

Dr Christopher John Allen

# Brockhampton Court Care Home with Nursing

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 March and was unannounced.

Brockhampton Court provides personal and nursing care for up to 58 people, some of whom are living with dementia. At this inspection 43 people were living there.

A registered manager was in post and present during 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 were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. Staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported and adapted to meet specific needs. Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld. People's likes and dislikes were known by staff who supported them in a way which was personal to them. Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People felt involved in the day to day running of the home and were kept up to date with changes and developments.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and could choose alternatives if they wished. People had access to

healthcare when needed and staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

## 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 were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely by suitably qualified staff

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and motivated to provide care. People had access to healthcare when they needed. Staff supported people to make decisions and protected their rights.

### Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff. Staff supported people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. Staff knew people's individual likes and dislikes. People were confident that any concerns they raised would be addressed by the provider.

### Is the service well-led?

Good ●

The service was well-led.

People felt included in the running of their home and their suggestions were respected. Staff felt valued and motivated by

the registered manager and provider. The provider and staff had shared values in supporting people. The provider had systems in place to monitor the quality of support delivered and made changes when required.

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# Brockhampton Court Care Home with Nursing

## **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 30 March 2016 and was unannounced.

The inspection team consisted of one inspector, one 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people receiving support, the registered manager, two nurses, three carers, seven relatives and one other visitor. We viewed the care and support plans for two people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and

accident records, newsletters and activities schedules.

## Is the service safe?

### Our findings

We looked at how people were kept safe from abuse. One person told us, "I have never felt so safe in all my life. I can now just relax". One relative said, "[Relative's name] is so much safer here than they were in their own home. It reassures us that they are now somewhere where they feel so secure". Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "I would have no hesitation in reporting anything I did not feel was right". Staff members knew the procedure to follow and where these were kept if they suspected anything was wrong. Staff knew how to report outside of the organisation if needed. One staff member told us, "Although I completely trust that anything I report will be acted on I know how to contact the local authority or the police if needed". We saw the provider had made appropriate referrals when necessary.

People told us they felt safe receiving services from the provider. We saw assessments of risk which were individual to the person. For example, one person was reluctant to use their mobility aids. They told us they were apprehensive as they thought they would be unsafe using them. Staff worked through their risk assessment with them and discussed how the benefits outweighed the risks. We saw this person confidently using their mobility aids at this inspection. One staff member said, "People need to be able to do things for themselves and to balance risk with what they want".

The provider had systems in place to manage the risk from any equipment used. One staff member said, "We have access to equipment we need to help people. If, for example, a hoist breaks down there are always others available and any faults are corrected quickly". We saw the accident and incident reporting procedure was followed by staff who took action and reported incidents when needed. This information was overseen by the registered manager who made changes if required. For example, following a fall one person was provided with aids adapted to their needs in order to help prevent any further falls.

People and staff told us there were enough staff to meet their needs. One person said, "Staff are everywhere. I don't tend to ring a bell as someone is always around whenever I need something". Another person jokingly told us, "I have to fight them off with a stick sometimes as there are so many of them". The registered manager told us staffing levels were set depending on the needs of people they supported. Should someone require additional support extra staffing was provided. The registered manager said they did not use agency staff but covered any additional hours from the existing staff team. They told us this was to ensure people received consistent care from staff who knew people's individual needs. At this inspection we saw staff were available to meet people's needs and to engage them in the activities they wanted.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I know what medicine I need to take

and they [staff] ensure I get what I need". We saw that staff supported people to take their medicine safely. Only qualified staff members who had received training on safe handling of medicine administered medicine. Medicines were secured safely and accurate records were maintained. There were systems in place to ensure people's medicines did not run out and quality checks to minimise the risk of any mistakes being made. Staff were provided with guidance on the administration of "as and when needed" medicines which were individual to each person.

## Is the service effective?

### Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "They (staff members) all know what they are doing and just get on and do it without any fuss". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "When I first started I had to complete my induction training. After doing this I assisted a more experienced staff member for about a week". Staff members told us they had the opportunity to get to know people and how to do things the way they wanted whilst working alongside more established staff members. Staff members felt this was a supportive introduction into the role they would be completing.

Staff had access to training appropriate to the people they supported. One staff member said, "We have training which is designed around the people we support". Another staff member said, "Following training, adapted to one person, I was able to change how I supported them and this worked much better". Staff members told us they had received training in a range of topics including infection control, malnutrition prevention and health and safety. The registered manager told us in addition to using training providers they had in house trainers for subjects including moving and handling. They said they could adapt training to the individuals they support which enabled them to better meet their needs.

We saw staff sharing information appropriately between people they supported and other staff members. We saw staff members exchanging information relating to people's diet to ensure a consistent approach. One staff member told us, "We have a comprehensive hand over each day. This is so we all are aware of any changes we need to help people". Staff we spoke with were knowledgeable about the people they supported and this matched the information contained in their care plans.

People received care from a staff team who felt well supported. Staff told us they didn't receive regular one-on-one sessions but felt informal support was readily available at any time. Staff members felt they could approach senior or qualified members of staff as well as the registered manager when needed. Staff members told us they received annual appraisals where they had the opportunity to discuss their work and any training they required. One staff member told us, "I know I can go to anyone of the management team at any time. They are completely supportive and I have full faith they will help me should I need it".

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "It's my decision what to do. I can get involved in as much or as little as I want". We saw people being provided with options on what to eat, where they would like to go and what activities they would like to take part in. One staff member said, "Sometimes people do struggle with making decisions. We break it down into simple steps like pick up the flannel [person's name]. We make sure we allow time for people to let us know what they want".

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the mental capacity act and the process of best interest decision

making. One staff member said, "We have to respect what people choose but sometimes a decision has to be made in their best interests. We have to always consider the least intrusive option and involve the person as much as possible".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. The provider had trained and prepared staff in understanding the requirements of the MCA. The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made.

Staff told us they de-escalation and distraction techniques and therefore had no need to use any restraint practices. One staff member told us, "If someone started to show behaviours we felt were challenging we would all use the same approach to de-escalate the situation and to keep everyone safe". The registered manager told us following a change in one person's needs they followed the best interest decision process. The result was the person could remain with them and additional training adapted to their needs was provided to staff.

Staff followed current guidance regarding do not actively attempt cardio pulmonary (DNACPR). People's views and the opinions of those that mattered to them were recorded. DNACPR instructions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "The food here is lovely". Lunch time was a social occasion for people and those requiring assistance received it at a pace to suit them. We saw people being assisted by staff who were discrete and who encouraged the person they were assisting to eat as much as they wanted. People were provided with one main menu option but also had the choice of a number of additional meals should they wish. One person told us, "I can always ask for something different if I wanted and it's never a problem". Kitchen staff were aware of people's individual likes and dislikes and presented an alternative when needed. We saw snacks and drinks were available in communal areas for people to help themselves if they wanted. Staff members were aware of people's individual dietary requirements and monitored food and drink intake when needed. One staff member told us, "We have to measure the levels of fluids [person's name] takes and fill out a chart for the nurses". We saw records of fluid intakes and monitoring by health care professionals.

People had access to healthcare services, including GP, and were supported to maintain good health. We saw a local GP being assisted on their visit by a member of staff. People were involved in discussions about their medical intervention and given options about their care including what treatment they would prefer. Information concerning medical intervention was recorded and when required passed to relatives for their awareness. We saw staff members responding to a change in one person's behaviour and asked them if they wanted any help or pain relief. One staff member said, "When you work with the same people you can spot subtle changes in how they are. We can then ask them if they need anything".

## Is the service caring?

### Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. One person said, "They are all lovely here and treat us like kings and queens". Another person told us, "I am so thankful I came here". One relative said, "After seeing how they care for [relative's name] I would have no worries about coming here myself". One staff member said, "I love working here it's the best place I have worked. Everyone is supportive and you have the time to spend with people".

We saw people and staff members sharing jokes and humour appropriately. During a pre-lunch cocktail party, people and staff were openly laughing and talking amongst each other. People were moving around and socialising in a relaxed atmosphere. One person said, "You can really have a laugh here with anyone. It makes you human". One staff member told us, "I am generally silly and people do like it as they can be a bit silly back".

We saw one person starting to become a bit anxious. A staff member recognised this quickly and responded to this person by talking to them and identifying the cause of their anxiety. The staff member stayed with them until they were happy the person was feeling better. We saw this person a short time later. They were calm, relaxed and talking to other people. One staff member told us, "We all can spot if someone is not quite themselves and so we can help before they become too upset. Sometimes it is just a shoulder to cry on and that is absolutely fine".

People were involved in making decisions about their own care and support. We saw people involved in discussions and decisions about their care and treatment. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "I am asked how I like things and what I need". One person told us they did not like their room constantly tidied and so let the staff know. As a result this person has their room just how they liked. They told us, "It is now just the right mix of messy". We saw people helping staff members with tasks and activities. For example, people were involved in making cocktails and presenting them to others along with snacks. One person said, "It's our party so we should all be involved and not just waited on hand and foot". One staff member told us, "We get to know what people can and can't do. We focus on what they can and encourage them so they do not lose their skills".

People told us their privacy and dignity was respected by staff providing support. One person said, "Personal care is always done in private". We saw staff assisting people in a way which maintained dignity. For example, when one person spilt some drink they were quickly and discreetly assisted by a staff member. The staff member spoke to them and encouraged them to do what they could themselves. Staff told us they promoted people's dignity by not only knocking on doors and asking for permission but by promoting their independence. One staff member said, "If you do everything for someone without involving them you strip them of their dignity. You should encourage people to do what they can for themselves". Staff members told us the importance of keeping information confidential. They told us information is only shared with the person's permission or when it is in their best interests.

## Is the service responsive?

### Our findings

People had care plans which were individual to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "Before I came here I had a full assessment of what I needed. If there is a change we all talk about it". We saw care plans that were regularly reviewed and contained up to date and relevant information about the person which was personal to their needs. One relative told us, "[Relative's name] had a very complicated medical history. They [staff] did everything they could to gather as much information as they could to fully understand their needs". We saw discussions taking place which involved the person, their relatives and medical staff. One relative told us, "When they got here [relative's name] was given all the options available about their care and treatment. They made a decision and this is followed to the letter by the staff". Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "I know [person's name] doesn't like chicken but they do like ham. The kitchen always ensures they have some ham for them if chicken is on the menu". Another staff member said, "We know who likes baths or showers but we never presume as they might want something different on that day".

We saw people involved in a number of activities at this inspection. These included a cocktail party, religious service, jigsaws, reading and use of the internet. The provider had an activities coordinator to involve people in activities but they were on leave at this inspection. However, during their absence people were still engaged in activities they enjoyed and felt stimulating. People were given the choice as to whether or not to participate in activities. One person told us, "I like my TV but I can join in what I want without any pressure". One relative said, "We were worried [relative's name] might become isolated as they didn't want to join in with group activities. However, the activities coordinator spoke to them and set up a crossword club which they then became involved in". There was a programme of scheduled activities on display for people to see and to choose from. Provision was made for individual activities for those who chose not to join in with group activities. Individual pamper sessions were arranged and people could book themselves appointments with the visiting hairdresser when they wished.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. People and their visitors had access to refreshments in communal areas which encouraged social interaction. One relative said, "We can come whenever we want and sit-down and have a cup of coffee and a biscuit. It's just like meeting up in a nice tea room". The provider made use of social media and people and relatives had access to updates. One relative said, "We can see what [relative's name] has been up to as they post pictures on (social media). The provider had taken appropriate steps to ensure people gave permission to use their picture on such communications.

People told us they thought their support was good and adapted as their needs changed. One person said, "If I ever feel under the weather I prefer to stay in my room. They (staff) respect this and keep popping in to make sure I am ok". Another person told us, "I just need to say and they (staff) arrange for the doctor to visit". Staff we spoke to with told us they are able to identify changes in people as they work closely with them.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I can talk to anyone here if there was ever a problem but there never is". One relative said, "It was not a complaint but we did talk to the manager about a change of room for [relative's name]. This was sorted immediately". People and relatives told us they could always complete a feedback form which was kept in the entrance hall. However, all those we spoke with said they would just report anything to the registered manager or staff as they had full confidence it would be addressed. Staff told us they encouraged people to feedback any concerns or compliments as it gave them the opportunity to ensure people were happy with the support they provided.

## Is the service well-led?

### Our findings

People told us they felt involved and fully informed about the service that was provided. People knew who the management team were. People told us they felt able to approach the registered manager at any time. One person said, "I know where I can find [registered manager] if I wanted but they are always around anyway". People and staff told us they believed the registered provider created a culture that was open and transparent. One relative said, "We are always greeted by [registered manager] and can have a chat with them whenever we want. It never seems like we are a burden". People told us they were involved in regular resident meetings where they could voice their opinions on how their home was run. One person told us, "We said we wanted more stewed fruit on the menu and this was provided". People and relatives were also kept informed about developments within the home by a newsletter called "Brock News". This contained details about residents meetings, developments in the home including the provision of boiler and personal stories including holiday experiences. People were encouraged to share their life stories which, with their permission, would be published in this newsletter.

Staff told us about the values they follow. One staff member said, "We are not here to just do everything for people but to encourage and motivate them to do what they can". Another told us, "This is people's home and we are here just to make sure they get what help they need".

Throughout this inspection we saw staff involving people in their support and decision making. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

Staff told us they felt appreciated and their views and opinions were valued by the provider. One staff member told us, "During a recent team meeting we were asked what we wanted to discuss and all given a chance to say what we thought before any changes were made". Another told us, "When the last team meeting took place some of us had to work. [Registered manager] came round and asked our opinions on the topics for discussion. I felt included and valued". One person told us the provider actively encouraged people to maintain links with their community. They said, "People in the village never have a bad word to say about [registered provider]. It was this that helped me make the decision to move in. We saw details of activities involving the local community including a hunt meet with staff and visitors.

At this inspection there was a registered manager in post. The management team clearly understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, on-going maintenance and adaptations to the property were addressed promptly whilst keeping people informed.

