

Bupa Care Homes (CFChomes) Limited

# Brompton House Residential and Nursing Home

## Inspection report

Station Road  
Broadway  
Worcestershire  
WR12 7DE

Tel: 01386853473

Date of inspection visit:  
09 March 2016  
11 March 2016

Date of publication:  
19 April 2016

## 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

The inspection was unannounced and took place on 9 and 11 March 2016.

The home is registered to provide accommodation and personal care, and the treatment of disease, disorder or injury for a maximum of 40 people. There were 37 people living at the home on the day of the inspection. There was a registered manager in place. 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 and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively to ensure people who used the service were safe.

People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

People told us their needs were met and staff said that recently increased staff numbers enabled them to meet people's needs and perform their roles effectively.

The assessments of people's capacity to consent had been completed. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with health and social care professionals and staff sought and acted upon advice received so that people's needs were met.

People using the service were positive in their feedback about the service. People told us they enjoyed meals times and were positive was about the choice of food they received. People said their privacy and dignity was maintained and we made observations that supported this.

People received care that met their individual needs. People were encouraged to express their views and give feedback about their time at the service. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and felt supported. Staff spoke highly of the teamwork within the service. The quality of service provision and care was continually monitored and actions taken where required.

## 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 received care from staff who they felt safe with. Staff supported people to manage any risks identified to help them become more independent and enabled people to take their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

People enjoy the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's health needs

### Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

### Is the service responsive?

Good ●

The service was responsive.

People received care which met their individual needs.

People were supported to make everyday choices and were supported to engaged in their personal interests and hobbies.

People and their relatives were supported by staff to raise any comments or concerns about the service.

### Is the service well-led?

Good ●

The service was well-led.

People were cared for by staff that felt supported by the management team.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

---

# Brompton House Residential and Nursing Home

## **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 inspection took place on the 9 and 11 March 2016 and was unannounced. The inspection team consisted of one inspector, one specialist advisor, whose expertise was nursing care for older people and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and about information they held about the provider.

During our inspection we spoke to eight people who lived at the home, we also spoke with four relatives and one friend of a person living at the home, all of whom were visiting on the day of our inspection.

We spoke to the registered manager, area manager, deputy manager, three nurses, a senior carer, two care staff, an activities co-ordinator and the chef. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management and three staff recruitment files and training records.

## Is the service safe?

### Our findings

People told us they enjoyed living at the home and they felt safe. One person said, "I have no concerns about being here." Another person told us, "They (staff) know what they are doing, I feel very safe here." The atmosphere in the home was relaxed on the day of our inspection and we saw people enjoying each other's company and being supported by staff.

Staff told us they had received training in safeguarding and identified the different types of abuse. One member of staff described the safeguarding training as, "Excellent." All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager or provider, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns with the registered manager action would be taken to protect people. Staff described how they regularly shared information about people's well-being and safety as part of staff handover discussions.

We heard mixed views from people about the length of time they occasionally had to wait for care and support. One person told us, "I like the staff very much but there aren't enough of them. I have to wait to be assisted." However we did see that there had been a recent increase in care staff on the morning shift and people told us this had improved things. One person said, "Staffing levels are okay, they've appointed more recently." Another person told us, "There are enough carers, they are there when I need them."

All staff we spoke with were assured that people were safe. Three members of care staff told us they felt there was enough staff following the recent increase. One member of staff told us, concerns had previously been raised by staff with management but said, "Its better now, more staff gives you time to talk to people." The deputy manager, who was responsible for assessing staff numbers, told us the increased in staffing reflected occupancy levels and people's needs and was reviewed to reflect any changes. They advised the new staffing levels were, "Working but its new," and would continue to be reviewed and they continued to recruit new staff.

The deputy manager stated the home had two nursing staff vacancies. They advised that where agency nurses had been used to cover the vacancies, the same agency nurses were used to ensure consistency. The provider had held a recruitment day and a recruitment bonus was being offered in a bid to recruit nursing staff.

People told us they felt supported, one person told us, "Staff use equipment to help me move, they know how to use it. I feel very safe." Staff we spoke with were clear about the help and assistance each person needed to support their safety. We saw people encouraged to walk to and from the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance. One member said of staff keeping people safe, "It's more than using the equipment correctly, it's also important to keep the environment clear to make sure there's no hazards."

Staff were aware of people's well-being and levels of anxiety. We saw staff frequently checked for things

which made individual people anxious and took action by offering people reassurance when they needed it. For example, when one person became anxious throughout the day, each member of staff took time to talk to them and offer reassurance.

We checked three staff files and saw records of employment checks had been 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.

People told us they were supported with their medicines. We observed a medicines round with a member of the nursing staff and saw that the nurse explained the medicine to people before giving it to them.

We saw that there were appropriate facilities for the storage of medicines including examples of safe storage of controlled drugs. We saw that written guidance was in place if a person needed medicines 'when required.'

We looked at a sample of medicines and for the majority the records and stocks balanced. However we found three occasions when there were gaps in the records and where medicines did not balance with the records held. We saw that audits were in place which would have identified this at the next review. However, we raised it at the time with the registered manager and received assurance that they would take action to address this issue following our inspection.

## Is the service effective?

### Our findings

People we spoke with told us staff had the right skills to care for them. Staff told us they had undertaken a range of training so they could provide the support and care people living at the home needed. One relative we spoke to was positive about the staff and how they supported their family member's needs, they told us, "They (staff) pay attention and support her".

All staff we spoke with told us that they received training that helped them to do their job. All staff were able to give an example of how training had impacted on the care they provided. For example, one member of staff told us training had enabled them to better support people living with dementia.

Staff told us they were supported by the management team and that they received regular supervisions. The supervisions gave them opportunity to discuss issues and any further training needs.

We spoke with staff about their induction training. Staff told us they received training before they started to provide care and that the induction was, "Good." On the day of our inspection we saw a number of new care staff shadowing staff on duty to learn their role. One of the new members of staff told us the shadowing was a good way of getting to know people and also see how care and support was given. We also saw a number of new staff attend the home for a training session prior to starting work and providing care.

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.

We saw that where it was assessed that people lack mental capacity records showed decisions they could make themselves and which decisions where they would need help. We also saw one care plan that included the details of a best interest meeting for the person which included their relative and GP as well as staff from the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 and saw that the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Where applications had been made, a tracking system was in place to review them.

Staff understood the importance of obtaining people's consent when supporting them. We saw staff asking for people's consent before providing support and when one person refused support the staff member

respected this and said they would come back later to check again. Two members of staff told us where people are unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People told us they chose how to spend their day and where they like to be. One person told us, "I can stay in bed all morning if I want. I choose how I spend my day." Another person told us, "I stay in my room and listen to music because that's what I want."

People told us they enjoyed their meals. A 'host' was employed by the home, their role was to collect people's meal choices, set the dining room, assist at meal times and offer drinks and snacks each afternoon. They told us, "I take peoples choices but if they change their mind there is always something else available." Three people we spoke with told us, "The food is good," and that a choice was always offered. One person told us their breakfast was brought to their room. They said, "I have toast with lots of butter, it's just the way I like it."

We saw that some people dressed for lunch and enjoyed sitting and chatting with other people at their table. People were offered a choice of drink and when meals were served people were offered condiments and sauces to season meals to their own particular taste. We saw that people who were not able to eat independently, they were supported to do so in a way that met their needs with staff assisting them.

We spoke to the chef and they told us they looked to meet with people when they first came into the home to discuss their likes and dislikes. They also walked around the dining room during meal times to get feedback on the meals directly from people. The chef was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals. We saw that people were supported to have a choice of drinks and snacks throughout the day.

People's healthcare needs were met. We saw that people were supported to access healthcare professionals, for example their GP and optician. One person told us, "I get to see the doctor when I need to." People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us, "They (staff) helped me when I was unwell, they got the doctor in and things have improved for me now." One relative commented to us, "[Family member's] medical support is very good, a doctor visits every week."

## Is the service caring?

### Our findings

People spoke positively of the care staff and said they were caring and respectful. One person told us, "Staff are kind, they look after me well." One relative commented, "Staff are respectful and very kind." We saw that people engaged positively with staff and staff communicated with people in a friendly manner.

We heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. Staff told us an important part of their role was to encourage independence. One member of staff told us, "I encourage people to wash and dress themselves because it's important." One person recognised this support and told us, "Staff leave my clothes for me to put away myself, it helps me to do things myself."

We saw that several people wore jewellery that matched their clothing. A member of staff said a nice appearance was important to a number of people and she helped them with choosing jewellery. We spoke to one person who told us they liked to, "Look nice" and that staff supported them to do this. We saw that as they entered the lounge area a member of staff stated that they looked nice and commented on their hair. The person smiled in response and said they had visited the hairdresser.

The provider had received positive written feedback from a number of people and their relatives. For example, one person had written, "Most staff are super, helpful and caring. I enjoy having them here in my home." A relative had also written to thank staff for making their family member's birthday special. They commented on the homemade cake provided and said their family member had enjoyed the occasion.

People were involved in the planning of their care and support. People told us support was provided the way they wanted. One person said, "They (staff) listen to what I want." Staff took into account people's individual needs and responded accordingly. We also saw one member of staff supporting a person with their meal, they chatted easily with them and shared a joke and provided assistance in a dignified manner.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times. One relative said "I come here at all different times. I am very happy with it here."

People said they felt respected by the staff and that they treated them with dignity. One person commented that they liked things private and chose to stay in their room and staff respected this. Another person told us, "They treat me with respect. I have no qualms about this place." We saw that when one person became unwell, they were given assistance and made comfortable before being asked if they would like to go to their room for more privacy.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they moved to a more private area. We also saw that staff talked to and referred to a number of people using their title, for example, Mr or Mrs. Staff told that this was what people preferred and this was confirmed by one person we spoke to, who told us, "I like them to use call me Mr, especially the younger ones."

## Is the service responsive?

### Our findings

People we spoke with told us they got the care and support they wanted. People said the staff met their needs, one person told us, "Staff know me, I choose to stay in my room. I'm settled here." People told us they felt that staff listened to them. One person told us that when they raised a concern, staff had listened to them and taken action. They said, "Staff sorted it for me, it was a relief. I feel much better now."

Staff knew each person well including their family members and their life history. Within people's care records we saw an assessment of people's needs and care plans. The care plans provided guidance for staff to support the person with all aspects of their daily living needs in a 'My day, my life' document. Staff told us this was a useful document but felt the best way in getting to know people was talking to them.

People we spoke to felt that the staff knew them and we saw that when one person showed signs of becoming anxious, staff recognised this and responded by offering reassurance and talking about things they knew would help settle the person. We saw the person become less anxious and chat with the member of staff.

Relatives we spoke to told us communication was good and staff let them know when things changes in their family member's health. One relative commented, "I feel I can approach the manager and staff at any time, but they usually come to me if there are any issues."

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual person in the home was discussed. For example, an update was given that one person had been unwell and had started a course of antibiotics that morning. Staff also discussed the impact on one person of their relative being away and not being able to visit. The nurse said this may affect the person's mood and shared this so staff could be aware.

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. People spent time individually reading newspapers and books and listening to music. An activities co-ordinator was employed and we saw they arranged games and clubs, for example on the day of our inspection the knitting club met with several people joining in and chatting together. We also saw a visiting church service with people listening to the service and joining in the singing. One person said that a weekly walk into the local village had recently been introduced and told us they had enjoyed the walk in the previous week.

The activities co-ordinator told us they enjoyed their role and as well as organising group activities also spent time with people individually. They told us they visited people in their rooms and said, "I do their hair and nails." The registered manager said that people's choices were respected about how they wished to spend their day.

Throughout the inspection we saw that people were comfortable to approach staff or the registered manager to talk about concerns. For example, during our inspection two people spent time with the registered manager talking about an issue they had. The registered manager took time to explain information to them and at the end of their discussion they thanked the registered manager for their time and stated they felt better having spoken to them.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the service. One person said, "If I don't like something I'd be there on the dot. I'd soon let them know," and added, "If you told them something I'm confident they'd take action." We saw that where complaints had been received during the last twelve months, these had been investigated and the supporting documentation showed the progression and conclusion of the complaint.

We saw that residents' meetings were held. Where issues were raised we saw that a 'What you said, what we did' notice was posted in the lounge area giving details of the response by the provider. For example, when relatives raised a concern of not knowing who was in charge after 5pm on a weekend, the provider responded by putting a notice in reception showing who was in charge on every shift. This notice was evident of the days of our inspection. This response was shown on the poster so that all people and their relatives were aware of what had been discussed and the actions taken.

## Is the service well-led?

### Our findings

People and relatives we spoke with were positive about the care people received. One person said, "There's no better place for kindness or food. If I could choose anywhere, I'd choose here." A relative commented, "We were given a choice of two homes. We chose this one. I am happy with it and so is [relative's name]."

People knew who the registered manager was. We saw that they talked to people, who showed they were familiar with them and that people were happy to approach them. The registered manager had a clear understanding of the people care needs.

Staff spoke positively about the management of the home and the support they received. They said that care at the home had improved under the current registered manager. One member of staff said, "Its improved a thousand times over, the organisation and management is better."

Staff we spoke to told us that they had regular supervisions and also attended staff meetings. A member of staff told us the meetings provided a good opportunity to discuss any issues or changes. One member of staff said, "It's a two way process, you are encouraged to raise anything you want."

Staff told us they felt supported by the registered manager and could approach them for advice. One member of staff said, "I feel at ease, if I have any problem I am able to go to the manager. It's a good feeling for an employee."

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a good team, we all work together for the residents." We saw that a staff meeting had been held for the registered manager to share the 'Visions and values of the service'. One member of staff told us management communication with staff had improved at the home and commented, "Everyone knows what we are doing and where we are going."

The registered manager and provider had systems in place to check and review the service provided. The registered manager told us a 'daily walk around' was completed. They advised this was not recorded but any issues could be picked up immediately. If an issue needed a more formal action they would then record on their improvement plan, for example the introduction of a new housekeeping document to record which areas had been cleaned.

The provider had sent a questionnaire to all people living at the home in December 2015 asking for their feedback and opinions on the care provided. A response was made by 18 people and the overall results were published in a report. The results showed that people were happy with the care, food and décor. An area identified for improvement was staffing. The provider also used an external organisation where people and their relatives were able to leave reviews about the home. We saw that reviews and scorings had been positive.

We spoke to the registered manager and they had demonstrated a good knowledge of all aspects of the

service. They were also able to confirm plans for the service going forward. An improvement plan was in place to track the actions taken and to be made. For example, they had recently introduced resident ambassadors. Their role was to encourage more feedback from people and act as a link between the management and people living at the home. Two people had volunteered for the roles and a first meeting had been arranged. The registered manager also planned to recruit a relative's ambassador.

The registered manager said they received good support from the provider and we saw that the area manager visited the home regularly. The area manager advised they spent time meeting people when she visited the home. Staff confirmed that they found the area manager approachable and could raise any issues or concerns with them. A quarterly visit was also made by a quality manager to review clinical care with any areas for improvement highlighted to the registered manager for inclusion in the improvement plan.

The registered manager told us that managers from several homes met regionally to discuss their homes and good practice. They also received monthly news briefings and updates that related to best practice guidance from the provider. The registered manager told us this supported them to be aware of changes and information that was up to date.