

Dormy Care Communities South Ltd

Bramshott Grange

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

About the service:

Bramshott Grange is a residential care home that was providing personal care to 29 people who had physical care needs or were living with dementia at the time of the inspection.

People's experience of using this service:

People told us they were happy and felt safe living at Bramshott Grange. We saw people were encouraged to be independent. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. The provider ensured the provision of best practice guidance and support which met people's individual needs.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The provider had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

People, their relatives and staff told us they thought the home was well led and spoke positively about the manager. The provider and manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into their local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Rating at last inspection:

The service was first registered with the Care Quality Commission on 7 March 2018. This was their first inspection since registration.

Why we inspected:

This was a planned comprehensive inspection. Newly registered services are inspected within a year of their first registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

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 ●

Bramshott Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of four inspectors 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.

Service and service type: This service is a residential care home. It provides personal care to older people, with varying needs.

The service did not have manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post who told us they would be applying to become the registered manager.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the information we require providers to send us at least once annually 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.

This inspection included speaking with eight people, four relatives, seven members of staff, the manager and a director. We reviewed records related to the care of six people. We reviewed recruitment files for six

staff. We looked at records relating to the management of the service including;

- Policies and procedures
- Audits and quality assurance reports
- Records of accidents, incidents, compliments and complaints

We asked for further information following the inspection including accessible information policy and an example of how people are supported with their religious beliefs.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities to safeguard people from abuse.
 - Concerns and allegations were acted on to make sure people were protected from harm.
- Information about safeguarding was available to staff and visitors to the service. Staff had
 - prompt cards available on a keyring to provide information on how to report any concerns.
- Staff were aware of the signs of abuse and the importance of observing changes in people's
 - behaviours when they may not be able to communicate their feelings verbally.
- A system was in place to record and monitor incidents and this was overseen by the manager and regional director to ensure the appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management

- We observed three doors marked 'fire door, keep locked' which were unlocked. There were staff close by who told us they required access to them in the mornings. We spoke to the manager about this and they immediately ensured they were locked. The doors remained locked throughout the rest of the two-day inspection.
- People had access to call bells, with pendant call bells available for people if they wanted. There were systems in place to monitor and improve the response times. The manager carried out daily call bell audits.
- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition and hydration, falls management and choking.
- The environment and equipment were safe and well maintained. People were involved in practice fire drills to check any risks to people from an emergency evacuation were assessed. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment

- People told us there were enough staff available. One person said, "Yes, there are enough staff and they check we're ok at night. You're reassured by staff."
- Staff told us they felt there was almost always enough time available to carry out both planned and reactive tasks for each person and that people received unhurried support in line with their agreed care plans.
- Staffing levels were calculated according to people's needs. There were plenty of staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and

outings.

- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs for two weeks. The manager told us continuity of staff was important for people and they only used known staff from one familiar agency to maintain continuity.

Using medicines safely

- People told us they received their medicines, on time and as prescribed. Their comments included, "Yes, morning and night," and, "Yes, they bring it to me."
- Medicines were stored safely and securely in people's individual rooms and were administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff showed us they had an excellent knowledge of the need for safe storage and administration of medicines and told us those involved in medication administration had received appropriate training. We saw documents which confirmed this.
- Ordering and administration of medicines was made as safe and effective as possible using an electronic, hand-held system that allowed staff to be both rigorous and flexible in their administration of medicines.
- Controlled drugs were stored securely in a clinical room and records were kept accurately.
- The clinical room was clean and well-organised. Cupboards were tidy. The fridge was kept at the correct temperature and monitored regularly.
- We saw the administration of medicines was undertaken in an unhurried, individualised way, taking into account people's personal preferences.
- People's levels of pain were monitored continually, using structured tools and encouraging people to talk to staff.

Preventing and controlling infection

- People told us that staff always used gloves and aprons.
- Staff completed training in infection control.
- The home was spotlessly clean and free from malodour.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.
- Throughout the inspection we observed staff using PPE appropriately.
- Staff in the dining room wore aprons over their uniform during the meal time, we observed them washing their hands in-between serving food and feeding people.

Learning lessons when things go wrong

- We saw documents which demonstrated that incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.
- The manager told us, "We look at accident forms and look at trends and see if there could be another factor."
- Staff told us managers were always keen to help them learn from incidents or accidents.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed, this included consideration to the things people wanted to achieve from their planned care and support.
- The provider supported staff to deliver care and support in line with best practice guidance. Guidance on supporting people living with dementia was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. However, we saw that this information did not include the opportunity for people to discuss their gender specific needs. The manager told us they would address this and add a section to the pre-assessment documentation. However, despite this, we saw that people's diverse needs were detailed in their care plans and met in practice. People's relatives confirmed this. One relative told us, "They have made a real effort to get to know [Person] because they have difficulty communicating and is more complex than some."
- Care plans included people's needs in relation to their culture, religion, diet and preferences for staff support. Staff completed training in equality and diversity and the manager and staff were committed to ensuring people's equality and diversity needs were met.
- Staff told us they had contributed to assessments of people's needs, which we saw identified clear expected outcomes, and were regularly reviewed.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed mandatory training to meet their needs. Staff told us they were supported by the manager through regular supervision and an annual appraisal.
- People told us they thought staff were well trained and knowledgeable. New staff were supported to learn about people's needs by familiar staff. This supported people to experience a continuity of care and minimise any distress or disruption caused by new unfamiliar staff. One person told us, "They do the job and they know what they are doing."
- Staff we spoke with were knowledgeable about the people they supported and carried hand held devices on them, so they were able to access people's records at all times.
- Staff told us they worked well as a team. We saw staff interactions with each other were respectful, friendly and calm. They told us the manager helped ensure stability and a positive working environment.
- Staff told us they were encouraged to undertake additional training. All new staff were expected to undertake the Care Certificate.

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals. Where people were unable to understand the menu, they were shown a choice of meals to choose from.
- People told us, "We're asked before the meal what we want," and, "They ask, and they are used to your likes and dislikes. They know by and large what you like."
- The head chef took a personal interest in all of the people and was very knowledgeable about their dietary needs, allergies and Speech and Language Therapy (SLT) guidelines.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. They showed us that they were aware of issues such as dysphagia (swallowing difficulties) and we saw care plans were in place to ensure these were addressed.
- Mealtimes were a very social occasion, food was very well presented and served under silver cloche dome. This encouraged people to maintain good nutrition.
- We saw people's weight was monitored where appropriate.

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

- A physiotherapy service and SLT team were based at Bramshott Grange allowing direct access to their support and guidance. The manager told us they worked collaboratively together and had supported some people to move from the service back home.
- Relatives told us that people saw the GP once or twice a week and that they received feedback from the appointments. The manager told us that the GP comes to the service weekly to see everyone.
- We spoke to a visiting professional who told us, "Staff are really kind, caring, take note of people's concerns. Things have got better over time. No real concerns."
- We saw from the care plans and daily support notes that a range of professionals were involved in providing additional care and support to people living at Bramshott Grange.

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

- People's rooms were personalised. The manager told us people had been involved in choosing the objects in their rooms and were able to personalise them as they wished. We saw that people's rooms reflected their personal interests and preferences.
- The environment was accessible, the first floor provided people with plenty of room to mobilise with interlinking areas with pictures from the past, activities were provided in most sitting areas of the home with books and magazines and board games. We observed a person sat with their family completing a jigsaw puzzle.
- Memory boxes had been built into the walls in the dementia floor next to people's bedroom doors, some of these had been filled with personal items from the people living in the rooms. Each room had a front door with a door knocker and a functioning letter box given a sense of personal private space for the people.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us that staff sought their consent before supporting them. One person told us, "They never push themselves on me. I like my independence."
- Where people were deprived of their liberty the manager had sought DoLS authorisation for this.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Mental capacity assessments which were for individual decisions were completed and a best interest process followed in relation to decisions about people's care and treatment. Relatives told us they were involved in decisions about their relative's care. One relative told us they were involved, "Especially when there's therapy involved."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked living at Bramshott Grange and were treated with consideration. Comments from people included: "I have just arrived for two weeks rest, what a lovely place this is, I am looking forward to using the facilities, I am looking forward to watching a film in the cinema". The person said they were happy as there were a lot of books around the place and told us there was a book they had their eye on and, "It's a good place to be, they [staff] give you the opportunity to have a good life". A family member told us, "They've been lovely here, very friendly."
- We observed people were treated with kindness and compassion. Care staff spoke respectfully to people and supported them in a patient, good-humoured way. There was banter and laughter between staff and people.
- People were supported in a caring way; For example, when a person went into the garden after dinner, a care worker immediately asked if they wanted a knee blanket because it was a sunny day but there was a cold wind another person was asked if they would like their sun hat. A care worker praised a person who independently fed their self after initially needing support, the person responded by stroking the care staff's arm and said, "Thank you."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they moved to the Bramshott Grange. For example, people who had physical disabilities, mobility issues had pre-assessments completed prior to admission these identified any equipment that was needed to meet the needs of the person.

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

- Staff told us that people's views about how they wanted to be supported had been acted on to promote positive outcomes for people.
- Staff supported people in a caring way to promote their health and wellbeing. Identified needs and people's views and preferences were detailed in their care plans. This included people's needs in relation to their culture, religion and diet. Care staff had completed equality and diversity training so that people's needs could be met consistently in practice.
- Records demonstrated that people were involved in meetings to discuss their views and make decisions about the care provided, this included their choice of activities, food and how they wished to be supported.
- Family members were kept up to date with any changes to their relative's health needs and were involved in care reviews with their relative where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. For example, care staff described how some people were independent with some of their personal care and only required support with

putting on clothing and washing their back. Care staff told us, they encourage people to remain as independent as possible to ensure they did not lose these skills.

- A care worker told us, "If people are able to do things for themselves I encourage them to do it, if they cannot do it I will assist them, part of my job is to support people but also to encourage people to remain as independent as they can be".
- Throughout the inspection we observed care staff knocking on people's doors before entering their room, we heard care staff asking people for their consent. For example, one person needed to be transferred to their bedroom, a care worker asked the person if they needed any assistance and supported them to their room.
- People were offered support to eat at lunchtime. Care staff gave people the opportunity to attempt their meal without support but if the person needed assistance this was offered to the person. We saw staff providing support to people that required adapted cutlery.
- Care staff demonstrated a clear understanding of how to provide care in a manner that was mindful of people's privacy and dignity. For example, a care worker told us, "I talk to people in a manner that I would like to be talked with, I offer them choices as much as is possible, like what to wear, when to get up, I ask them what they want to be called. When I give them personal care I always ask them would they like any help, I close the curtains when they are getting up or going to bed and if I am delivering personal care."
- Care staff displayed a genuine desire to improve people's wellbeing and spoke about making a difference to their lives and supporting them to regain independence. The manager told us about a person who was admitted to the service. They were immobile on admission however after a six week stay the person regained enough of their mobility to return home. They are now able to drive a car. This was possible because the person had support from the on-site physio therapy team and speech and language therapy (SLT) team.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Most care plans were very detailed however, two care plans did not contain relevant details. Despite this care staff were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. We spoke to the Manager about this and have since received the updated detailed support plans.
- Care staff used an electronic care planning system which had been in place for some time and was well embedded. A care worker showed us handheld devices which relayed important current information to them.
- The service had many different areas for people to access which included a private dining room also available for people to use with waited service. A relative told us, "What's nice is that there are other rooms around rather than just the bedroom, so he can go and sit with family."
- People had access to a range of activities including a cinema, gym, social events, arts and crafts, baking, puzzles and a library to name a few. A relative told us that, "They go on lots of outings. They went to the cathedral and a garden centre. They have films in the cinema". One person told us, "I love music and singing. There's a group coming today, I love that," and another person told us, "They have nice films. It's nicely done, and it doesn't get too crowded."
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way that they could understand. The manager and care staff ensured people were provided with information that was accessible to them. For example, an accessible information pack is produced in the appropriate format for people to ensure the pack is accessible to them. We saw pictorial information as well as information which was available in large print for people who required it.

Improving care quality in response to complaints or concerns

- People and relatives told us that they felt listened to. One person told us, "Yes without a doubt," and, another person told us, "Yes, I think they are very, very good".
- A complaints procedure was in place to record, investigate and respond to any complaints. Documents demonstrated that complaints were resolved to people's satisfaction. One person commented that they were delighted they had been contacted following a complaint to see how they were.
- People and relatives told us they would feel able to raise any concerns with the manager or provider. One person said, "I would speak to the head people."
- Most people told us they had not had reason to complain but would be able to approach the manager with any issues. Where people and relatives had raised concerns, they reported they were satisfied with the

response. Comments included, "There was an issue over communication, but it was all resolved very satisfactorily," and, "I did complain. They did apologise."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager told us they promoted the values of the organisation which included treating people as individuals, fairly with compassion. They told us, "Nothing is too much trouble, we need to do whatever we can to give them what they need." We found the manager had a very good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
 - People were positive about the manager, one person told us, "[Manager] has been wonderful to me. They caught me on a bad day, you're going to feel down sometimes here, and they were so kind and helpful." We observed the manager interacting positively with people and staff.
 - A care worker told us that staff were happy to work at the home and we observed during the two-day inspection that staff were relaxed and happy, they were engaging with people consistently.
 - Relatives comments included, "It's excellent. They are all very supportive," and "There's a feeling of happiness, a feeling of caring. They do their best. But it's early days, they're still feeling their way," and, "It's very caring. It's a home. People are made to feel it's their home."
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- People told us they thought the manager was a good leader, one person told us, "[Manager] doesn't stand out as a leader. They're in the background, I think that's a good thing, you wouldn't want them to be too bossy."
 - Quality assurance systems were in place to enable the manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
 - Staff told us they felt listened to and supported by managers and were encouraged to focus on people as individuals. One carer told us, "The managers are brilliant," and another told us, "They're very approachable,"
 - Staff also told us informal and formal discussions with senior staff were helpful in exchanging information and discussing care issues, leading to improvements in person-centred care. Planned staff meetings allowed managers and staff to communicate any issues to each other respectfully.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had strong oversight of what happened in the service. They told us, "I have a very close oversight, I have run the home for three and a half months before the manager came," and "I come here

three days a week, I have put in all the systems. The quality assurance systems." Documents demonstrated that audits took place for care plans, call bells, infection control as well as in other areas. An action plan demonstrated that the provider and manager worked to make improvements following audits.

- Staff told us they felt listened to by the manager. Team meetings were held, and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.
- Staff told us they felt listened to and supported by managers and were encouraged to focus on people as individuals. One carer told us, "The managers are brilliant". Another said, "They're very approachable".
- Staff told us the manager and senior care staff were always visible and approachable, positively encouraging feedback and acting on it to help try to continuously improve the service.
- Staff showed us they understood the provider's vision and were positive about the organisation. One carer told us, 'I feel privileged to work here'. Another said, "There's a lovely mix of staff here."
- The manager kept up to date with legislation and best practice via provider forums, training and visiting the CQC website.
- The provider told us they had very close links with the on-site physiotherapist and SLT assessors. We were introduced to these professional's teams who told us they had a very good working relationship with the manager and the staff team and documents demonstrated that the impact for people was positive. For example, one person had been supported to physically improve enough to return to their own house.
- The manager had forged good links with the local community. For Example, they had a regular pastoral visit every two weeks as well as holding Easter and Christmas service. People had access to many visiting professionals and entertainers as well as therapy animals.

Continuous learning and improving care

- Information from the quality assurance system, care plan reviews and incidents were used to improve to the quality of care people received, the provider told us, "Being open and transparent, not having a blame culture, we learn from mistakes and reflect upon them." Documents demonstrated that incident forms were reviewed to look for trends or other contributing factors.
- The manager demonstrated an open and positive approach to learning and development and was actively seeking additional training for staff to build on the mandatory training that had been undertaken. There was some bespoke training available such as diabetes and end of life. The manager told us they would be implementing further training to enable staff to become more knowledgeable and skilled.
- The manager told us, "It is important to listen to your team, don't think you are better than them, communicate. They are the ones that work on the floor. Don't be bigoted about your own opinion and ideas, show interest and be compassionate." Documents demonstrated they held regular supervisions with the team.