Classic Care Limited

Bricklehampton Hall

Inspection report

Bricklehampton
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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

Bricklehampton Hall is registered to provide accommodation and nursing care for up to 55 older people who may have a physical disability. There were 49 people living at the home at the time of our inspection.

This inspection took place on 14 March 2017 and was unannounced.

There was a registered manager (who was also referred to as matron) was in post at the time of our inspection. 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.

People told us they felt safe because of the way staff cared for them. Staff took action to care for people in ways which promoted their safety and people's care plans gave clear guidance for staff to follow in order to promote people's well-being. Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and had their medicines as prescribed.

There were enough staff employed to care for people. Staff were recruited based upon their suitability to work with people who lived at the home. People benefited from receiving support from staff with the knowledge and skills to care for them. Staff took action to support people if they required medical assistance, and advice provided by health professionals was implemented. As a result, people were supported to maintain their health.

People were assisted in having enough to eat and drink to stay healthy. People were given choice of meals. Where necessary they were given extra help to eat and drink to stay well. People said they had access to health professionals, and there was a twice weekly visit from a local doctor. Relatives had been informed if appropriate and were confident their family member had the support they needed.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests. We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered. People's right to privacy was taken into account in the way staff cared for them.

People told us they were happy living at the home, supported by caring staff. People's independence was promoted. Visitors were welcome to see their family members or friends when they wanted.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were

consulted. People's care plans and risk assessments were updated as their needs changed. People and their relatives understood how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

Quality audits were undertook by the registered manager and the provider to develop people's care further. The provider and registered manager took account of people's views and suggestions to make sure planned improvements focused on people's experiences.

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 benefited from living in a home where staff took action to reduce risks. There were enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff.

Is the service effective?

Good

The service was effective.

People's rights were promoted by staff. Staff knew what action to take if people needed support to make some decisions. People were cared for by staff who were continuing to develop the skills and knowledge needed to care for people. People were encouraged to have enough to eat and drink and to see health professionals when this was required.

Is the service caring?

Good

The service was caring.

People had caring relationships with staff and were encouraged to decide how they wanted their day to day support to be given. Staff cared for people so their rights to dignity and privacy were promoted.

Is the service responsive?

Good

The service was responsive.

People decided what care they wanted with support from staff who took people's preferences into account when planning their care. Staff communicated information so people's changing needs were met. People and their relatives were confident if they raised any concerns or complaints the registered manager and provider would take action to address them.

Is the service well-led?

Good

The service was well led.

People who lived at the home and their relatives were complimentary about the way the service was managed and told us they could approach the registered manager. Checks to monitor the quality of the service provided were regularly undertaken and action taken to develop people's care further.

Bricklehampton Hall

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 checked 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 inspection took place on 14 and 17 March 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor in nursing care 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.

Before the inspection, we looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which h the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spoke with eleven people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and 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. We spoke with five relatives of people living at the home during the inspection. We also spoke with three healthcare professionals who were visiting the home.

We spoke to the provider, the registered manager, the deputy manager, three registered nurses, six care staff, chef and the diversional therapists. We looked at records relating to the management of the service such as, five care plans for people, the incident and accident records, medicine management and three staff recruitment files, service review notes and questionnaire reports giving analysis of people's feedback.

Good

Is the service safe?

Our findings

People spoken with shared their experiences of feeling safe. One person said "I did not feel safe living at home, but I am much better here, I'm safe now." A relative told us, "From the first time I visited I felt at ease."

Staff told us they had received training in safeguarding and were able to identify the different types of abuse people could be subjected to. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling a senior staff or the registered manager, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns action would be taken to protect people. One member of staff gave us an example of how they had used their training and raised a concern. They told us the registered manager had responded appropriately.

People told us and we saw from care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example, people were supported by the use of specialist equipment such as lifting equipment to help people in and out of the beds and chairs safely. We saw from records the equipment had been maintained and checked it was safe to use.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being assisted to keep their skin healthy by regularly changing their position so pressure was reduced on key areas. We saw records were completed daily to ensure staff knew how to reposition people.

The registered manager told us staffing levels were based on the assessed care needs of people. They confirmed if there was an increase in the amount of support needed then the staffing levels would be changed to respond to this. They gave us an example of how they had recruited extra staff when more people had come to live at the home in order to meet people's dependency needs.

When we asked people about the length of time they had to wait for care and support. They told us staff came quickly. One person said, "Night staff are very good too, if I call for help they come very quickly." One relative said, "I see call bells are answered quickly." The registered manager told us they regularly checked the staff response times to ensure people were not waiting too long for assistance. On the day of the inspection we heard call bells were responded to quickly. Where people could not reach the call bells mounted on the wall, they had been provided with pendant call alarms so they could get the assistance they required.

We checked three staff files and saw records of employment checks completed by the provider, which showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

We saw that medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example peoples medicines were stored in locked medicine trolleys. We saw that

written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medication counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines and so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

Good

Is the service effective?

Our findings

People we spoke with told us staff were skilled and able to meet their needs. One person told us, "They are absolutely first rate" Another person said," Staff have time for you if you need anything." A relative said "It is admiral the way the staff help people."

New members of staff received a detailed induction which set out the provider's 'care philosophy and values' as well as key policies and procedures. New staff members worked alongside more experienced staff before starting to work as a full member of the team. A staff member said, "I shadowed more experienced staff for two weeks before I started to work on my own, they taught me how to use all the equipment, so I felt relaxed and happy to go. If I don't know something I'd speak up and ask the seniors or nurses for help."

Staff told us at the start of their employment they were enrolled on the national care certificate which sets out common induction standards for social care staff. The registered manager told us although it was an in-depth programme for staff to follow it helped staff develop the necessary skills to care for the people they supported.

The registered manager maintained a detailed record of the training needs of each member of staff which alerted them when staff training and refresher training were due. The registered nurses were supported to maintain their registration through regular training and up-dates. Each nurse was encouraged to lead on a specific subject such as diabetes, so they could assist and train other members of the staff team. One nurse demonstrated how they shared this knowledge by organising questionnaires for the staff and organised training sessions to help all staff recognise the effects of living with diabetes.

Staff told us they received regular one to one meetings and support. One member of staff said, "[Registered manager's name] is very supportive, easy to work with. They are very open to discussion." Shift handover meetings, a communications book, written notes and regular staff meetings were used to ensure staff kept up to date with changes in people's care needs and any important events.

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 gave us examples of how they were encouraged to make their own day to day decisions where this was possible. People told us this included decisions about how they wanted to spend their time, or what they wanted to wear or eat. One person told us, "I get to go to bed when I'm ready"

We found staff knew about the requirements of the Mental Capacity Act and were supported to understand their responsibilities. We saw staff had considered if people needed support to make some decisions. One staff member gave us an example of how one person living at the home was supported to make some key

decisions about their life with the help of a staff member from outside the organisation. The registered manager, the provider and senior staff gave us examples of when some decisions had been made in people's best interests with input from other health and social care professionals, so people's health and their well-being needs would be met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the registered manager was acting upon the decisions made by the supervisory body. There was evidence the principles of the 'best interests' decision-making processes had been followed in practice and records were retained about these decisions. 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were in place where people had consented to these. Where people were unable to consent; a decision instigated by a clinician had been made, so people's decisions about receiving treatment if their heart stopped beating was detailed.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs had been assessed, recorded and regularly reviewed. Where the assessment showed that the person might be at risk of malnutrition, staff had sought professional advice from a dietician. The chef told us supplements and a fortified diet, were provided for people who needed them. The chef told us they had received a 'Healthy Eating Gold Award' for the food they served at the home.
People were very complimentary about the food and comments included, "The food is very good", "The food is beautifully cooked…I get plenty of choice."

Staff were aware of people who were at risk and they ensured that additional support and supervision were offered in order to reduce the risks. At lunchtime we saw that staff, were very attentive to everyone, but particularly to people who needed their assistance. For example they sat next to the person and assisted them to eat at their own pace, so not to rush them. The dining room was well presented with matching table cloths, napkins and condiments. A choice of drinks was available throughout the day to avoid the risk of dehydration. The provider told us they had recently installed a vending machine for people to use to purchase drinks, sweets and snacks whenever they wanted.

People told us and we saw from their records they had been able to access healthcare professionals. We saw people had accessed doctors, dentists and opticians. Staff told us, if they thought there was any change with a person's condition they would report it to their senior staff. We heard at the staff shift handover meeting any concerns were discussed so people's health and welfare could be monitored. We saw the registered manager had arrangements with the local doctors practice to call at the home twice a week, so people could see the doctor if required. A visiting health professional was complimentary about the care and support in the home they told us, "Staff are very good. Excellent nursing, we can trust them."

Good

Is the service caring?

Our findings

People were positive about the staff that cared for them and told us they felt staff were interested in their well-being and considerate towards them. One person told us, "They [staff] do everything they can to make you happy." Another person said, "I was a complete stranger when I came here now I feel part of a community."

We saw staff took time to chat to people and their visitors about things which were important to them, for example, plans for family events. We also saw staff took an interest in the fun things people were doing and chatted with them and joined in with people's jigsaw puzzles. In the afternoon people were invited to play bingo, we saw staff sat next to people and assisted them with their marker pen to colour in the numbers on the card. On the second day of our inspection we saw how the provider had arranged a St Patrick's Day celebration meal, decorated lounges, dining rooms and activities for people. People told us they were looking forward to watching the racing in the afternoon together.

Staff gave us examples of how they got to know people. One staff member said, "You spend time with people, chat to them about things they liked, such as their history." We saw the staff knew what was important to people, for example they knew one person's favourite football team, so spoke to them about the match the previous evening. Another person had in the past had a gardening business so staff assisted them to continue with their interest of growing flowers and helped them to pick flowers from the garden to display around the home for others to enjoy. A relative commented, "There are always lots of activities going on, yes, seven days a week." Photographs of activities and outings were displayed in the hallway, showed people smiling and having a good time.

People told us staff were respectful and polite. People said staff were thoughtful of peoples' rights to dignity and privacy and took action to support them so their rights were recognised. This included ensuring people's dignity needs were met when they were receiving personal care. The staff member we spoke with showed and we saw that staff understood the need for privacy. The staff member described how they helped a person, they always made sure the curtains and doors were closed and covered the person with a towel whilst assisting them with personal care. We saw throughout the inspection staff addressed people courteously, using their preferred names, and knocked on people's doors to check they were happy for staff to go in and care for them.

Staff promoted peoples' independence in all aspects of their daily lives. People were supported with their mobility appropriately. They were encouraged by staff to do as much as possible for themselves, who then praised them about the progress they had made. Staff asked if people could manage alone or if they wanted support without simply assisting first. For example, staff patiently waited whilst one person manoeuvred their walking frame to sit down in the armchair. The process took several minutes, but the staff stood by the side of them, waited and gently encouraged the person. This showed people were supported to retain their independence, for as long as possible.

People told us they felt comfortable living at Bricklehampton Hall. One person said, "It's like a hotel. It's so

clean" People who lived at the home and visitors commented on the relaxed calm atmosphere around the home. People's rooms were large and decorated to their personal taste. Staff encouraged people to move the furniture to where they preferred. For example, one person told us how staff pulled back the net curtains, so they could enjoy the views over the large gardens and surrounding countryside.

Information was readily available throughout the home and shared with people and staff via notice boards, on tables and in the reception area, which gave them information about the provider and how to access activities on offer. Photographs were included to promote people's memories of the occasions. We saw a memory tree decorated with photographs of people who had once lived at the home and had since died and a memory book for people to remember old friends.

Good

Is the service responsive?

Our findings

People told us staff met their needs and provided their care the way they liked it. People felt that staff knew their preferences and these were respected. A person told us "If I want to do something, they [staff] will help me do it." Another person said, "This place deserves a good report, …you can do as much or as little as you want it's up to you."

People who lived at the home were encouraged to do fun and interesting things. There was a full programme of activities organised by two diversional therapists. They told us the activities timetable was organised and focused around the interests and hobbies of the people living at the home. Monthly trips out into the community were organised such as trips into the local town centre. One person told us, their hobby was fishing and "They [staff] took me out fishing for the day, it was a lovely day out." The diversional therapist planned the activity around the person's particular interest and felt it had been a memorable event for this person. The diversional therapist also reported that in memory of a person following their death, a service was held in the home. The service was held on the same day as the person's funeral for people who could not attend this.

Hairdressing was available weekly, to offer a full day of pampering. One person told us, how much they enjoyed having their hair done. The diversional therapists also attended a local network group in local area which shared practice and knowledge on activity. This helped them develop share and develop new ides for activities for people.

Staff told us they were supported to provide good care to people as people's care plans gave them clear guidance on what care people required, and how people wanted this to be given. Staff members told us they were able to make suggestions for developing people's care further as people's needs changed. A staff member explained information on people's changing needs was discussed at regular handover meetings held at the start and end of care shifts. As a result, all staff were aware of people's changing needs, and how to respond to them. We saw people's care plans reflected their individual needs and risks to their well-being, where possible people had signed to say they agreed with their care plan. A relative told us, "They went through [family member's name] history and care, so it was the way they liked."

A relative confirmed they were kept informed if the health of the family member changed. They told us if the doctor had been called out they received a telephone call with the outcome of the visit. Another relative said, "They keep me in the picture if anything changes." Where people's needs changed staff reviewed and up-dated the care plan. We saw where people had required treatment from a health professional, there was a written explanation of the outcome what needed to be changed to ensure they stayed healthy. For example when one person's behaviour had changed we saw this had been monitored and thought to have deteriorated. Staff had referred the person to the community psychiatric team for advice and support.

People knew how to raise a concern or make a complaint. One person said "If I wasn't happy with anything I'd tell staff but I have never had to." People told us, they would talk to the registered manager if they wanted to make a complaint, but they stated they had never needed to do this. Staff also showed they understood

how to support people to raise their concerns. One member of staff told us, "If we see people are unhappy we talk to them. We report concerns to the senior on duty or the registered manager".

The provider had a complaints procedure that was available to people who lived at the home and visitors. It included the timescale for responding to complaints and the contact details for the local ombudsman. (The local ombudsman can investigate disputes between people using the service and the provider). The registered manager had a file for the recording and monitoring of complaints. Where the provider and registered manager had received a complaint we saw how they had responded to the complainant and the action taken as a result. We saw the registered manager had systems in place to investigate complaints, so any lessons would be learnt.

The provider had received a number of compliments and thank you cards. An example of these stated, "I want to thank you all for the kindness and care shown to our [family member]. Another said, "Many thanks for all your loving care for [family member's name], whilst they were at Bricklehampton."

Good

Is the service well-led?

Our findings

People told us the home was managed in a way which helped them to receive good care and to enjoy living at the home. One person told us," I love living here." A relative said, "This place is fantastic, I'd live here. Staff are 100%." People told us the registered manager was visible in the home and often stopped to have a chat with them. On the days of our inspection we saw the registered manager and the provider laughed and joked with people, from people's body language we could see they found them approachable.

Staff told us they felt supported by the registered manager and provider. One staff member said "I love working here. I wouldn't change a thing; everyone [staff] are so nice and caring." All the staff we spoke with felt communication with senior staff was good. One staff member said "If I wasn't happy I'd go straight to [registered manager's name], she will listen to you."

Staff we spoke with were knowledgeable about the provider's whistleblowing policy. Staff told us, they could approach the registered manager and provider if they had any concerns. They felt their views would be listened to and action would be taken if they raised any concerns over poor practice.

Staff told us they were encouraged to make suggestions for developing the home further. One staff member told us about a suggestion staff had made. The staff member explained as a result of this suggestion, a new sluice room had been developed in the Coach House, so saved time for staff and having to walk through the home to the other sluice room.

The chef explained they regularly attended meetings with people who lived at the home and relatives, so they knew what people thought of their meal time experiences. Additionally, the chef said these meetings provided another opportunity to regularly discuss menu changes with people. We saw the registered manager used staff meetings to check staffs understanding of their roles. For example, how people's rights were to be prompted, and how staff were expected to practice manual handling techniques to keep their skills enhanced.

The registered manager understood their responsibilities and knew written notifications, (which they are required by law to tell us about), needed to be submitted at the earliest opportunity. For example, notifications of a safeguarding concern or a significant event. Clear arrangements were in place for the day-to-day running and management of the service. The staff knew there were arrangements for out of hours advice and assistance should this be necessary.

When we asked registered manager about the support they received from the provider they replied, "It's brilliant; they are always at the end of the phone if I need anything. I get exactly what I need. They never refuse purchasing new equipment." The provider visited the home every week to meet with the registered manager to offer support.

We saw the registered manager had regularly checked incidents which happened to people, such as falls, so they could see if people needed more support. The registered manager also reviewed people's care needs

each month, so people's plans could be developed further if their needs changed. We also saw the registered manager had used questionnaires to check what people who lived in the home and their relatives thought about the quality of the care received. We saw these had all been positive. Where people had made suggestions these had been followed through to benefit people who lived at the home. For example people had requested a film night so cinema equipment and popcorn machine had been purchased to turn people's suggestion into a reality.