Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bricklehampton Hall

Bricklehampton, Pershore, WR10 3HQ

Tel: 01386710573

Date of Inspection: 23 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Classic Care Limited
Registered Manager	Mrs Shirley Ann Archer
Overview of the service	The home provides accommodation, nursing and personal care for older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Systems had been in place to make sure that the registered manager and staff learnt from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

People were protected against the risks associated with medicines because the provider had made improvements following out last inspection in December 2013. There were now appropriate arrangements in place to manage medicines.

Staff employed by the home had been recruited effectively. The provider demonstrated that appropriate checks had been obtained and that staff were trained and supported in their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no current applications were in place. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people would be safeguarded as required.

Is the service effective?
People's health and care needs were assessed with them, but they were not always involved in writing their care plans due to their conditions. The provider had also considered information and involvement from relatives, other health professionals and staff. People told us: "They really care for me here" and: "I am comfortable and looked after here".

Visitors confirmed that they were able to see people in private and that visiting times were flexible and the home were accommodating and welcoming.

The provider had been able to demonstrate that they had cooperated with other providers to ensure people received the care and treatment that met their needs. For example, we saw that people were supported with having eye and hearing tests.

Is the service caring?
People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People told us: "They (staff) are helpful when I need them" and: "They take things at my pace, I am not rushed". A relative told us: "I am here every afternoon, it's like I am part of a larger family now".

Staff we spoke with had a good knowledge of people's individual needs, and knew how to support people so that their needs were met. Staff spoke about people as individuals and we observed that staff listened to people's views and opinions. One person told us: "I have a sense of humour that the staff here now know".

Is the service responsive?
People completed a range of activities in and outside the service regularly and the provider had staff dedicated to arranging and supporting people to attend these activities.

We saw the home had been responsive to people's changing needs and had responded to professional advice that had been provided. For example, we saw the home had requested one person to be reassessed due to their changing needs. Appropriate equipment to meet the person's needs had then been sought.

Is the service well-led?
The provider had a quality assurance system in place. We saw records that identified shortfalls and the actions that had been taken to address them. The provider listened and responded to people, staff and visitors who had left comments and suggestions. We saw that responses to the comments left had been made available for people to see.

Staff told us they were clear about their roles and responsibilities. Staff told us that they felt the home provided a good quality of service and people were well cared for. They told us

that the system in place meant they felt supported in their role and where to find information when needed. For example, there was information in each person's room for the staff to follow and record the care provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw that staff had a kind and caring approach towards people they supported. We asked people who lived at the home about their views of Bricklehampton Hall. People told us: "I have no complaints, I am warm, comfortable and happy here" and: "It's not my house, but if I had to choose to be anywhere it would be here". People also told us they saw their doctors and other health professionals if required and that their health needs were met.

We spoke with two relatives who told us: "The care is good and all the staff are welcoming and pleasant to me" and: "I have no concerns when I am not here, I visit regularly and would say something if I felt things were not right". They also told us that they had been included in their relatives care and kept informed of any changes in their health or care needs.

During our observations we saw that staff had a good knowledge of the care and welfare needs of the people who lived at the home. When we spoke with staff they had been able to tell us about the care they had provided and the individual needs of people who lived at the home. Staff told us: "The information we need is in the rooms. It's always up to date. The nurses do this and ask us for feedback" and: "The paperwork is there and some people are happy to tell us if they need something or not. You also get to know them the more you spend time with them".

We observed people enjoying and being actively involved in activities. For example, we saw that some people has chosen to help with the laundry, and other's had chosen to read quietly in the communal areas of the home. People told us: "I am happy to help out, I like to keep busy" and: "I like to walk around and after lunch come back to my room and read". This meant that people were supported in the activities that they wanted and planned to do.

Staff told us they made sure they were fully up to date with any changes to people's care

needs. Staff told us that at the end of each shift they discussed all people who lived at the home to update any needs or support required. We saw that any changes made to people's support needs had been recorded. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified, it detailed the person responsible and how to minimise or manage the risk. For example, we saw that one person had an identified risk with eating and drinking. The plans in place told staff how to support them and staff confirmed the support that person had needed.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at three care records. These provided contact details of other services involved in the person's care and were clearly recorded. For example, their doctor and social worker details were recorded.

One person told us: "If I need a doctor they (staff) arrange for a visit here". Two doctors from the local surgery also visited the home twice a week as well as visiting when required. We spoke with one doctor on the day of the inspection. They told us "I visit at least once a week and when required. The home is good at recognising when to call us out". This meant that the provider had developed good working relationships that supported peoples care and welfare needs.

Care staff told us that they supported people to attend appointments where required. Any action would be discussed with the nurse team to ensure treatment plans or advice was then followed. Two members of staff that we spoke with told us they had helped people to attend hospital appointments. One member of staff told us: "The nurses provide the paperwork for us to take". We saw that contact with other services and any action required had been recorded. For example, one person had been referred to speech and language and the outcome of the referral had been recorded in the person's care plan.

The care records we looked at contained assessments that had been made by the provider with the involvement of health care professionals. We saw that there were detailed plans for people which supported them with their health care needs. This meant people's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in cooperation with others.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our last inspection in December 2013 we found that the provider had not met this outcome. On this inspection we found that improvements had been made. For example, the provider had introduced a new system in which the medicines were received in pre-measured dosage tray for each person. This meant that that the provider had been able to correctly administer, record and audit people's medicines.

We observed the registered manager and a deputy manager check a delivery of medicines to the home. These were checked against the person's prescriptions. This showed an incorrect dosage had been supplied and this was returned to the pharmacy for correction. Each person's medicines were checked to ensure the correct quantities and types were available. This meant people's pre-measured medicine stocks were up to date and accurate.

Staff told us they were aware of the procedures to follow when administering medicines and their responsibility to report any issues or concerns to the registered manager or deputy manager. The provider may find it useful to note that the codes used by staff on the medicine administration records (MAR) had not always been used consistently. For example we saw that one person had refused their medicine, but it was not clear if the medicine had then been disposed of. This meant that the medicines in stock did not always match the recorded number on the MAR sheet.

The registered manager told us that: "I carry out a medication audit every month and every six months. In light of the new system I will need to update this and the medication policy". We saw records of the monthly and one six monthly audit to confirm this and the actions taken where an issue had been found. This meant medicine records were regularly audited any issues had been addressed.

We looked at records of medicines for two people who lived at the home and found that people had received their medicines as prescribed by their doctor. Where appropriate any medicines that had been disposed of had been stored appropriately and collected by a clinical waste contractor. This meant that medicines had been disposed of appropriately.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that staff either had the experience, knowledge and skills to carry out their role or had undertaken further training when they began work. Staff told us that when they started work at the home they had received an induction programme. This had included completing the provider's mandatory training courses. For example, this had included manual handling training. Staff we spoke with also confirmed that they had worked with experienced staff until they had felt confident to carry out their role.

We looked at three staff records. We found there were work references on file for each member of staff which indicated they were of good character. We found that these staff had a Disclosure and Barring Service check (DBS) on file and that they had not commenced employment until the DBS check had been received. We found two identification documents for each member of staff. This meant that the provider had undertaken appropriate checks before staff began work.

We found that the application forms detailed some staff work history. Where there were gaps in employment the registered manager was not able to provide the reason for the gaps. The provider might find it useful to note that a full employment history together with the reasons for any gaps in employment history must be written down.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The registered manager confirmed that people who lived at the home, relatives, staff and other professionals' views had been sought using various methods. For example, questionnaires, comment cards and direct verbal feedback. The most recent information had been received and reviewed by the registered manager. Most of the comments we saw were positive. One questionnaire had some negative feedback and the registered manager told us they had resolved the issues with a face to face meeting. We saw records to support this. In addition, relatives had the opportunity to book an appointment with them if there was something they had wanted to discuss.

The registered manager had monitored and reviewed the service through monthly audits. These audits looked at the environment, people that used the service, care workers and policies and procedures. We saw the results from a recent audit for people's care plans. This audit had identified areas for improvements and the required actions. This meant that the provider had been monitoring and assessing the quality of the service they provided and had considered the views of people who used the service.

The registered manager told us they had frequent visits from the provider and we saw copies of these visits with any actions required. For example, we saw that the provider had spoken to people and staff at the home. This meant that the registered manager was supported to self-assess their service to identify and manage risks to the health, safety and welfare of people that used the service and others.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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