

Kingsley Healthcare (BL) Limited

Brackley Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Brackley Care Home is a residential care home providing personal and nursing care for up to 66 people. The service provides support to younger and older people with a diagnosis of dementia, mental health and/or physical disabilities. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found

Medicine administration was not consistently recorded regarding as required medicines, the registered manager was aware of this and immediately put strategies in place to mitigate the risk of this occurring again. People were supported to have their medicines as prescribed by staff who had been trained and assessed as competent.

People were protected from known risks. However, records were not always completed to evidence this. Risk assessments were completed, and strategies identified to mitigate these risks. Staff understood safeguarding and how to recognise and report any concerns of potential abuse.

Staff were safely recruited, inducted and trained to meet people's needs. Adequate staffing levels were observed.

People were supported by staff who knew them well and had the information required to meet their needs. People and relatives were all consistently positive about the staff and the support they received.

Care plans contained person centred, detailed information to support staff in understanding the person's individual holistic needs. People's likes, dislikes, preferences, choices and life history had been recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and when required, information had been presented in a different format to meet people's needs. Such as, large print or easy read.

Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed.

People were supported to access activities, outings and celebrations. Friend and relatives were welcomed into the service and people were supported to maintain relationships.

People were protected from infections. Staff wore appropriate personal protective equipment, the home was regularly cleaned and the registered manager followed government guidance on COVID-19.

The registered manager had systems and processes in place to make improvements to the service and gain people, relatives and staff views. There was an improvement plan in place and action plans were completed when any concerns were identified. People, relatives and staff knew how to complain.

Governance systems were in place to ensure people were supported in a dignified person-centred way by staff who understood and respected people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below

Good 

Brackley Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and a specialist nurse advisor.

Service and service type

Brackley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brackley Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical director, nurses and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Recording for 'as required' (PRN) medicines required improvement. We found the reasons and effectiveness for PRN medicines had not consistently been recorded. Health professionals use this information to review people's medicine needs. The registered manager audited these records and put action plans in place immediately after the inspection.
- People's medicine administration records (MAR) were consistently signed to evidence people received their regular medicines as prescribed. When people had creams or patches prescribed there was a document to identify where the cream/patch should be used and when.
- Staff had received appropriate training in medicines and had their competencies assessed before they administered a person's medicine.
- The storage and disposal of medicines had been completed in safe way.

Assessing risk, safety monitoring and management

- People had risk assessments in place with mitigating strategies recorded. However, records did not consistently evidence these strategies were completed. For example, we found repositioning tasks were not always completed within the specified timeframes, pressure mattress setting checks were not always consistent with the actual pressure mattress setting. We found no evidence of harm and no concerns with pressure skin ulcers.
- Hazardous substances were not always kept in a locked cupboard. We found dishwasher tablets and a disinfectant spray in unlocked cupboards in all three dining rooms which were accessible to people. The registered manager immediately removed these items.
- People were protected from risks associated with fire. People had personal emergency evacuation plans (PEEP) in place, staff completed fire drills and fire equipment was regularly checked and maintained.
- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked to protect people from scalding risks and risks of legionella.
- People and their relatives told us they felt safe at Brackley Care Home. One person said, "I feel so safe here, everyone is nice and kind and do what I need."

Staffing and recruitment

- People were supported by staff who had been safely recruited. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.
- There were sufficient staff levels on each shift to meet people's needs. The provider completed a

dependency tool to identify and review the number of staff required. Most people, relatives and staff told us they felt there were sufficient staff on duty. One staff member told us, "We [staff] felt that the staff should be increased, so we shared our views with the manager and they increased the staffing." However, another staff member raised that at times the dementia unit required more staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. All injuries were recorded in detail to identify the size, shape and colour of the injury and follow up support was recorded. When an injury was classed as 'unexplained' (unknown origin of injury) the registered manager completed an investigation to identify how an injury occurred.
- The registered manager understood and completed their responsibility to notify the relevant authorities when a potential safeguarding concern was raised.
- Staff received training on safeguarding people and understood how to report and record any concerns and how to recognise signs of abuse. One staff member told us, "If we need to report something, the deputy or the manager will come to find out what happened and support us on what to do next."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Shared equipment was not always recorded as cleaned between each use. However, we found no concerns with cross contamination.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements were in place in line with current government guidance. People and their relatives were happy with the arrangements in place.

Learning lessons when things go wrong

- The registered manager shared information with staff through staff meetings and group supervisions. Information shared included feedback from outside agencies, trends and patterns from incidents or accidents and lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. However, staff did not always document people's fluid intake consistently. Staff were aware when people had dietary concerns and supported people to have those needs met.
- People's food and drink, likes and dislikes were recorded in their care plans. People told us the food was good. One person said, "The food is fantastic, I choose what I want." A relative told us, "The food is always well presented and there are always choices."
- When required, people were weighed regularly to ensure they remained healthy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Staff worked with other professionals, people were referred to appropriate health professionals such as, speech and language therapists or dieticians, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician staff arranged and supported these appointments. A relative told us of a situation when a person required emergency health support, they stated the staff team were responsive and sought support immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- Care plans contained person-centred information within them. People's likes, dislikes, relationships, family and history were detailed. This supported staff to be able to meet people's holistic needs. Staff told us they knew people well and any changes were communicated to staff through handovers. Relatives confirmed they were involved in completing pre-assessments and 'life stories' to ensure staff had all the relevant information.
- When a person had a health condition that required specific tasks or support this was recorded and identified within their care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions to discuss their progress, aspirations and any training needs.
- The provider ensured staff had the skills and knowledge to meet people's needs. Staff completed an

induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member). One member of staff told us, "I found the approach very useful and helpful for me to settle in the home."

- Staff training included fire, health and safety, IPC, moving and handling and safeguarding. Additional training was also arranged in oral healthcare, communication, dementia and epilepsy.
- Staff had the opportunity to become champions within specific areas such as dementia, dignity and equality. (A champion is someone who will fight and advocate for people and has specialist knowledge and skills in a particular area of care).

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised and decorated to individual preferences.
- There were different areas within the service for people to use for their preferred activities. The building had a cinema, library and multiple communal rooms.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held. People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager kept a record of everyone DoLS status and recorded any conditions that required actions to be completed. Records evidenced these conditions were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included details of their religion, culture and sexual orientation. People were able to choose what gender of staff they preferred for personal care. We saw evidence that people's preferences had been respected.
- The registered manager was a champion for people who identified as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+). The registered manager had completed additional training to ensure the service was designed to support and meet the needs of the LGBTQ+ community.
- People and relatives were consistently positive about the way staff treated them. We were told staff were, "Amazing, marvellous, kind and brilliant."
- Staff we spoke with had a good knowledge and understanding of the people using the service. One staff told us, "We have time to read the care plans and get to know people. We are able to sit and talk to them." A relative told us, "Staff are so kind to [person] they always speak to [person] in [person's] preferred way, and with kindness."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

Supporting people to express their views and be involved in making decisions about their care

- People were offered the support of an advocate. An advocate is someone that helps people to speak up about their care. We saw evidence of advocacy services being used for people who require them.
- People and relatives told us they were involved in their care planning and decision making. Records contained signed consent forms for sharing information, photos and support.
- People's communication needs were fully documented in all care records; this supported staff to understand and communicate effectively with each individual person.
- People were supported to express their views and have choices. One relative told us, "I know staff are respectful [person] refused personal care, so staff respected the wishes left [person] and came back slightly later. Staff would never force someone but they would also never just leave them."

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to privacy and dignity and were able to describe how they maintained people's privacy and dignity. For example, when supporting people with personal care, they closed doors and curtains and not discussing other people's needs in front of others. One staff member told us, "I always talk to people when I'm assisting them, I call them by their preferred name, explaining the assistance I want to offer. If they say no I respect this."
- People, relatives and staff told us how staff respected people's privacy and promoted independence.

- The service provided equipment to support people's independence and to meet people's personal care needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us that the service they received, was person centred and suited their needs. One relative said, "Staff are so responsive to [person] and everyone else, if I hear a call bell going it is always responded to within minutes, people are never left waiting for care."
- People's care plans reflected their individual needs. They detailed people's preferences, routines, and how staff could best support them. We observed staff supporting people in a person centred way. Staff were calm and respectful towards people.
- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- People were supported to celebrate important events to them for example, birthdays were supported by staff making cakes and organising parties for people. People also celebrated festive holidays such as Christmas, Easter and new years.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally. We observed staff communicating with people in their preferred way.
- The provider had easy read posters in communal area and corridors to support people to understand procedures such as complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities daily. Staff offered activities such as arts and crafts, games, exercises and animal therapy. One person told us, "I love the activities."
- The registered manager arranged for a dementia choir to come into the service once a week to sing for people.
- People's equality, diversity and human right needs were supported through LGBTQ+ befrienders and religious clergies.

- People were supported to stay in contact with their friends and relatives. Significant people were invited to spend Christmas at the service and eat with their loved one.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain. We found complaints were well managed and people were responded to appropriately. There were written records of responses, which showed these were dealt with appropriately.
- Staff, people and relatives told us they knew how to complain and felt they would be listened to and their concern rectified. A relative told us, "I had an issue, I told [registered manager] and it was resolved. [Registered manager] is so approachable and responsive."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to review people's care plans and care records was not always effective in ensuring records were consistent and completed consistently. We found gaps in the records of oral hygiene and fluids. However, the registered manager agreed to make the necessary changes to ensure records were kept up to date and risks strategies were recorded.
- Audits were regularly completed on medicines and people MAR. These audits had identified and put actions into place regarding concerns found with medicines. However, these had not yet been embedded into practice.
- Systems and processes to ensure health and safety requirements were met were effective in identifying and mitigating any risks to people.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.
- The provider had an improvement plan in place which was regularly reviewed and updated with any improvement identified.
- The registered manager ensured person centred care was delivered by completing spot checks on staff and auditing call bell response time.
- People relatives and staff were all positive about the management of the service and the support they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in place to take account of people's opinions of the service they received by reviewing care plans and an annual survey. People's views were then put into an action plan.
- Staff were supported to have their say on the service by completing staff meetings and operating an open-

door policy. The registered manager shared information and improvement plans with staff.

- Relatives were offered regular meetings to discuss the service and make improvements.

Working in partnership with others

- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. The registered manager sent regular newsletters and emails to families.
- The staff and management team worked with external professionals to support people to achieve positive outcomes.
- The registered manager was engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records immediately after the inspection.