

Bramley Court Care Homes Limited

# Bramley Court Care Home

## Inspection report

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Date of inspection visit:  
15 June 2022  
17 June 2022

Date of publication:  
07 July 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bramley Court is a care home providing personal and nursing care to up to 76 people. It specialises in supporting older people and people with dementia. At the time of our inspection there were 61 people living at the home. The home is divided into four separate smaller units within the building. Each unit has its own lounge and dining areas and access to a garden area.

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

The provider had ensured all staff received appropriate training regarding the use of restraint. People's medicines were safely managed. People were protected by the prevention and control of infection. Clear care plans and risk assessments were in place for all people to guide staff. Staff were recruited safely. The provider had a robust system in place to manage incidents affecting people's safety.

Assessment of people's needs were carried out. People's assessed needs and preferences were reflected in their care plans. People were cared for by a staff team who had received regular and appropriate training specific to their needs. Staff prepared foods in line with people's preferences. Care records demonstrated staff worked with healthcare professionals involved in people's care. Where people had specific treatment needs, they were referred to the relevant healthcare professionals in good time. There was a lack of support for people with dementia to help them find their bedrooms. The registered manager had ensured people's capacity was regularly assessed. We observed staff seeking consent from people when providing care.

The registered manager had ensured staff were completing lateral flow device (LFD) tests for COVID-19. The registered manager had ensured people's individual risk from COVID-19 was considered. The registered manager had ensured all staff had a COVID-19 risk assessment in place. People and their relatives told us they felt listened to and the registered manager was approachable. Staff told us the home was a collaborative and supportive environment. People and their families were engaged in the running of the home. Regular meetings were held with people living in the home, giving people the opportunity to share their views.

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](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 January 2022). At our last inspection we recommended the provider facilitated additional staff training and make improvements to their record keeping. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding issues. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bramley Court 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

This inspection was completed by an inspector, a nurse specialist advisor 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

Bramley Court 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. Bramley Court 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 the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke to five people who use the service and nine relatives regarding their experiences using the service. We spoke to 14 staff members including the registered manager, nurses, care workers, the cook, activity coordinators and administrative staff. We reviewed a range of records including four people's care records and multiple people's medicines records. We looked at two staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to implement robust systems to monitor the use of restraint. 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.

- The provider had ensured all staff received appropriate training regarding the use of restraint. Staff we spoke with had a clear understanding of restraint, and when and how to use it in the person's best interests.
- Care records relating to restraint were clear, robust and monitored by the registered manager. This minimised the risk of people being restrained unnecessarily.
- People felt safe in the home. One person told us, "I feel very safe here." Another person told us, "This is a good place to live."
- People were supported by a staff team who had received regular training in safeguarding. Staff we spoke with had a clear understanding of how to keep people safe.
- The registered manager was clear about their responsibilities to keep people safe.

Using medicines safely

- Before the inspection, CQC received concerns the provider had not followed the correct process regarding a person's medicine. We reviewed the person's care records. The registered manager was open and honest regarding a mistake that had been made. We were assured the provider had taken all reasonable steps to rectify the error in good time. We were assured the provider's systems and processes were robust ensuring the proper and safe use of medicines.
- Where medicines were prescribed, this was reflected in people's care plans including the reasons each medicine was prescribed.
- Medicine Administration Records (MAR) detailed people's prescribed medicines and were being appropriately completed in the home.
- The registered manager had ensured staff responsible for the management of medicines had been appropriately trained. Furthermore, the provider had ensured regular competency checks were completed. This meant the provider was assured the correct procedures were being followed.
- Where medication was prescribed 'as required' (PRN), there was clear protocols in place to advise staff

about their use.

### Preventing and controlling infection

- We were not assured that the provider was always using personal protective equipment (PPE) effectively and safely. We saw some staff not following most recent government guidance regarding the correct use of face masks. We raised this with the registered manager who took immediate steps to address the problem.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The registered manager had ensured people maintained contact with their relatives. A system had been implemented to allow people to have visits from people important to them.

### Assessing risk, safety monitoring and management

- Clear care plans and risk assessments were in place for all people to guide staff. Staff we spoke with had a good level of understanding of people's needs.
- The provider had ensured risk assessments covered all known risks to people and included control measures to mitigate future risk. For example, one person was assessed as being at risk of falls. The risk assessment included practical advice for staff to follow when supporting the individual. This meant the risk of future falls was reduced.
- Risk assessments were regularly reviewed, and staff were aware of any changes to people's risk.
- People's relatives told us their family members' health had improved since moving into the home. One person's relative told us, "I'm really pleased with how they look after him; he's a totally different person since moving in."

### Staffing and recruitment

- People were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured all new staff undertook a robust induction programme before commencing work. Furthermore, new staff shadowed more experienced staff before working alone. This meant staff were given opportunity to learn before completing tasks independently.
- During our observations, we saw that there were enough staff on duty to meet people's needs. The registered manager told us they did not have any vacancies.

### Learning lessons when things go wrong

- The provider had a robust system in place to manage incidents affecting people's safety. Systems were in place for the registered manager to investigate, monitor and share any 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.

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 registered manager ensured assessment of people's needs were carried out prior to people moving into the home. Assessments included a wide range of areas, for example, personal and family history, physical and mental health needs and personal preferences.
- The registered manager had ensured people's assessed needs and preferences were reflected in their care plans. This meant people received care and treatment in the most appropriate way which was specific to them.
- Staff we spoke with were aware of people's needs and preferences. For example, one staff member was able to describe a person's morning routine and the role they wanted staff to play.

Staff support: induction, training, skills and experience

- People were cared for by a staff team who had received regular and appropriate training specific to their needs. This included training in wound care, dementia, moving and handling among others.
- Staff received regular supervision in line with the provider's own policy. Staff we spoke with felt supported by the registered manager. One staff member told us, "[The registered manager] is a very good manager; they are so supportive."
- New staff were required to complete The Care Certificate where appropriate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff prepared foods in line with people's preferences. People we spoke with told us they liked the food. One person said, "The food is great here." Another person told us, "I like the food a lot here; it's really good."
- Staff were aware of people's specific dietary needs and prepared meals which reflected these. For example, one person required a specific diet. We spoke with the cook who was able to describe the person's specific needs and how they were met.
- We observed the lunchtime meal service. We saw people were given a choice of meals and able to eat at their own pace. We saw staff offer people drinks and sitting with people as they ate.

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

- Care records demonstrated staff worked with healthcare professionals involved in people's care. Where

recommendations were made regarding people's care, they were followed by staff. This meant people received effective care and their treatment needs were met.

- When people were admitted to hospital, relevant health information accompanied them. This meant other healthcare providers were aware of the person's care needs and how to meet them.
- Where people had specific treatment needs, they were referred to the relevant healthcare professionals in good time. For example, one person developed a skin condition in the home. We saw care staff had quickly sought and implemented clinical advice which led to improvements in the person's health.
- One person's relative told us their family member had a complex health problem. The provider had facilitated a video call with the GP, registered manager, a person living in the home and their relative to discuss treatment options.

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

- People were accommodated in their own private rooms with en-suite bathrooms. People's names were on their doors. There was a lack of photos or memorable items specific to the person outside of their rooms. This increased the likelihood of people becoming confused when locating their own rooms.
- The layout of the home allowed people to choose where they spent their time. In addition to their own rooms, people were able to access shared lounges, a garden and dining areas.
- The registered manager was overseeing an ongoing redecoration programme for the home.

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 registered manager was aware of their responsibilities regarding DoLS. The registered manager had a robust system in place to monitor the DoLS process.
- The registered manager had ensured people's capacity was regularly assessed. Where the provider believed a person to be lacking capacity, appropriate steps had been taken to support the person.
- Staff we spoke with were able to explain the principles of the MCA and had received training on the subject. Staff were aware of their responsibilities to seek consent when caring for people.
- We observed staff seeking consent from people when providing care.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider's governance systems were not always effective in identifying the need for improvement in assessing and mitigating risk. This was a breach of regulation 17 (Good Governance) 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.

- The registered manager had ensured staff were completing a lateral flow device (LFD) test for COVID-19 in line with current government guidance. The registered manager had ensured all LFD test results were recorded.
- The registered manager had ensured people's individual risk from COVID-19 was considered in line with government guidance. People's risk assessment included consideration of how their individual healthcare needs could be impacted by contracting COVID-19.
- The registered manager had ensured all staff had a COVID-19 risk assessment in place. Where people were at increased risk of COVID-19 complications, further risk assessments were in place to mitigate the risk.
- The use of restraint was accurately recorded and analysed by the registered manager. The registered manager maintained effective oversight of the use of restraint to ensure it was used as a last resort and in line with people's best interests.
- The registered manager had a robust system in place to ensure accidents and incidents were investigated. Regular reviews of incidents were undertaken by the registered manager to identify trends or patterns and implement improvements.

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

- People and their relatives told us they felt listened to and the registered manager was approachable. One person's relative told us, "[Registered manager] is very approachable; you can go to them with anything." Another person's relative told us, "I know [registered manager] well. They will always listen to what I have to say."
- Staff told us the home was a collaborative and supportive environment. One staff member told us,

"Everyone is always looking to improve. When things don't go to plan, we don't blame people, we look to make things better."

- Staff members we spoke with felt supported by the registered manager and felt able to raise concerns. One staff member told us, "[The registered manager] is very helpful. We can always approach them; they will always try to help."
- The staff and registered manager put people first and promoted their individual independence. Staff were seen to support people to make their own choices about their lives.
- The management team understood their responsibilities around the duty of candour. There were policies and procedures in place to guide staff. The registered manager told us they understood their responsibility to be open and honest with people when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured people and their families were engaged in the running of the home. People's family members were called every month to provide an update on their care.
- The provider shared a monthly newsletter with all people, relatives and staff. This included good news stories regarding people and provided updates on the home.
- Regular meetings were held with people living in the home giving people the opportunity to share their views. We saw several changes had been made following these meetings. For example, the menu had recently been changed to include specific meals.
- The registered manager conducted regular team meetings where the views of the staff were sought. This meant staff were able to discuss their roles and had a forum to discuss particular subjects should they so wish.

Working in partnership with others

- The registered manager and staff ensured people had access to appropriate professionals involved in their care.
- We saw key information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and cared for holistically.