

Random inspection report

Care homes for older people

Name:	Bricklehampton Hall Nursing Home
Address:	Bricklehampton Hall Nursing Home Bricklehampton Nr Pershore Worcestershire WR10 3HQ

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Christine Potter	1	9	0	4	2	0	1	0

Information about the care home

Name of care home:	Bricklehampton Hall Nursing Home
Address:	Bricklehampton Hall Nursing Home Bricklehampton Nr Pershore Worcestershire WR10 3HQ
Telephone number:	01386710573
Fax number:	01386710460
Email address:	
Provider web address:	

Name of registered provider(s):	Classic Care Limited
Name of registered manager (if applicable)	
Shirley Archer	
Type of registration:	care home
Number of places registered:	55

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	55
physical disability	55	0

Conditions of registration:								
The maximum number of service users who can be accommodated is: 55								
The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 55, Physical disability (PD) 55								
Date of last inspection								

Brief description of the care home

Bricklehampton Hall is situated in a rural setting near Pershore and Evesham. The Hall is a Regency building, which stands within seven acres of gardens and grounds, with views over the Bredon Hills.

Over recent years the buildings and grounds have been considerably upgraded to a very high standard, in a style, which is in keeping with the period of the building. The home currently provides nursing care for fifty-five residents in spacious rooms with modern nursing equipment and facilities. The home provides a choice of ensuite, single or double rooms. Residents are able to have a telephone line in their bedrooms. Menus are varied and take into consideration individual choice.

There is a call bell in all bedrooms, communal areas, toilets and bathrooms.

Emergency call pendants are also available for residents who wish to walk out in the grounds unattended.

Activities and social events are organised by the activities organiser. Visitors are welcome at any reasonable time.

Three shaft lifts facilitate movement between floors and handrails are fitted where necessary to assist the less mobile.

Classic Care Limited (Mrs Helen Kendall and Mr Tudor Jones) own the home and the registered manager is Mrs Shirley Archer.

For up to date information about the fees please contact the home direct. Additional charges are made for hairdressing, newspapers, chiropody etc.

What we found:

This unannounced random inspection of Bricklehampton Hall Nursing Home was carried out on the 19th April 2010. The reason for the inspection was to monitor the home's progress following the last key inspection on the 16th May 2007. Following this inspection the home was given an excellent quality rating, and annual service reviews have been completed, which indicated that the service continues to provide an excellent service. There were 53 people being cared for on the day of the inspection. We met with the responsible individual, manager, deputy manager, and care staff. We reviewed care records, staff records, maintenance records and the homes internal auditing systems. Surveys from people using the service, and staff, provided positive comments about the service and the quality of care provided. We found the home to be well organised and all records requested were available and up to date. These were the findings of our inspection.

Choice of Home: (standards 1 - 6)

Bricklehampton Hall review and update their Statement of Purpose and Service User Guide annually or when there are changes in the home. The information is available in the home for the people to look at. The manager goes out to assess people prior to accepting them into the home. This is to ensure that the service can meet the individuals' health and personal care needs fully. The completed assessment provides basic information for the staff to use to develop a care plan of the persons' health and personal care needs.

The other standards from this section were not assessed at this inspection. Surveys received from people using the service confirmed that they had received sufficient information about the home to assist them with their choice. Comments from people using the home included: "I'm very pleased with the way that the home is run." "I think the home makes people feel at home like it is their own to do what they want" and "extremely professional and caring, friendly staff"

Health and Personal Care (standards 7 - 11)

A plan of care was in place for all people living in the home. We looked in detail at two care records for individuals and found that the care plans were being reviewed and updated frequently. The documentation failed to include all the information about the individuals' health and personal care needs. This could result in the person's health and personal care needs not being fully met by the staff. For example one care plan for a person who was at risk of falls, had been assessed as needing bed rails on the 11/03/2010. However on the 12th and 16th March 2010 there were two recorded entries about the person being trapped in the bed rails. The risk assessment had not been updated and neither had the fall risk assessment been reviewed. Another care plan was for a person with Diabetes. The recorded guidance failed to tell us the frequency of monitoring the person's blood sugar. The nurse told us that they were being monitored weekly. However, the records showed that they had only been tested once when they were admitted to the home. The nurse told us that the person had experienced no problems associated with their Diabetes management since being admitted to the home. One care plan failed to include clear information about a persons' skin integrity. The risk

assessment did not include information about a wound found following admission to the home. A wound care plan had not been developed to show how the wound was being managed. The nurse was aware about the wound and its progress, but the records should accurately reflect the individuals' needs.

We shared this information with the manager and responsible individual at the time of the inspection. The home are looking to develop a more person centred care documentation system.

Residents have access to health and remedial services and a record of all visits is recorded in the residents care plan for reference. The doctors visit the home regularly and complete regular reviews of people.

The management of medication was not reviewed at this inspection. We have not received any notifications from the home reporting medication errors. The manager completes a monthly audit on their medication system.

All staff spoken to were aware of the individuals health and personal care needs and were able to demonstrate this to us. The surveys received prior to the inspection confirmed that people felt that their care needs were being addressed and that their care preferences were respected. Comments from staff and people using the service included: "extremely professional and caring friendly staff", "people gain individualised care which meets their needs and they gain care which is totally holistic" and "answer the call bells quicker"

The other standards from this section were not reviewed at this inspection.

Daily Life and Social Activities (standards 12 - 15)

Bricklehampton offer a wide range of activities for both groups and individuals. They keep detailed records to show what the individual has been doing. The planned activities are for the seven days and include poetry club, flower arranging, entertainers and visits from local community groups. The "pat a dog" visits the home regularly, and families enjoy bringing their dogs to visit. Families and friends are always made welcome, and the home can provide a private area for special parties with refreshments of their choice. On the day of the inspection people were seen in various parts of the home. There was singing in one lounge, and a person was using the Wii console in another lounge. Staff were engaged with the residents and sitting with them. The gardens around the home are well laid out with seating areas for people to use.

The hairdresser visits the home twice a week so people can have their hairs done and the prices are displayed in the home.

A local radio station is supporting the home and promoting "Not in my day", which the residents and relatives are supporting.

Bricklehampton was awarded a four star hygiene certificate which is very good in 2009. Since the last inspection they have recruited three chefs who work on a four week menu. Comments received about the choices and quality of the food were excellent. The food looked appetising and people said that they were enjoying their meal.

Many people go to the dining rooms for their meals, which are attractively decorated with fresh flowers. Some people prefer to stay in their bedroom and this is respected.

Comments received from people using the service included: "It arranges very effective and interesting activities to help keep residents alert" and "the food is excellent".

Complaints and Protection (16 - 18)

The complaints procedure is displayed in the home and in the Service User's Guide for people to see. Any complaint received by the service is addressed and details of their investigation, including timescales, are recorded. The service then look at ways to preventing a similar complaint which shows that they are listening to people using the service.

All staff receive regular training updates in safeguarding adults, and staff spoken with were aware of their responsibilities and what to do if they had any concerns.

Comments from people using the service confirmed that they felt any issues were listened to and addressed by the home.

Environment (19 - 26)

These standards were not fully assessed at this inspection. Since the last key inspection in 2007, the service has continued to improve and upgrade the home. This includes: A new fire detection system has been installed.

Some beds have been replaced with a a specialist type to assist meeting peoples' health care needs who are very dependant for their care.

Armchairs have been replaced in one reception room.

One of the dining rooms has been re-equipped.

New equipment has been provided in the kitchen.

All areas of the home seen were in good decorative order, and clean and tidy throughout. Comments from people included: "very good at maintaining the cleanliness of the home", "the home creates a warm and friendly atmosphere" and "the home and its surroundings are unique".

Staffing: (27 - 30)

We were informed that there were 53 people living in the home on the day of the visit. We looked at the staff duty rotas for the home. The manager told us that the staffing levels were calculated on the number of people being accommodated and their health care needs. We spoke to staff who said that generally they had enough time to ensure that the health and personal care needs of people were met. Staff told us that it would be useful to have an extra person at peak times and meal times, to assist people with their food. In addition to the care hours, the home designated staff for activities, housekeeping, catering, maintenance, gardening plus administration staff. Comments received from people using the service included: "the care and attention given is first

class" extremely professional and caring, friendly staff" and "I think having more care staff at certain times would enable a little more individual time to the residents."

We looked at the recruitment records for three members of staff. These showed that the home had carried out appropriate safety checks prior to the person commencing. Staff confirmed that the home had completed all the safety checks prior to them starting work in the home. We looked at the staff training records, which showed regular training and updates. Staff told us that they felt that they had enough training from the organisation to assist them to meet the needs of all the people living in Bricklehampton. The home currently has 43% of staff with an NVQ level 2 or above qualification.

Management and Administration (31 - 38)

The Annual Quality Assurance Assessment received from the home clearly showed how Bricklehampton were meeting the standards and their plans for further improvement over the next 12 months.

Since the last key inspection there has been a change of registered manager and deputy manager both of whom are familiar with the home and its ethos. Staff and residents told us that they were supportive and always approachable. A system for supervising the staff is ongoing and staff confirmed that they found this really helpful.

The home has regular residents' meetings and relatives can attend these. The minutes from the meetings were seen.

They have a good quality audit process in place and the results of these were shown to us at the inspection.

The home is well organised, all maintenance records were available and up to date.

What the care home does well:

The home is effectively and competently managed, and all staff were observed being very caring and considerate to residents. The rights and interests of residents are clearly promoted by staff and residents were appreciative of this.

Maintains high environmental standards for residents to live, which is specially equipped and adapted so residents can be as independent as possible.

The staff team are well motivated and trained. This enables them to provide positive standards of care to people who have complex health care needs. The staff team work well with residents to engage them within their care.

What they could do better:

The service works hard to maintain and improve their high standards. The service need to ensure that they clearly demonstrate in individuals health care records how they are achieving this and clearly record any health care changes in the care documentation.

To assist in monitoring staffing levels a recognised staffing tool should be used taking into consideration the size and layout of the home, the number of people being

accommodated and their assessed health care needs.

To ensure that 50% of care staff have completed the NVQ level two or above qualification in care.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	12	<p>Regulation 12 1 a</p> <p>The home should ensure that they clearly demonstrate how they are meeting individuals health and personal care needs. The care records are updated to reflect any changes in the persons health or social needs.</p> <p>To ensure that clear guidance is available for all staff to follow.</p>	06/09/2010
2	30	18	<p>The service should ensure that 50% of care staff have NVQ level two or above in care, to fully comply with the standard.</p> <p>To meet the national minimal standard.</p>	28/01/2011

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	27	The service should be able to demonstrate that the staffing levels are sufficient for the size, layout to ensure that peoples healthcare needs are met.

Reader Information

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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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