

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Bricklehampton Hall

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Tel: 01386710573

Date of Inspection: 11 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Supporting workers</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Classic Care Limited
Registered Manager	Mrs. Shirley Ann Archer
Overview of the service	The home provides accommodation, nursing and personal care for a maximum of 55 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We 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.

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### What people told us and what we found

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52 people were living at the home when we inspected. We spoke with four people who used the service. We also spoke with the registered manager, two care workers, a diversional therapist and a patient services manager. We found people were able to express their views and had been involved in making decisions about their care and treatment.

People were complimentary about the home and the care and support they received. One person told us: "I love the place". Another person said: "This is a happy place". Another person told us: "Matron is a lovely person".

We found care workers respected people's privacy and dignity when providing personal care. People were involved in decisions about their care and their day to day experiences at the home.

Staff knew about the needs of the people they were caring for. We looked at care plans for three people and found that these contained varying levels of guidance for staff on how to meet their needs. We saw that people's needs were reviewed regularly.

People told us that they felt safe living at the home and knew who to speak to if they had any concerns. Staff had received training on how to recognise signs of abuse and knew how to report concerns.

Staff told us they were supported and we saw they were trained to an appropriate standard and participated in regular supervisions and team meetings.

We looked at complaints that had been received. Those received had been dealt with to

people's satisfaction.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People we spoke with told us that care workers were always mindful of privacy and dignity when they provided personal care. One person said: "They always explain what they are doing or are going to do". We spoke with two care workers who showed an understanding of the importance of maintaining people's privacy and dignity. They were able to provide us with practical examples of how they protected people's privacy and dignity while they supported them with personal care. For example, one care worker told us they always covered the person as much as possible and made sure all doors were closed. This meant the provider respected individual preferences for privacy and dignity.

During our inspection we saw people were engaged in activities. We saw people involved in a quiz and saw people who participated in a music and movement session. Four people we spoke with told us care workers encouraged them to continue to do as much for themselves as possible. One person we spoke with told us: "I was supported to help set up a knitting club. I had five new members join". This person also told us they had recently took part in arts and crafts sessions and there were lots to do if you wanted to get involved.

We spoke with the diversional therapist who organised daily activities. They told us people were welcome to participate in activities and were encouraged to raise new ideas. They told us a recent event included a new food tasting menu session. We saw photographs that showed many people had been involved in sampling a new seasonal menu. We spoke with the chef who confirmed this had helped them plan a new menu with the knowledge that people supported the choices that would be provided.

The diversional therapist and the patient services manager told us they visited a limited number of people on a daily basis that were unable to leave their rooms. They told us they talked to them and asked them if there was anything they wanted. This meant the provider made sure people were involved and encouraged where possible.

People's diversity, values and human rights were respected. Personal information had been gathered from people when they came to live at the home such as hobbies, family background and life histories. This meant that people's diversity and preferences were included in the planning and delivery of their care and support.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Some of the people who used the service were not able to communicate their views to us. We used observations and in particular we carried out a SOFI to understand the care people received. SOFI stands for Short Observational Framework for Inspection and is a tool we used to evaluate people's experiences of the quality of care provided. For example, we carried out observations over a lunch time period that showed how care workers supported people. We saw care workers interactions with people were friendly, supportive and positive. We saw and heard people were offered a choices of meals, drinks and desserts. We saw people respond positively to care workers.

We spoke with four people who told us that they were getting the care and support they needed. Comments included: "This is a happy place and the staff are really good to me. Another person said: "I can't fault it at all. The carers are fantastic".

We spoke with two care workers who cared for people. They told us they knew people individually and knew people's preferences such as likes, dislikes, mobility needs, food choices and individual personal care needs. One staff member explained how they supported a person when they did not want to do something. They said, "I go with their wishes. I can come back or I can talk to them, reassure them and spend time with them". They also told us they treated people how they would want to be treated.

We looked at care records for four people who used the service. We found that care plans, risk assessments and monthly checks had been carried out and reviewed to make sure people's care needs were being met. For example, we saw one care plan record that stated this person was required to have a monthly weight check. We saw record checks that confirmed this had been done on a regular basis.

We spoke with two care workers who knew the people's records we had reviewed. They told us they knew the person's needs and made regular checks to ensure they were comfortable. This meant people's needs were being routinely assessed and that changes were implemented and documented to demonstrate the level of care needed.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us they felt safe when staff visited them and had no concerns about how staff treated them. One person we spoke with said: "I feel safe here, the staff are very friendly". Another person told us: "It's my home and it feels like home. I'm always pleased to get back if I've been out".

People we talked with told us that if someone did something they did not like, they would tell the care workers or matron. Care workers that we spoke with described how people who used the service could be vulnerable. We spoke with two care workers. They told us they understood the different forms of abuse and would have no problem reporting it. One care worker said: "I would report the matter to the owners and the Care Quality Commission or the Police".

The two care workers, diversional therapist and the patient services manager were able to describe to us what they would do if they witnessed any abusive practices. The two care workers, diversional therapist and the patient services manager told us they felt listened to, supported and confident in raising any issues they had. We saw records that showed care workers and additional staff had received training in protecting vulnerable adults from abuse. This meant that staff had the up to date training and guidance on how to protect people who used the service.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Training records showed that care workers received the training they needed to know how to support people safely and meet people's needs. For example, we saw training records for care workers that showed training had been undertaken. Through our discussions and observations we concluded that care workers were confident in their abilities to provide appropriate care and support to people who lived at the home. For example one care worker spoke confidently about how they would manage difficult situations or behaviours which were challenging. This meant people were cared for by staff who had received the appropriate training to meet their needs.

The registered manager confirmed that supervisions were carried out on a six to eight week period and these were recorded. The two care workers, diversional therapist and the patient services manager confirmed regular supervisions were held with them. We saw records that confirmed supervisions had been held and a record of the meeting had been kept on individual files.

The registered manager confirmed staff meetings were held on a quarterly basis. We saw records that confirmed staff meetings had been held. The two care workers, diversional therapist and patient services manager told us they were able to raise any concerns and felt supported by the registered manager. This meant care workers had opportunities to raise concerns or questions and get support where necessary from their manager.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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We spoke with four people who used the service. We asked them if they knew how to make a complaint. They told us that they did know how to make a complaint and they also knew who to complain to. People we spoke with were very complimentary about the service and people who worked there.

One person told us: "I would go straight to matron". Another person told us: "I would speak with one of the carers".

We spoke with the registered manager about the complaint procedure that was in place. The complaint procedure outlined how a complaint could be made and what the timescales were for investigation and completion. We looked at four complaints that had been received this year. The registered manager told us three complaints had been completed and one complaint required follow up action. The registered manager told us that it had become usual practice to provide verbal feedback to the complainant regarding the outcome of the complaint although their complaints form required a decision to be recorded.

The provider may wish to note that the current system of recording complaints does not show what action has been taken. Although in this instance, the registered manager confirmed all complaints were investigated, they acknowledged the current system had identified potential for risk in not recording the outcomes for complaints.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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