspection.
- Staff told us they were well-supported and valued by an approachable management team who listened to their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw evidence of the application of the duty of candour responsibility when complaints had been received. For example, when corresponding back to the person raising concerns and/or complaints an apology was made and; once the investigations had taken place the outcomes of these were shared together with any learning.
- The registered manager also investigated any accidents, incidents or near misses and wrote to the people involved, offering an apology and what was being done to prevent this happening again.

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

During our previous inspection it had been identified that the provider had not notified CQC of incidents involved people who used the service, in line with their registration with us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. There have been improvements made and the service is no longer in breach. The registered manager has notified CQC of all recent incidents

appropriately.

- The registered manager had addressed the areas of concern raised at the last inspection. For example, they told us action was taken when people, relatives and staff raised any concerns. In addition, the registered manager was consistently reviewing staffing arrangements and developing roles, such as recruiting for senior care staff and increasing staffing levels.
- People gave positive feedback about the care they received.
- The service was led by a supportive management team. Staff understood their duties and the leadership structure had clear lines of responsibility.
- The management team were clear about their responsibilities for reporting significant incidents in the home to the Care Quality Commission [CQC] and regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- People and their relatives, told us they felt included in developing the home.
- The provider used different systems to seek feedback to ensure people's voices were heard. People and their relatives were encouraged to contribute their views through questionnaires and review meetings. Where improvements were identified there was an action plan in place to ensure improvements were completed.
- There was a culture where people and staff were valued and listened to and had access to the support they wanted.
- Staff told us that they too could express their views and ideas for developing and improving the services provided. One staff member explained how staff could suggest ideas at staff meetings and they felt the registered manager and deputy manager listened to them and respected their views.
- There were systems in place, so people had the support they needed. These included referrals to external professionals to support people's diverse needs.

Continuous learning and improving care

- Accidents and incidents were reviewed, and learning used to improve the quality of care provided.
- The management and staff team were committed to providing care centred around each person which respected people's diversity, personal and cultural needs.
- The registered manager was receptive to feedback throughout the inspection and was keen to continually drive through further improvements. For example, we spoke about staff having training and access to information about infection prevention and control, which was readily acknowledged. Although they had already taken some steps they gave their assurances further improvements would be made to further promote personalised and consistently responsive care.

Working in partnership with others

- The registered manager worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance on some medical conditions.