Runwood Homes Limited

Bramwell

Inspection report

Chilwell Lane
Bramcote
Nottinghamshire
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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 3 and 4 February 2015 and was unannounced. Bramwell provides accommodation and personal care for up to 78 people with or without dementia and people with physical health needs. On the day of our inspection 73 people were using the service. The service is provided across two floors with passenger lifts connecting the two floors. Each area of the home was open so that people could access any of the communal areas in the service.

The service had a registered manager. 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.

At an inspection in May 2013 we found that the provider was not meeting the legal requirements in respect of cleanliness and infection control and the safety and

Summary of findings

suitability of the premises. During this inspection we found that the provider had made the required improvements. People were cared for in an environment that was clean and well maintained.

People felt safe living at the care home and staff knew how to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority.

People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

Staff had the knowledge and skills to care for people effectively. We found the Mental Capacity Act (2005) (MCA) was being used correctly to protect people who were not able to make their own decisions about the care they received.

People received support from health care professionals such as their GP and district nurse when needed. Staff took on board the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink.

Caring relationships had been developed between people who used the service and staff. People were involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People were treated with dignity and respect by staff.

There was a risk that people may not receive care in line with their changing needs because information about them was not always up to date or available. People felt able to complain and complaints received were investigated in a timely manner. However, the outcome of complaints was not always recorded.

There was a positive and transparent culture in the home, people who used the service and staff felt able to raise any issues with the manager. There were different ways people could provide feedback about the service, although not everybody was aware of these. There were effective systems in place to monitor the quality of the service. These resulted in improvements being made to the service where required.

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?
The service was safe.

People were cared for in a safe, clean and hygienic environment and received the support required to keep them safe.

There were sufficient numbers of staff to meet people's needs and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate support. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good

Is the service caring?
The service was caring.

Positive relationships with people had been developed and people felt well cared for and involved in their care planning.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was not always responsive.

Staff did not always have accurate, up to date information about people needs. People were not always supported to take part in stimulating activity.

People felt able to complain, however we could not be sure complaints had been resolved to their satisfaction.

Requires Improvement

Is the service well-led?
The service was well led.

There was an open and transparent culture in the home. There were different ways for people to provide their views of the service.

There was an effective quality monitoring system to check that the care met people's needs.

Good

Bramwell

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.

We visited the service on 3 and 4 February 2015, this was an unannounced inspection. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eleven people who used the service, four relatives, one visiting professional, four members of care staff, the manager and representatives of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans of six people and any associated daily records such as the food and fluid charts and incident records. We looked at five staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and four medication administration records.

Good

Is the service safe?

Our findings

At our inspection in May 2013 we found that systems weren't in place to protect people from the risk of infection. During this inspection we found the required improvements had been made and people were cared for in a clean and hygienic environment. The people we spoke with told us they felt the home was clean. One person said, "My room is very clean." Another person said, "The home is clean, the cleaners do a good job." Relatives were also complimentary about the standard of cleanliness in the home.

We observed that communal spaces such as dining areas and lounges were kept clean. People's bedrooms were cleaned on a regular basis and the bedrooms we saw were clean and smelt fresh. Facilities were available for people and staff to maintain good hand hygiene such as sinks, soap and paper towels. We observed staff wearing personal protective equipment, such as disposable gloves, to protect people and themselves from the risk of infection. The care staff we spoke with told us they felt the home was clean and they had access to sufficient supplies of cleaning equipment and personal protective equipment. Cleaning staff worked to a schedule which was well completed and indicated each area of the home was cleaned on a regular basis.

At our inspection in May 2013 we found that people were not always protected from risks associated with the maintenance of the premises. During this inspection we found the required improvements had been made and people were cared for in a safe environment. The people we spoke with felt the building was well maintained. One person said, "The maintenance person is always around fixing something." Another person said, "They are doing a lot of decoration at the moment, they seem to look after the building."

We saw that the building was well maintained and action was taken to manage any risks to people's safety. Staff reported anything that was damaged or required replacement in a maintenance log book. This was checked daily and action taken to rectify any issues reported. Some redecoration was taking place when we visited the home and staff ensured that this work did not impact on people's safety.

Risks to people's health and safety were managed without restricting people's freedom. A relative told us staff supported their loved one to walk with a frame and their ability to walk had improved since moving to the home. We observed staff were vigilant to risks and supported people to reduce any risks. For example, one person sometimes forgot to use their walking stick when mobilising. Staff ensured this person had the equipment they needed to hand.

Staff had access to information about how to manage risks to people's safety. There were risk assessments in care plans which detailed the support people required to maintain their safety. We observed that this support was provided to people and staff told us they had access to the information and equipment required.

People felt safe living in the service, one person said, "I do feel safe." A relative said, "I am confident [my relative] is safe at the home." Staff responded to situations when people may have been affected by the behaviours of others. For example, one person sometimes entered other people's personal space which caused some upset. Staff responded appropriately by diverting the person to another area which reduced the risk of harm to them and other people. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was displayed in the service. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also knew how to contact the local authority to share the information themselves and we saw relevant information had been shared with the local authority.

We received mixed feedback about whether there were sufficient staff to meet people's needs. One person said, "Staff are here at every moment." Another person said, "Staff are rushed off their feet. They don't seem to have time to talk." The relatives we spoke with also provided mixed feedback about staffing levels. One relative said, "Staffing levels seem alright when I visit." Another relative told us they felt there weren't enough staff however this hadn't impacted on the safety of their loved one.

Despite the feedback received, we observed that people were cared for by sufficient numbers of suitable staff. Staff responded in a timely manner when people needed

Good

Is the service safe?

support in the lounge and dining areas. There was also a timely response to people who pressed their call bell for assistance in their bedrooms. There were auxiliary staff employed to carry out tasks such as preparing meals, cleaning and laundry.

The majority of staff told us that they felt there were enough staff at all times of day and commented that further recruitment was on-going. One member of staff said that, whilst they felt staffing levels were safe and people's needs were met, it would be beneficial to have additional staff so they could spend more time sitting and talking with people. The provider carried out an analysis of people's needs in order to determine how many staff would be required to support them.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with were satisfied with how their medicines were managed and administered to them. One person told us, "The staff look after my tablets, I get them when I need them."

Medicines were administered and stored safely. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. Staff correctly recorded the medicines they had administered to people on their medication administration records.

Good

Is the service effective?

Our findings

People told us they were cared for by staff who were well trained and supported. One person said, "In my opinion the staff seem to be up to scratch." Another person told us, "I think staff are good." The relatives we spoke with told us they felt staff were well trained and appeared to be well supported.

People received care from staff who were provided with the knowledge and skills needed to carry out their role. Staff told us they were given training relevant to their role and this helped them to provide effective care. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified. Staff felt fully supported by the manager who ensured all staff received regular supervision. One member of staff said, "I feel supported by the manager." We saw from records that staff received regular supervision and an annual performance appraisal.

People were supported to make decisions about their care and provided consent to the care being delivered. One person said, "I was asked about my needs when I moved in." Another person told us they remembered giving consent. People also told us staff sought their consent for day to day decisions and before any care was provided. One person said, "Staff always ask before providing care."

People told us they were free to come and go and we observed there were no restrictions on people's freedom. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how this applied to the people they cared for. Staff asked people for their consent before providing any care and support. Where people lacked the capacity to make a decision the provider followed the principles of the MCA. There were completed MCA assessments and best interest decision checklists in place. These clearly showed the nature of the decision that was being assessed and the assessments had been recently reviewed. The manager told us they were aware of MCA assessments which were awaiting completion and there was a plan in place to ensure these were done.

People were generally complimentary about the food and said they were given enough to eat and drink. One person said, "It [the lunch] is as good as any." Another person said, "The food is nice." We observed that the majority of people enjoyed their meals and ate a good portion size. People were offered drinks throughout the meal and throughout the day.

There was a list of specialised diets such as soft food and low sugar alternatives in the kitchen and these were catered for. Where people required support to eat and drink this was provided in a calm and unhurried manner. All staff and the manager assisted during the lunch period, this resulted in a positive lunch time experience. The staff we spoke with told us people were provided with sufficient amounts of food and drink.

People told us that they had access to the relevant healthcare professionals when required. One person told us they saw their GP and a district nurse. We spoke with a visiting healthcare professional during our inspection. They commented that care staff ensured people had access to healthcare services and felt that any guidance they had provided was followed.

People received input from visiting healthcare professionals, such as their GP, on a regular basis. People also had access to specialist services such as the dietician and falls prevention service. For example, staff were concerned about one person losing weight and had contacted a dietician for advice. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice. For example, one person had been prescribed dietary supplements in order to increase their calorie intake and help them to gain weight. Staff were aware of this and ensured the person received the supplements.

Good

Is the service caring?

Our findings

People were complimentary about staff and told us staff were caring and compassionate. One person said, “They are angels.” Another person told us, “They are very good to me.” The relatives we spoke with felt that staff were kind and caring, one relative commented, “The staff are very caring, they do their best to make it a home.”

We observed that people were cared for in a kind and compassionate manner. For example, one person became upset during the lunch period and staff responded by spending time with them to alleviate their distress. Another person was having difficulty adjusting their recliner chair to a more comfortable position. A member of staff explained how to operate the chair in a polite and patient manner.

People’s diverse needs were catered for by staff. For example, local religious organisations provided services in the home. People were provided with food appropriate to their culture or religion where this was requested. People’s preferences about the gender of care staff were respected and staff were aware of this information. Staff knew about the preferences of the people they cared for and could describe the different ways people wanted to be cared for. Staff told us they valued the relationships they had developed with people and tried to find out about their life history. For example, one person had practiced a hobby regularly before moving to the home which staff regularly talked with them about.

People were able to be involved in making decisions and planning their own care. One person said, “I was asked about what care I needed when I moved in.” Another person confirmed their relative was involved in planning their care. A relative told us that they were able to be involved in planning the care for their loved one. People told us they made day to day choices about how they wished to spend their time. One person said, “There is no pressure to comply, I can do as I chose.”

We saw that people were given choices such as how they wished to spend their time and whether they required staff support with personal care. Staff told us they encouraged people to make day to day decisions and we observed this happening. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and their privacy was respected by staff. One person said, “I am treated well, with dignity.” Another person told us, “There are places I can go if I want to be alone.” The relatives we spoke with told us they felt staff treated people with dignity and respect. People were encouraged to remain independent where possible. For example, people had the facility to prepare their own drinks should they be able to do so independently.

Staff spoke with people in a respectful and dignified manner and it was apparent that staff knew the different ways in which people preferred to be addressed. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time. People and their visitors had access to several private areas to spend time together if required.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us they felt that staff provided the care and support they needed. We observed one occasion where a member of staff did not respond in a timely manner to a person's request for a drink, however the person did receive a drink. Otherwise, staff responded to people's needs and ensured they provided the care and support required.

However, there was a risk that people may not receive the support that was right for them because up to date information about their needs was not always available. The care plans we looked at did not always provide adequate information and had not always been updated to reflect changes in people's needs. For example, one person's care plan contained a section about the risk of them developing a pressure ulcer. The risk assessment tool had been incorrectly completed which meant that staff had incorrectly identified the level of support the person required. This person had also lost weight over a period of several months and staff had not taken timely action to support this person to maintain their weight.

A person had been admitted to the service one week prior to our inspection visit and we looked at their care plan. We saw that the manager had identified this person as being at risk of developing a pressure ulcer during their pre-admission assessment. However, the relevant sections of the care plan had not been completed meaning staff did not have guidance about how to care for this person. We were told that this person did not have a pressure ulcer and that staff were supporting them to change their position regularly in order to relieve pressure, which was supported by their daily records. However, staff were not sure if they should be providing any additional support or equipment for this person which left them at risk of developing a pressure ulcer.

Staff told us they supported people to be involved in making decisions about their care, such as by involving them in care plan reviews or by asking if they remained happy with their care. The manager had also made efforts to involve people and their relatives more in care planning by discussing the importance of involvement during meetings. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home.

People provided mixed feedback about how they were supported to maintain hobbies and interests and the provision of activities. One person said, "There are activities, some I like and I can join in with whatever I chose." Another person said, "Bluntly, nothing to do." A relative told us, "If I don't come, [my relative] does nothing."

Entertainment was provided, such as the visit of a local choir and quizzes. During our visit, staff spent time with people when they were able carrying out activities such as reading books. We observed a member of staff act spontaneously and they spent time dancing with a person who was enjoying some music. However, we saw that some people spent long periods of time sitting in chairs with little stimulation.

People told us they felt they could raise concerns and make a complaint. One person said, "I would go to the manager or deputy manager if required." A relative told us they had resolved some concerns directly with the manager in the past. People had access to the complaints procedure which was displayed on a notice board. This was also provided to people on admission to the home.

We reviewed the records of the complaints received in the 12 months prior to our inspection. Where possible, the complaints had been investigated within the timescales stated in the complaints procedure. The manager had also arranged to meet with the complainants to discuss their concerns in more depth when this was required. However, the outcome of the complaints was not always consistently recorded so we could not be sure complaints were resolved to the satisfaction of the person who made the complaint.

Good

Is the service well-led?

Our findings

The majority of people we spoke with told us they knew who the manager was and felt comfortable in approaching them. Relatives also told us they felt comfortable speaking with the manager and provider. During our inspection the manager was visible in the different areas of the service and spent time talking to people who used the service and staff.

The staff we spoke with felt there was an open and transparent culture in the service. Regular staff meetings were held and we saw from records that staff were able to contribute to these meetings. The manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. Suggestions and concerns raised by staff were taken seriously and acted upon.

People and staff could speak with the manager and make suggestions or raise concerns in a variety of different ways. The manager held a 'surgery' on a weekly basis where she was available to discuss any issues people may have. The manager told us they were visible in the home and encouraged people to raise issues with her straight away.

The service had a registered manager and she understood her responsibilities. The majority of people told us they knew who the manager was. The staff we spoke with told us they felt supported to provide a good service.

People benefitted from the clear decision making structures that were in place within the service. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and contacting healthcare professionals.

Resources were provided to drive improvements in the service. For example there had been investment in improvements to the building since our previous inspection. Resources were also being provided in order to improve the experience of people living with dementia. For example, the provider had recently appointed a person whose role was to support staff to increase their knowledge of providing dementia care. The manager had also invested in activities and equipment which was easily accessible for people living with dementia. The provider was giving support to the manager and staff at the home during regular visits.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they felt the service was of a good quality, one person said, "I am happy with things so far." Not everybody we spoke with was aware of the ways they could provide feedback about the service. Despite there being regular meetings for people who used the service, these were not widely known about. However, we saw that the meetings and dates were advertised throughout the service. The manager reminded people and their relatives about meetings and encouraged them to attend.

People were provided with different ways of giving feedback about the quality of the service. Satisfaction surveys were provided to people who used the service which covered different aspects of the service. Recent results showed people were happy with the service provided.

The quality of service people received was assessed through regular auditing of areas such as medication and cleaning standards. Where the audits identified improvements were required this resulted in action being taken to remedy any issues. The provider also completed visits to the home to check that people were receiving a good quality of service. Where these visits had identified improvements that could be made, an action plan was put into place to monitor improvements to the service people received.