Brampton View Limited

Brampton View Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Brampton View Care Home provides accommodation, nursing and personal care for to up to 88 older people. The service comprises of 4 units within a purpose built building. At the time of our inspection there were 58 people using the service.

People's experience of using this service and what we found
The provider had invested time and resources into creating a new management and staff team that would meet people's needs. They continued to implement systems to assess, monitor and improve the safety and the quality of the service. These systems were new and needed to be embedded into practice.

The provider used information from safeguarding incidents, complaints and accidents to learn and prevent reoccurrences. The registered manager provided support for staff to learn and develop from incidents through supervision and retraining.

People received food and drink that met their needs and preferences. People received their prescribed medicines.

People's risks were assessed, and staff had the information they required to mitigate theses known risks.

The provider followed safe recruitment practices to ensure staff were of good character. Staff received induction, training and supervision to carry out their roles and meet people's needs. The recruitment of nursing and care staff was on-going.

Staff followed the provider's infection prevention and control policies and procedures to manage and help prevent infection outbreaks. The provider had systems to monitor the cleanliness of the service and make the required improvements.

People were protected from harm and abuse as staff received training in safeguarding. The provider reported and investigated concerns.

Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to access healthcare appointments when they needed them.

People were cared for by kind staff who knew their needs and preferences. People's privacy and dignity was respected, and people were supported to be independent. People and their relatives were involved in their care planning and reviews.

People were encouraged to make and maintain those relationships important to them. People's relatives and friends were made to feel welcome and take part in the home's activities.

People and relatives knew how to make a formal complaint. The provider's complaints policy had been followed and complaints had been resolved.

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.

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

Rating at last inspection
The last inspection was rated Inadequate, published 8 September 2023.

The rating has been changed at this inspection to requires improvement as we have found evidence that the provider had made improvements but needed to continue to implement and embed improvements. Please see the safe and well led sections of this full report.

We have made one recommendation relating to the calculation of staffing levels.

This service has been in Special Measures since 26 May 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Brampton View 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 carried out by 2 inspectors and 2 experts 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
Brampton View 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. Brampton View 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) in December 2022. 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 9 people who used the service and 16 relatives to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine.

We spoke with 20 members of staff including representatives of the provider such as area managers, properties managers, dementia lead, the registered manager, nurses, care staff, activities staff, chef, maintenance and housekeeper.

We reviewed a range of records. This included 9 peoples care records, multiple medicine records, audits, accident and incident records and 10 staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong
At our last inspection the provider had failed to ensure risks to people's health and safety had been assessed and done all that was practical to mitigate those risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● People were protected from the risks associated with fire and water safety due to ongoing procedures to manage risks. For example, daily flushing of the water outlets. However, some of the work required to maintain safety had not been carried out yet; the provider had obtained quotes for the works which were due to start in the few weeks after the inspection. The provider had recently implemented new systems to check fire, water and health and safety, all of these required embedding.
● People received their prescribed medicines. The registered manager continued to implement and improve the systems to identify where medicine errors could be prevented. For example, recording when time critical medicines were administered and why planned medicines had not been recorded as given.
● The provider had recorded and analysed information relating to accidents and incidents to learn lessons and monitor trends or patterns. However, more analysis and action was required to help prevent future incidents as the records showed most of the incidents took place in people's rooms around mealtimes. This had not been identified or the risks mitigated, we brought this to the attention of the provider. The registered manager provided support for staff to learn and develop from incidents through supervision and retraining.
● People were protected from risks as these had been assessed and staff had care plans to follow to mitigate known risks. For example, people received help to reposition regularly to help prevent skin pressure damage. One relative told us, "[Staff] go in and turn [Name] at night. [Name] has not had any pressure sores."
● People who were at risk from deteriorating health due to their known health conditions had risk assessments and care plans with details of the signs and symptoms for staff to be aware of.
● Staff had information and strategies recorded to support people when they experienced anxiety or distress; staff understood how to mitigate the known risks to people and others.

Staffing and recruitment
● The provider used a dependency tool to calculate the staffing levels required and the provider ensured the

staffing levels were maintained in accordance with the tool. However, people told us they experienced long waits for care at times. One relative told us, "[Staff] don't always respond to the call bell…[Name] will go to the door and call them [staff]." We observed people calling out for help around mealtimes, but there were no staff around to respond. There was a risk that people could try and mobilise and be at risk of falls whilst waiting for care. Following our feedback the provider was able to demonstrate that staff deployment had been reviewed and the numbers of falls had reduced.

● The provider carried out the necessary Disclosure and Barring Service (DBS) checks before staff commenced employment. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Since the last inspection, the provider had carried out a complete review of all staff. They had created a staff team that had the ethos required to provide safe care. One member of staff described the new staff team, "It's like a breath of fresh air, it's important [to have the right staff] as this is people's home." The provider had also employed experienced and skilled staff to specific roles such as clinical lead, deputy manager and maintenance to enable the service to improve and develop.

● Recruitment of nursing and care staff was on-going.

We recommend the provider evaluates their dependency tool to consider staffing levels required at mealtimes and to ensure that staff are able to respond to people's requests for assistance in a timely manner.

Preventing and controlling infection

● Staff followed the provider's infection prevention and control policies and procedures to manage and help prevent infection outbreaks.

● Staff understood when to use and dispose of PPE effectively and safely.

● The provider had systems to monitor the cleanliness of the service and make the required improvements.

● People were supported to receive visitors. One relative told us, "We can visit at anytime that we like. I never visit and don't feel welcomed."

Systems and processes to safeguard people from the risk of abuse

● People were protected from harm and abuse as staff received training in safeguarding. Staff understood how to recognise and report any concerns to the registered manager, provider and relevant professionals.

● Safeguarding incidents had been reported and investigated. The provider used the information to make improvements to the service and to help prevent reoccurrence.

● The provider's safeguarding policy and file contained information about who to report concerns to.

Good

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- The provider's pre-assessment of people's needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations. One relative described the pre-admission assessment, they told us, "We discussed [Name's] likes and dislikes and history."
- People needs were assessed with evidence-based assessment tools to safely assess their current needs. This included the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and the Waterlow risk assessment score to assess risks to skin integrity.
- Staff told us they knew people's needs and preferences because care plans and verbal handovers were detailed. The registered manager was in the process of improving the content and detail of the written handovers. People's care records represented an accurate record of the care they received, for example, hourly welfare checks where people could not use their call bells and repositioning.

Staff support: induction, training, skills and experience

- Staff had received induction and support to ensure they had the skills required to carry out their roles.
- Staff received training and competency checks through supervision to enable them to provide care that met people's needs.
- Staff told us they could develop their skills at the service. For example, one member of staff told us, "I am being supported to do a level 3 in leadership."

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

- People's rooms reflected their lives and personalities. One relative described a "Homely environment. No smells, it's cosy. [Name's] bedroom is beautifully decorated."
- People had access to gardens and communal areas to socialise, carry out activities and relax. A relative told us, "[The home] is clean and well decorated. Welcome reception. The dementia unit is well laid out. The home is not institutional."
- People had the equipment they required to assist with their moving and handling, such as hoists and slings which were regularly checked for safety. The registered manager had arranged for occupational health assessments for people who required new equipment such as wheelchairs. The provider had purchased new beds.

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.

● The provider had applied for the appropriate legal authorisations to deprive a person of their liberty where required.
● Mental capacity assessments were carried out where applicable. Where people lacked capacity to make specific decisions, this was documented clearly and best interest meetings were held to record decisions about people's care with the least restrictive options.
● People were asked for their consent for staff to provide their care. One relative told us, "[Staff] will ask [Name] for consent. [Staff] always explain what they're doing, they are attentive and caring."

Supporting people to eat and drink enough to maintain a balanced diet
● People received food and drink that met their needs and preferences.
● People received the support they required to eat and drink from staff who were trained to do so. We observed staff supporting people with their meals or prompting them to eat where this was required. One relative told us, "[Name's] put their weight loss back on again. They can have whatever they want to eat. If [Name] wants something that's not on the menu [staff] will make it for them."
● Where people had been assessed as at risk of choking, their meals and drinks were prepared in a specific way. For example, food was cut into smaller pieces or soft. Kitchen staff had the necessary information to ensure they prepared meals to meet people's dietary requirements.
● We observed people being offered drinks and snacks between mealtimes. Where people were cared for in their bedrooms staff supported people with their meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to access healthcare appointments when they needed them.
● People had access to their GP. One relative told us, "They have a doctor go in once a week. [Staff] put [Name] on the list to see the doctor if necessary. [Staff] ring always and let me know whether [Name] has have seen the doctor; they let me know the outcome too."

Good

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.

At our last inspection we rated this key question requires improvement, the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were looked after well by kind staff. People had commented on the turnover of staff and said they were happy with the new staff. One person said, "I am content, well cared for and safe." Relatives also commented on the improvement in staff, one relative told us, "I'm very pleased with them [staff]. They are interested in [Name] and what I have to say. There are more staff, the attention is significantly better."
- People were involved in their care planning. One relative told us, "Every six months we do the care assessment so we can discuss [Name's] care needs."
- Staff had a good understanding of people's diverse needs and how they wished to be supported. One person said they did not like crafts, so they were offered other activities.
- People's care notes showed people's preferences in how they received their care such as the types of music or television programmes they preferred playing in their rooms. We observed people had their preferences met. One relative told us, "[Name] likes to have classic FM on in their room", which we observed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke with people discreetly to ensure other people were not aware of their need for support, for example, with personal care. Relatives told us staff were mindful of people's privacy with their visitors. One relative said, "[Staff] say hello if the door is open and they want to come in. They will shut the door after bringing [Name] a cup of tea. "
- People were supported to be as independent as possible. Where safe to do so people were encouraged to mobilise and undertake and activities which supported them to retain their independence. One relative told us, "[Staff] encourage [Name] to do things for themselves. They have got them walking again, someone walks behind them."

Good

Is the service responsive?

Our findings

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

At our inspection in February 2020, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care which met their needs. People and their families were involved in creating their care plans. These care plans provided information for staff on how to provide care that was personalised and met people's needs. One relative told us, "[Name's] care needs are being met. [Staff] shower them every day."
- People received care that met their preferences. For example, some people chose to have daily showers.
- The provider employed activities staff who described their progress since March 2023. They told us, "We have come a long way in improving the activities. There is an 'all staff' approach to activities. The atmosphere is calmer, staff and residents are happier. People know our roles and we know what is expected of us." They showed examples of specific activities they were proud of such as birthday trip to a zoo. Relatives told us staff went out of their way to make special occasions such as birthdays memorable.
- One relative said, "The activities staff do a lot. They organise visits to the pub, local schools and nurseries come in. They also organise musical events." We observed children from a local nursery school singing with people in the communal lounge during the inspection.
- People were encouraged to make and maintain those relationships important to them. People's relatives and friends were made to feel welcome and take part in the home's activities. Where people could not travel to family occasions such as weddings, staff facilitated participation using video calls, helping people to dress for the occasion and providing drinks for toasting.
- People were supported to continue to practice their cultural faiths. Information about people's religious and cultural needs were detailed in their care plans and there was a regular Church of England service held in the communal area.

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 communication needs were understood and supported. For example, where one person was registered blind, staff talked through their plan for the day. The activities staff described how they tailor made carpet bowls to enable the person to play using voice guidance and position. There were also adaptions for knitting and bingo so everyone could be included.
- Care plans identified people's communication needs. Where people required hearing aids and glasses, we

saw they were being worn.

Improving care quality in response to complaints or concerns
● People and relatives knew how to make a formal complaint. We observed and relatives told us there was information on how to make a complaint in the reception area. A relative said, "I would be comfortable making a complaint; I would email the manager."
● The provider's complaints policy had been followed and complaints had been resolved. The provider used the information from complaints to review and improve the service.

End of life care and support
● People expressed their preferences where they wanted to receive their care, this was recorded I their care plans. Relatives were kept informed of people's conditions. One relative said, "We have discussed [Name's] end of life care. I went through it with them, so it's their wishes."
● Staff received support from the GP and district nurse team to assess people's symptoms and maintain people's comfort.

Requires Improvement

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last two inspections the provider had failed to ensure systems and processes were effective and robust enough to monitor the quality and safety of the service This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's environmental safety checks had been recently implemented and required embedding. A schedule of works to improve the water and fire safety was in progress.
- The registered manager continued to implement and improve the systems for monitoring the safety and accuracy of medicines management; these systems required embedding into practice.
- The provider's systems for monitoring accidents and incidents required more analysis to identify trends and patterns so that improvements could be made to prevent future occurrences.
- The provider had improved the system for monitoring the accuracy and frequency of care records. This included the monitoring of people's fluid and food charts, repositioning charts, mattress checks and wound records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had invested time and resources into creating a management and staff team which met people's needs. There was a positive culture which placed people at the heart of the service. Staff told us they were very happy with the management, one nurse told us, "We are now working as a team, care staff are flexible, and we feel like we have the support we need."
- The registered manager understood the importance of good communication and the adherence to the provider's policies to provide safe care. There was a willingness to make things right by sharing good practice within the provider's organisation. One relative told us, "The manager is new. I have had a couple of chats. She is very helpful and listens. The new assistant manager is very accessible."

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

- The provider had a good working relationship with other professionals such as GP's.

● People were asked for their views in meetings, care reviews and surveys. These showed people were happy with the current staff team and told us the level of care had improved. One relative told us, "They do have relatives' meetings. I get a copy of the minutes, kept up to date."
● People received visitors as often as they wanted. Relatives told us they were involved in the provision of people's care. The feedback we received about the care people received in the last few months was positive and complimentary.
● Staff were also supported to give their views through regular team meetings and supervision. One member of staff told us, "We share learning from incidents and from experiences."

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. The registered manager had kept people and their family informed and had apologised to them for incidents that had occurred.
● The registered manager raised the relevant referrals to the local authority and had submitted notifications to CQC when required.