

Bupa Care Homes Limited

Brompton House Care Home

Inspection report

Station Road
Broadway
Worcestershire
WR12 7DE

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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

We carried out an unannounced comprehensive inspection of this service on 4 October 2017.

The home is registered to provide accommodation and personal care for adults, some of who may have a dementia related illness. A maximum of 40 people can live at the home. There were 32 people living at home on the day of the inspection.

There was a manager in post who was applying to be the registered manager of the home. 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 living in the home told us that they felt safe and staff supported with their safety. Staff understood how they were able to minimise the risk to people's safety. Staff told us they would report any suspected risk of abuse to the management team who would take action. We saw staff helped people and supported them by offering guidance or care that reduced their overall risks of potential harm or injury. Staff were available for people and had their care needs met in a timely way. People told us their medicines were managed and administered by the nursing staff.

Staff knew the care and support needs of those they supported and people told us staff were knowledgeable about their care and support needs. Staff told us their training courses and guidance from senior care staff and managers helped them to maintain and develop their skill and knowledge. People told us staff acted on their wishes and people were able to make their own decisions.

People told us they had a choice of meals which they enjoyed. Where needed people were supported by staff to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs which was followed by staff.

People enjoyed spending time talking with staff and spent time relaxing with them. Relatives we spoke with told us staff were kind and friendly and took time to get to know the family and update them about their family member's well being. People maintained their privacy and dignity and staff supported them to do this where needed. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted people's independence and people had involvement in their care and support.

People's care needs had been planned around them and if requested their relatives were involved. Care plans included people's life histories, preferences and their care and support needs. People told us staff offered encouragement to remain active and enjoyed taking part in many arranged activities in the home and trips out. People also told us they enjoyed reading, attending places of worship or socialising with others in the home.

People and relatives were aware of who they would make a complaint to if needed. People told us they would talk through things with staff or the manager if they were not happy with their care.

The manager provided leadership for the staff team and people felt their views and opinions were listened and acted on. The provider had a range of audits in place to monitor the quality and safety of people's care and support. Action plans were developed to maintain the home and care of people.

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 good.

People felt safe and protected from the risk of abuse. There were sufficient staff throughout the day and night to support people's needs.

People received their medicines where needed.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and people had a choice about what they ate. 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 received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interest and hobbies.

People who used the service were encouraged to raise any comments or concerns with the manager.

Is the service well-led?

Good ●

The service was well-led.

People who lived at the home and their relative's views and experiences were used to drive improvements required.

The manager provided clear leadership and management for the staff team.

Brompton House Care 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 4 October 2017 and was unannounced. The inspection team consisted of one inspector, a nurse specialist advisor and an expert by experience who had experience of a dementia care settings. 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 the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group (CCG) who are responsible for commissioning care.

During the inspection, we spoke with eight people who lived at the home and three visiting friend and relatives. We also used observation as a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four care staff, one nurse, the manager and the regional director. We reviewed the risk assessments and plans of care for four people and their medicine records. We also looked at provider audits for environment and maintenance checks, six Deprivation of Liberty authorisations, two complaints, an overview of the last two months incident and accident audits, the home improvement plan, two staff meeting minutes and one 'residents' meeting minutes.

Is the service safe?

Our findings

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person told us, "They [staff] are careful when they get me out of bed and they check regularly to make sure I am alright". One person told us that all staff helped to keep them safe and were on call if needed. They said, "No concerns about anything, the carers come and check on me regularly, my door is left open throughout the day and they close it at night for me".

All staff told us they would report any concerns about people's well-being and would not leave a person if they suspected or saw something of concern. People's relatives and friends we spoke with told us they were assured the staff helped to keep people free from the risk of harm and were safe living in the home. The manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

People told us they were aware of their own risks and had equipment to assist them. Where people needed support from staff to maintain their safety with these risks we saw that staff were available and knew the support and guidance to offer. One person told us, "I have frames on chairs, rails on my bed and the carers are about to help". Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheel chairs to mobilise.

People's care plans contained details of their potential risks of harm and how care and nursing staff should support them to stay safe. These included areas of hoisting, falls management and the use of mobility equipment. Staff told us that where people risks changed nursing staff would review immediately and detail any changes with the person and update the care plans in line with the person's consent. All staff we spoke with told us that any concerns for the safety of people were always addressed without delay and they were informed of any changes.

All people we spoke told us staff were available and staff responding to requests and call bells which people used when they wanted staff assistance. We saw that staff were able to spend time with people without rushing and spent time ensuring people were comfortable and making sure nothing further was needed. We saw staff were available for people in the communal areas throughout the day. One relative told us that, "Nothing is too much trouble" for the staff. Nursing staff told us they had time to spend with people and the team was never short staffed. The manager had recently reviewed staffing numbers and was looking at how best to meet people's needs within the permanent staff team that were available. Staff told us when needed, they would cover shifts to minimise the use of agency staff.

All people were supported by senior care staff to take their medicines every day. One person told us that they could if they wanted look after their medicines but preferred the nursing staff to do it. We saw people were supported to take their medicine when they needed it with the nurse taking time to explain the medicines and staying with the person whilst they took them. Where people were given their medicines covertly this had been recorded with clear records of who and why that decision had been made.

Nursing staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. Senior care staff told us they knew when people needed medicines 'when required' and the information had been available to them alongside the medicine administration records (MAR) folder. Where people required a short term course of medicines we saw that these had been ordered and administered. People's medicines records were checked frequently by nursing and management team to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

People who we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "The regular carers know what my needs are. The agency carers are really nice and seem to know what they are doing". Relatives said that staff and management were knowledgeable about their family member's care needs and the support they needed.

Nursing and care staff told us about the needs of people they supported and how they had the knowledge to support and responded accordingly. All staff told us about the training courses they had completed and how they were offered the choice of developing further with external accredited course in care. All staff we spoke with they told us that the management team supported them in their role to provide good quality care for people. They told us that apart from the management team being always available to talk to they also had structured routine meetings and supervisions to discuss their role and responsibilities.

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 had agreed to their care and support and had signed consent forms where needed. These were recorded in their care plans and showed the involvement of the person wishes. Where a person had been assessed as needing support to make a decision about their care that was in their best interest, this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, they had been involved in any decisions made.

All staff we spoke with understood the MCA and told us that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

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 provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

People provided mixed feedback about the meals. The manager had responded and recently a new chef was in post and had made positive changes. People said they were offered a choice and there was enough food available. We saw that meals or requests for snacks were provided and cakes biscuits and fresh fruit were available throughout the day. Staff understood the need for healthy choices of food and people's

individual likes and dislikes and were able to tell us about people's nutritional needs. Staff asked people at mealtimes where they would like their meal and listened to their choice. People were able to eat in the dining room or where they chose to remain in the lounge or their room. People had access to drinks during the day or people were able to ask staff for them.

People's healthcare needs were monitored to make sure any changes in their health were responded to promptly and people had access to health and social care professionals. People told us they had seen opticians, dentists and were supported to see their GP when they required it. One person said, "The doctor comes to visit on a Thursday". Records showed where advice had been sought, this had been implemented to maintain or improve people's health conditions.

Is the service caring?

Our findings

People we spoke with told us about how they found living at the home. One person told us, "I do have lots of friends here, we all have lunch together here and we are going out this afternoon". People told us how the staff were kind, caring and attentive to them. One person told us, "Staff are lovely, they love me and I love them". The atmosphere in the communal areas varied from quiet and calm to lively with staff and people enjoying their time together. We saw people with their family and visitors had developed friendships with the care staff". People were comfortable with staff who responded with fondness and spoke about topics they were interested in. One relative told us, "The residents seem to be happy, as do the carers".

Relatives told us the staff were approachable and friendly with everyone and there were no restrictions on visiting. One relative told us, "The carers are polite, friendly and very caring". We saw that visitors were welcomed by staff at the home who took time to chat with them.

People told us the staff involved them with the care they wanted daily, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. One person told us, "The carers take me upstairs and put me to bed when I am ready". People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "In the morning they bring me a cup of tea and I have breakfast in bed, it's what I want to do".

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day. One person told us, "I make my own decisions and my own choices".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. One person told us, "They [staff] come and help us do the last final bits".

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "My dignity is preserved at all times, they close my door and curtains when necessary, they respect my privacy and ask before entering my room". When staff were speaking with people they respected people's personal conversations or request for personal care. One relative told us, "The carers are very respectful of his dignity and appear to encourage him to be independent".

Is the service responsive?

Our findings

People we spoke with told us they received the care and support they wanted. One relative said, "Good care here, they have been helping [person's name] to walk". We saw where changes to people's health had been recognised and acted on by staff, for example where infections had been identified people were getting medicines to treat the condition or provide pain relief. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates.

People had their needs and requests met by staff who responded with kindness and in an unhurried way. People's health matters were addressed either by nursing staff at the home or other professionals. Care staff told us they recorded and reported any changes in people's care needs to the nursing team, who listened and then followed up any concerns. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The nurse leading the shift would share any changes and help manage and direct care staff.

We looked at four people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. People told us they enjoyed going to the home's salon, playing carpet bowls, other games and outings. One person told us, "Today some of us are going out. I am very excited and we do go out often". People were also supported with religious choices and received visits from local churches and had the opportunity to attend the local services.

The manager had employed staff dedicated to providing activities alongside spending individual time with people in their rooms. One person told us, "The organisers are incredible; they keep us all busy all week". They had recently recruited a further staff member to provide assistance seven days a week so people were always supported to maintain their interests.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "The manager is good. You can ask him anything". They explained how they had complained and the action taken satisfactory action to resolve it. All staff and the manager said where possible they would deal with issues as they arose. The manager had recorded, investigated and responded to complaint and shared any learning with the staffing team.

Is the service well-led?

Our findings

People and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. We were told by one person, "Everybody is good to me here". One relative told us, "The manager is very approachable, supportive and visits us regularly". Another relative said, "The family are very happy with the care here". People, staff and visiting relatives we spoke with felt everyone in the home worked well together and everyone we spoke with said they would recommend the home to friends and family.

People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, planned care reviews, and questionnaires. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to for example how the shifts were timed. The staff team was led by the manager and the staff team told us they enjoyed working at the home.

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed regularly and included areas such as care planning documentation and people's care needs. The manager had submitted these audits as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made monthly checks to ensure these audits were a true reflection of the home and the care provided. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made, for example extra support arrangements for outings. . Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible.

The manager had support from their regional manager and other registered managers who worked at the provider's other locations. They had the opportunity to discuss their homes and shared their knowledge of what had worked well. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. Amongst other things they shared information about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies to help improve and develop the service to people.

The manager felt supported by the provider to keep their knowledge current. The provider also referred to Social care Institute for Excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialists within the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.