

Friends of the Elderly

Little Bramingham Farm Residential Care Home

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

Little Bramington Farm provides accommodation and personal care for up to 25 people who are elderly frail. At the time of our inspection 20 people were living at the service and one person was having a short term period of respite at the service.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People told us they felt safe living at the service. A visiting relative also said they felt their relative was kept safe. Individual risks to people were appropriately assessed, identified and managed.

There were enough competent staff to provide people with support when they needed it. Staff had been recruited through a robust recruitment process and had received appropriate training and support to help enable them to carry out their roles effectively.

People received appropriate support to eat and drink sufficient amounts to maintain their health and well-being in relation to nutrition and hydration. Specialist diets were provided and professional input was obtained as required.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice in relation to all aspects of their lives.

People, relatives and staff told us, and we observed that people were treated with kindness by staff who respected their privacy and maintained their dignity.

People and their relatives were given the opportunity to feed back on the service and their views were listened to and acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access and participate in meaningful activities and to pursue hobbies and individual interests both within the home and in the community.

People were supported to share their views by giving feedback through residents' meetings or by recording their dissatisfaction in a comments and complaints book located in reception. People knew how to complain if they were unhappy with any aspect of the service and were confident they would be listened to.

There was an open, transparent and inclusive atmosphere within the service. People and staff had regular meetings to discuss the service and think about future developments and improvements they could make.

There were systems and processes in place to monitor the overall quality and safety of the service and shortfalls identified were promptly acted on to improve the quality of the service. People gave positive

feedback on the management of the service.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Little Bramingham Farm Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) which the provider is required to send to us, and gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff supporting people who used the service, we spoke with three people who used the service, one visiting relative, three care staff, a shift leader and the registered manager. We also spoke with a representative of the provider who was a regional director.

We requested feedback from commissioning staff, however we had not received any at the time the inspection report was drafted. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service, two staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Is the service safe?

Our findings

People who lived at Little Bramington Farm told us they felt safe. A relative we spoke with told us, "[Person] was no longer safe at home and it was a constant worry waiting for the phone to ring but since they [name] have been here we know they are safe". A person told us, "I definitely do feel safe here of course there is no reason not to feel safe". Another person said, "I am perfectly safe here, the staff are always willing to help you and there's always people around, yes I don't think I have ever worried unduly about my safety".

People were supported by staff who had been trained in safeguarding and who were able to demonstrate that they knew how to identify potential abuse and the process they would use if they needed to report any concerns. Staff knew about whistle blowing and explained the circumstances in which they might use the process to report or elevate concerns to the safeguarding authority or CQC. However staff spoken to were confident that any concerns would be dealt with internally.

People had their individual risks assessed to help keep them safe. Where an individual risk was identified actions were put in place to help mitigate and reduce risks. There were various risk assessments in place including moving and handling, skin integrity and people who were at risk of falls. Staff were able to explain how they kept people safe. For example, in relation to moving and handling people and helping reduce the risks of falls by putting measures in place such as referring people to an occupational therapist who assessed people for specialist equipment to assist them with walking.

Staff were recruited through a robust recruitment process in which the provider completed a range of pre-employment checks before staff started work at the service. This included staff completing an application form, undertaking a disclosure and barring check (DBS) and taking up a minimum of two references. We saw that there were sufficient numbers of suitably qualified and experienced staff available to meet people's needs in a timely way.

People received their medicines regularly and in accordance with the prescriber's instructions. Medicines were ordered on a 28 day repeat prescription cycle. Staff checked the medicines when they were delivered to the service. Medicines were stored correctly and stock amounts were checked and recorded following each medicine round. Staff had received training and had their competencies checked. We checked a sample of medicines and found the stock balances to correspond with records. Medicine administration records (MAR) sheets were completed accurately and were audited regularly by the registered manager.

Is the service effective?

Our findings

People were supported by staff who had received training in a range of topics relevant to their role. They were regularly supported by their line managers which helped them to provide effective care and support to people who used the service. One person told us, "The staff are very good here, I think they have all worked here for a long time and know what they are doing". A relative told us, "Whenever I am here I see them [staff] helping people and I am confident in their abilities, I have no idea what training they have but they certainly know their jobs".

Staff had received training and support relevant to their roles and responsibilities. Staff completed an induction when they started working at the service. Regular training updates were provided to help ensure staff skills were maintained and that staff were aware of current good practice. Staff training included topics such as the safe administration of medicines, moving and handling, fire safety and MCA/DoLS. They had their competencies checked through work based observations and shadowed more experienced staff until they were competent to work in an unsupervised capacity. Specialist training was available such as dementia care and diabetes training.

Staff had individual one to one supervision with their line managers and attended bi-monthly team meetings where they had an opportunity to discuss people who used the service, activities and topics relevant to the development of the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been submitted to the local authority and some were pending authorisation at the time of our inspection.

Staff asked people for consent before supporting them and understood the principles of MCA and DoLS and how this applied to the people they supported. People were supported to make decisions about their lives where they were able and given choices about their day to day living.

People were supported to eat and drink sufficient amounts to help keep them healthy. People were offered a choice of foods and drinks and special dietary needs were catered for such as for people with diabetes, or vegetarian options were available. People's weights were monitored and if there were any concerns these were appropriately elevated to a dietician for support and advice.

People were supported to access a range of healthcare professionals when required either at the home or by attending appointments such as GP or Hospital appointments. Staff told us that the GP visited the home when required.

Is the service caring?

Our findings

People told us they felt the staff were kind caring and sensitive to their needs and wishes. One person told us, "The staff are absolutely caring, they always have time for you and never pass without saying hello or having a chat". We observed staff to be kind to people and to take their time when communicating with people so they could understand what support people required. Another person told us, "It's the closest place to my own home, it's small and personal. I like it like this, they treat you like an individual". A visiting relative confirmed that the staff were lovely and they felt their relative was well cared for by a consistent staff group.

We observed that staff spoke to people in a respectful manner, made eye contact with them. For example during lunch once people had all been served their lunch and staff had supported those who required assistance staff got their meal and sat down to eat with people. This provided an opportunity for social interaction and we observed people's positive responses such as laughing and smiling with staff members.

One staff member told us, "We always respect people and recognise it's their home and I try to ensure that people have privacy and their own space". Another staff member described how they ensured people's dignity was respected they told us, "I always knock on people's door before entering and when supporting people with personal care I make sure they are kept covered, blinds are pulled and speak with the person to take their mind off the task I am assisting them with".

People told us that they were involved in making decisions about their care. One person told us, "The staff always talk to me about my care plan and what I need help with and all those sort of things. Every so often they check to see if anything has changed. I don't have to wait to be asked. If I need different help, I would just tell them". Where people could not be fully involved because they lacked capacity their relatives, advocates and professionals were involved in making best interest decisions.

People's care plans were written in a person centred way and contained detailed information to inform staff how to support people individually. The support plans contained an individual profile about the person, their likes and dislikes and contained information about their life histories.

Is the service responsive?

Our findings

People's needs were kept under regular review and any changes to their needs were responded to accordingly. For example if people required additional support or a piece of equipment this would be provided. People received care that was flexible and responsive to their changing needs.

People were given opportunities to participate in a range of activities. On the day of our inspection there were limited activities going on but the registered manager told us this was unusual. Staff too confirmed that every day people were provided with a choice of activities to participate in. One person told us, "I don't get involved in activities I prefer to watch the TV or read". Another person told us, "I like the entertainer who comes in they are good at singing and we have a sing along sometimes". Another person told us, "I had my hair done yesterday and last week I had my nails done, but I don't like bingo so don't get involved". Staff told us that people were taken on many trips and people confirmed they enjoyed the trips out. The registered manager told us they were in the process of buying a new bus as the previous one was no longer in use.

Recent group activities included a cheese and wine evening, quizzes, yoga and a singalong. In addition there were garden activities including an allotment where people were supported to grow their own vegetables. Chickens were also kept at the home and this also attracted people's interest and involvement. A recent garden party had been a real success and a topic of many excited conversations among the people who lived at little Bramington Farm. People's birthdays were celebrated and one person told us, "I had a lovely cake, they sang happy birthday and made me feel really special". People were able to join together for 'happy hour' in the pub which was also a popular activity.

People and their family members were asked for feedback on the service. Staff too were able to give feedback at team meetings. People, their relatives and staff told us they felt their comments were taken on board and they felt listened to. People and their relatives told us they knew how to raise a concern and felt confident that management would act on any concerns they raised.

Is the service well-led?

Our findings

People, their relatives and staff felt that the service was well led and managed. There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted an open and inclusive culture within the service, and people staff and relatives felt they were involved in decisions about what happened in the home. The staff group had been employed for many years and this provided a stable and consistent workforce. People had well developed relationships with all the staff and registered manager.

The registered manager was knowledgeable about the people who were used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One staff member told us, "I think we work well as a team and I feel this is partly due to the home being small and friendly, we are proud to be part of such a good team, we put people first."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We saw there were regular staff, residents and relative meetings. We looked at resident feedback and noted several positive comments. Actions were put in place where suggestions were made and this demonstrated that people's views were taken into account.

There were systems in place to monitor the overall quality and safety of the service. Where shortfalls were identified, actions were put in place to address and improve these.