

Brancaster Care Homes Limited

Pexton Grange

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection took place on 12 November 2018 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Pexton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Pexton Grange is a nursing home that provides care for up to 57 people. It is a purpose built care service. At the time of our inspection 42 people were living at the service. Twenty two of those people were using the intermediate care service provided on behalf of the NHS. Those people have experienced a period of ill health or have been in hospital and are unable to manage at home. They therefore require rehabilitation and support for a short period of time to help them regain their independence. Therapy support for those people was provided at the service by the NHS Sheffield Teaching Hospitals, Community Services.

Our last inspection at Pexton Grange took place on 17 October 2017. The service was rated requires improvement overall. We found the service was in breach regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014, staffing.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People said they felt safe living at Pexton Grange and we found there were systems and processes in place for people's needs to be safely met. Staffing levels were supportive of people's individual care needs. The recruitment procedures in operation promoted people's safety. People received their medicines on time and staff understood each person's abilities and health needs.

People were supported to have maximum control and choice over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice and staff understood legislation around people's mental capacity.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to

undertake their role.

Staff had a kind and caring approach and showed respect when interacting with people and good regard for people's privacy and dignity.

People enjoyed meaningful activities and there were appropriate opportunities to engage with the activities coordinator in groups or on a one to one basis.

People's care plans contained relevant information and had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and staff felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

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.

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

There were sufficient numbers of staff available to keep people safe and the staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff knew about people's health needs and personal preferences.

The home was well maintained and comfortably furnished.

Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence was maintained by staff who knew them well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home and their relatives were confident in reporting concerns to the registered manager or staff and felt they would be listened to.

There was a range of activities available to people to join in if they wanted to.

Is the service well-led?

Good 

The service was well-led.

The service promoted a positive and open culture, where staff, relatives and people living at the home had confidence in the registered manager and registered provider.

There were quality assurance and audit processes in place to make sure the home was running safely.

People and relative's views were actively sought to continuously improve the service.

Pexton Grange

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 comprehensive inspection took place on 12 November 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

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.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 44 people using the service. We spoke with 15 people using the service, five relatives or friends of people and four health professionals from the NHS Intermediate Care team.

We spoke with 16 staff of Pexton Grange, which included the registered and deputy managers, the provider quality manager, registered nurses, support workers, clinical assistants, the activity coordinator, the administrator, maintenance staff and ancillary staff such as housekeepers, laundry staff and cooks.

We spent time observing care in the communal areas and 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 around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included five people's care records, six people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

At the last inspection the service was rated 'requires improvement' in this domain because improvements to recruitment procedures and the monitoring of incident reports were needed. At this inspection, the provider had ensured all actions were taken and this domain was therefore rated as 'good'.

People and their relatives told us they felt safe living at Pexton Grange. Comments included, "I've always felt safe here", "I have no worries", "[Named family member] is safe and happy here" and "We know [my family member] is completely safe when we are away."

The service had appropriate systems in place to safeguard people from abuse. We saw the service had a safeguarding vulnerable adults policy and procedure. The staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor care practices or abuse. Staff said they would always report concerns to the senior staff on duty and they were confident the management at Pexton Grange would take appropriate action. The registered manager was aware of their responsibility to make safeguarding referrals and we saw this was being done appropriately.

Systems were in place to identify and reduce risks to keep people safe. We looked at five people's care records and saw they included detailed risk assessments. The risk assessments were person centred and provided staff with clear guidance on how to support people to manage the identified risks. Care plans and risk assessments promoted people's independence and freedom whilst minimising risks. We saw risk assessments were reviewed each month or more frequently if a person's needs changed.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in August 2018. We discussed with managers present on inspection about improvements that could be made to the fire drill and fire check records by providing more detail as to the actions taken during the checks or drills. The managers agreed to implement these improvements immediately.

Records of any incidents and accidents were maintained. The registered and deputy manager reviewed the records every month to identify any trends and common causes, so action could be taken to reduce the risk of them happening again. This meant the service learnt from any incidents and took steps to improve the service to keep people safe.

The service ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. Staff said there were enough staff to care safely for everyone living in the home. People told us, and we saw from the staff rotas, that there were enough staff on each shift to meet peoples' needs. On the day we visited there were three registered nurses and nine support workers on duty during the day as well as the registered and deputy managers, clinical assistants, the activity coordinator, ancillary staff such as housekeepers, laundry staff and cooks and health professionals from the NHS Intermediate care team.

People using or living at the service commented, "They (staff) come when you need them" and "I am very happy with the staff, they are very obliging." During the inspection we observed staff were visible and available to meet people's needs promptly.

Safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. Each file contained an application form detailing a person's employment history, two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

Medicines were obtained, stored, administered and disposed of safely by staff. We saw people were receiving their medicines as prescribed by their GP or NHS consultant. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. Registered Nurses or senior staff administered medicines and their competency was regularly checked. We observed staff administering the medicines to be patient, calm and professional. The nurse greeted each person and offered their medicines in the way they preferred them, as described on their Medicine Administration Records (MAR). They stayed with each person until they had taken their medicines and signed the MAR only after they were administered.

We checked six people's MAR in detail and these had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

We saw regular audits of people's MAR's were undertaken by the NHS pharmacist and staff to look for gaps or errors and to make sure full and safe procedures had been adhered to. We saw pharmacist's recent reports which did not highlight any concerns which required immediate action to improve medicines management.

We found the service to be clean and tidy with no unpleasant smells noted. People and relatives we spoke with told us the service was always clean. We saw there was an effective infection control policy in place and staff followed clear cleaning schedules. Hand gel was available in communal corridors. We saw plastic gloves and aprons were readily available throughout the home and were used by all staff at appropriate times throughout the day of the inspection. This meant there were systems in place to reduce the risk of the spread of infections.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 17 October 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. This was because some staff had not been provided with relevant training, supervision and appraisal so they had the skills and support they needed to undertake their role. At this inspection we found improvements had been made to meet the requirements of Regulation 18.

People and their relatives spoke highly of the staff and the care staff provided. Comments included, "The staff are well trained", "I would be worn out they are fantastic" and "Very good staff I am well looked after."

Health professionals said, "All the Pexton staff I come across seem to be well trained", "Staff are knowledgeable and follow guidance" and "The staff here are good, they know what they are doing."

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, fire safety and safeguarding was provided. Staff told us specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness, percutaneous endoscopic gastrostomy (PEG) feeding and tissue viability. This meant all staff had appropriate skills and knowledge to support people.

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

Several staff said they had been supported by their managers to undertake further studies and develop their career. These studies and courses included a management course, training to take bloods from people (phlebotomy) and health and social care qualifications. Staff said, "I'm learning a lot of transferrable skills" and "The managers here are really good. They push you to reach your potential."

We asked people living at the home and their relatives about support with healthcare. People said, "I had a sore leg and they got the doctor", "There is a doctor on here" and "The physio takes me out I am coming

along fine."

Relatives comments included, "Staff are excellent at keeping us informed how [named family member] is doing", "Staff and the doctor have spent time with us all as a family letting us know what is happening" and "I know the GP comes at least once a week. Any worries [named family member] will be seen."

People using the intermediate service were provided with support from the NHS Intermediate Care Team based at Pexton Grange. People were seen by a consultant geriatrician, the GP, physiotherapist, occupational therapist and other members of the NHS team.

During the inspection we spoke with an NHS consultant geriatrician and three other health professionals from the NHS Intermediate Care team. They all made very positive comments about the care provided by staff at Pexton Grange. The consultant also described how well the Pexton Grange staff team worked alongside the NHS Intermediate Care Team.

Other NHS professionals said, "The staff team is excellent and do a good job" and "We have good communication, we have regular meetings and 'safety huddles' (a short meeting involving different members of the staff team) to discuss peoples care and safety."

Other health professionals and stakeholders, we spoke with said they had no current concerns about Pexton Grange and commented, "My most recent visit was a positive one with improvements noted to most of the areas previously identified as concerns."

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 with appropriate legal authority. 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 were being met. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. People's relatives also told us they felt consulted. The care plans we checked showed evidence people's consent to care had been sought. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Staff were seen and heard asking consent from people before providing any support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their routine.

We saw people were supported to maintain a balanced diet. Most people spoken with were positive about the food served and said their food preferences were taken into account by the cooks when preparing the menus. The staff were familiar with peoples' dietary requirements. People told us there was a good choice of food. Comments included, "The food is pretty good" and "I think the food has improved in recent months." We saw mealtimes had a relaxed, pleasant atmosphere in two areas although on the lower ground floor meal service did seem somewhat disorganised with people constantly leaving the table and staff trying to encourage them to return. The use of more finger foods should be considered and may be beneficial for some people who tend to frequently leave the table during lunch service.

We saw there had been improvements to the environment of Pexton Grange since our last inspection to make the service more dementia friendly. For example, the service had provided additional signage, contrasting colours and "landmarks" to help people navigate their way around the unit. We found all the accommodation was well maintained and well decorated, which provided a pleasant living space.

We saw equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

People living or using the service of Pexton Grange made positive comments about the service. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. Their comments included, "The staff are always kind", "Staff are always patient with me", "They are very caring, kind and considerate" and "They always ask if they can do anything for me."

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "I can't praise this home enough. [Name of family member] is well looked after", "I am made to feel welcome. I would give them ten out of ten" and "The staff are amazing, very good to visitors. They go the extra mile, for example when we went on holiday staff set up a video link, so mum could see us and talk to us. It was reassuring for her and us."

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not to speak with.

We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. Staff reassured a person when they became anxious about one situation. This showed people were treated respectfully.

People were well dressed and had their hair combed and it was evident their personal care needs were well met. When one person needed their trousers changing, they were discretely invited to change them in the privacy of their room.

We observed that staff maintained the dignity and respect of the people. We observed care staff always knocked before entering people's rooms. Throughout the day we saw staff seek the agreement of people before and during any care tasks being completed.

The registered manager told us there were a number of people of different faiths currently using the service. People's cultural and spiritual needs were clearly recorded in their care records which meant staff could promote people's beliefs.

In the reception area we saw there was a range of information available for people and their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People living at Pexton Grange and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this. Comments included, "Oh yes I have everything I want", "Staff are very good here, all my needs are met" and "[Name of family member] was incontinent staff were very quick to respond and within five minutes they had cleaned [name] and changed the bed."

We looked at five care plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans, so staff were aware and could act on this. The plans seen had been regularly reviewed to keep them up to date.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff had a good knowledge of people's individual needs and could clearly describe their health and personal care needs, history and preferences of the people they supported. This showed the care provided was person centred.

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided, details of the therapy and/or nurse action required. The service also used individual handover documentation to monitor people's wellbeing. This helped staff to respond effectively to people's changing needs. Staff told us they also had regular 'safety huddles' (a short meeting involving different members of the staff team) to discuss people's care, any risks and any measures that could be implemented to reduce these risks.

Assessments and care plan documentation prompted staff to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. People's sexuality had been incorporated into care plans which commented on their self-image, how they liked to dress and the importance they gave to grooming or dress.

There was a dedicated activity coordinator to ensure there was a range of activities on offer for people such as, art and crafts, games, music and movement and visiting singers and entertainers. People and relatives also said they enjoyed trips out of the home which were organised on occasions. Each person's care plan an activity profile which stated the person's past jobs and interests, so staff could try and help the person maintain the same interest if possible.

People said, "I am a bit of an outsider but sometimes I join in the activities", "I just like to sit in the garden but not do the gardening" and "They had singers in and I do jigsaws."

We saw there had been previous trips to the local theatre a visit to a local City farm and trips to the local shopping centre organised. In the summer months staff told us they try to encourage people to spend time out in the garden and if they want they tend to the gardens.

On the day of inspection a group were visiting the home to entertain people, to sing and involve people in music and song.

Stakeholders told us, "We noticed significant improvements to the personal communication, stimulation and activities during our recent visit."

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The service was accredited in the Gold Standards Framework (GSF). The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

When people moved into the service they were asked how they would like to be cared for when nearing the end of their life. People's care records contained detailed information about this, and end of life care plans were in place, so staff knew what action they needed to take. This meant people were supported to have a comfortable, dignified and pain-free death in accordance with their own wishes.

The service had an appropriate complaints procedure in place. People we spoke with told us that they had not had any reason to complain, however they knew who to speak with if they needed to. The complaints policy and procedure was clearly displayed within the service. The procedure gave details of who to complain to outside of the service, such as the CQC. This showed that people were provided with important information to promote their rights and choices.

Is the service well-led?

Our findings

At the last inspection the service was rated 'requires improvement' in this domain because we found improvements were needed to the service provision, which the registered provider's quality assurance processes had failed to identify. At this inspection, the provider had ensured all actions were taken and this domain was therefore rated as 'good'.

People and their relatives knew the registered manager and deputy manager well. They spoke very positively about them and commented, "The managers [named] are good I see them most days" and "The home's run well."

Staff said the registered manager was very supportive and approachable. Comments included, "[Name of registered manager] is very good you can go to her with any issues and she will sort them" and "All the managers are supportive, they are really good."

We found a welcoming and positive culture at the service that was encouraged by the registered manager. Staff also told us that teamwork was encouraged, and that staff worked very well together. Staff said, "It is really good here we all work as a team, nobody is better than anybody else and the managers will always try to help even with personal issues."

The registered manager and provider monitored the quality of the service and acted to make improvements when issues were identified. We saw that a number of quality assurance audits were completed every month, including infection control, health and safety, medicine administration and care records. We saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

People and their relatives were regularly asked for feedback on the service. As part of the services quality assurance procedures, surveys had been sent to people living at Pexton Grange, their relatives and staff. The results of the 2018 surveys had been audited and a report compiled from this so that information could be shared with interested parties. This report was displayed in the reception area of the home. The registered manager held 'residents meetings' and 'relatives meetings' where any issues could be raised. Suggestions from people, their relatives and the staff were discussed at regular staff meetings. This meant the whole staff team reflected upon any issues raised and improvements to care practices could be implemented by all staff.

We saw the service worked well with healthcare services and other support agencies. The registered manager encouraged people to access activities by providing information to people and their relatives about external agencies who could facilitate this.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to

read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

The service had an open and transparent culture within the home, with the CQC rating from the last inspection on display in the reception for everyone to see.