

# Anavo Care (Brampton) Limited

# Brampton Lodge

## Inspection report

Bridge Lane  
Appleton  
Warrington  
Cheshire  
WA4 3AH

Tel: 01925606780  
Website: [www.anavogroup.com](http://www.anavogroup.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Brampton Lodge is a residential care home providing accommodation and nursing, personal and intermediate care for up to 59 older people, some of whom are living with dementia. The home is split into 3 wings providing care for, 30 people living with dementia, 15 general nursing places and 14 intermediate care places. At the time of our inspection the service was providing accommodation to 57 people.

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

Brampton Lodge is in the process of a change of management, as a result we found inconsistency in the recording of information and care planning due to systems being reviewed and updated. The governance systems were in the process of being implemented and existing systems being updated.

Some care plans had been updated and contained personalised information however, others were task based and lacked person-centred details.

Good practice regarding the safe administration of medicine was not always being followed. The oversight of medicine was not robust enough to ensure people were safely given their medicines.

The deployment of staff within the home was not always appropriate, we observed people being left for long periods of time without their assessed level of support.

The gaps in recruitment resulted in the use of agency staff this presented difficulties to some people being supported and additional pressures on permanent staff. People raised concerns regarding the staff turnover.

People were not always provided with a choice, some people had to get up in the morning when was convenient for the staff rather than when they wanted to.

People were not always supported at mealtimes which resulted in people eating cold food, no encouragement was provided for those that required this level of support and food choices were limited.

Restrictions were in place for some people without the legal authority to do so.

Not all people were given the opportunity to participate in activities within the home, this is something we have recommended the provider reviews.

Health and safety checks were in place and were being monitored as required.

Policies and procedures were in place to safeguard people from abuse and staff were aware of their own roles and responsibilities. People told us they felt safe.

The provider needs to continue to make the changes identified within this inspection report and their own internal audits.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. This system was being reviewed at the time of the inspection.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Ratings at the last inspection.

The last rating for the service under the previous provider care concept, was good (published on 13 November 2020).

Why we inspected

The inspection was prompted in part due to concerns received about poor care and staffing levels. A decision was made for us to inspect and examine those risks.

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.

We have found evidence the provider needs to make improvements, please see the Safe, Effective, Caring, Responsive and Well led sections of this report.

Enforcement and Recommendations

We have identified breaches in relation to the administration of medication, lack of person-centred care, processes relating to the Mental Capacity Act and governance systems in managing and monitoring the service.

Recommendations have been made in relation to residents participating in activities.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what that they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brampton Lodge

## 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 team consisted of 1 inspector an Expert by Experience and a specialist advisor. 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 Lodge 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 Lodge 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 Brampton Lodge were going through a change in management. CQC had not received notification the previous manager was not in post. However, during the inspection there was a turnaround manager in position to support the home with changes and improvements they had identified. A new manager had been appointed and was waiting to start their induction prior to registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we had received about the service since the last inspection. We sought feedback from the Local Authority. We used this information to plan out inspection.

#### During the inspection

During the inspection we spoke to 6 people who used the service, 4 family members, and 11 staff members including, care workers from both day and night shifts, senior care workers, activity co-coordinator, auxiliary staff, administration staff and the manager. This was to gain their views and experience of the service. We spoke to external professionals. We reviewed 10 care records, multiple medication administration records, and 3 staff personnel files in relation to recruitment. We also viewed various records, policies, and procedures in relation to the governance of the service and management.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were not always administered safely. We identified gaps in people's medicine administration records (MARs). As a result, we could not be assured everyone was receiving their medication as prescribed.
- The use of medicine such as topical creams were not being recorded within people's MARs.
- Time critical medicines were not always administered when required. We could not be assured people's symptoms were being well controlled.
- Medicine was being given covertly to 1 person without the approval from the GP and pharmacy, this placed people at risk of adverse effects. This was discussed with the manager who ensured approval was sought and relevant paperwork completed.
- The treatment room was clean and clutter free however, the fridge temperatures dates were not accurate, and the cleaning schedules had not been updated therefore, we could not be assured checks were completed as required.
- Thickening powder was not always being securely stored. The manager responded immediately and ensured locked cabinets were purchased.

The oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (2) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Mattress settings were not always set correctly and people who required support with repositioning were not always repositioned in line with their assessed need. We reviewed records and were satisfied nobody had come to actual harm. However, this placed people at risk of developing a pressure related injury.
- People could not always get their needs met in a timely manner. Equipment was in place to reduce risks this included sensor mats and call bells. However, call bells were not always accessible for people to use and were not always responded to effectively by staff. One person told us, "Sometimes you have to wait about 10 minutes, they keep you waiting, it depends on how busy they are." Another person told us, "Sometimes they don't come." This was discussed with the manager who responded immediately and ensured people had access to call bells.
- Personal Emergency Evacuation Plans (PEEPs) were in place and accessible, this ensured people could be evacuated safely in the event of an emergency.
- Health and safety checks in relation to the environment and equipment were regularly carried out.

### Staffing and recruitment

- Agency staff were utilised due to gaps in staffing numbers and staff sickness. The manager told us they try to use the same agency to allow for continuity of staff. Some people who used the service found this difficult, one person told us, "Agency can be a bit sharp at night." Another person told us, "Some of them don't have good enough English – I can't understand them, I'm not sure they understand me, I have to ask them to repeat themselves."
- Some permanent staff worked long hours due to staffing levels and sickness, 1 staff member told us, "I am working over 60 hours per week, a carer refused to go to hospital last night with a resident who had fallen, so I went myself adding more hours to a long shift." Another care worker told us, "I have just worked a day and night shift as they were short staffed, nobody made me, but I did it for the residents."
- Safe recruitment practices were being followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People told us they felt safe. One person said "I like it here, I've been in other places. I do feel safe." A family member told us, "My [person] is safe here."
- Staff were aware of their own roles and responsibilities to ensure people were safeguarded.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

Restrictions were in place on the intermediate care unit however, the manager removed these restrictions during the inspection. There were no other restrictions in place on the other units within the home. This is working in line with Government guidelines.

### Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home. Whilst the process had not been effective prior to the new manager starting, steps had been implemented to ensure moving forward the system was robust.



# Is the service effective?

## Our findings

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

This service has previously been inspected under the previous provider and was rated good. However, this is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not supported to eat and drink enough. Fluid charts identified people were not receiving their recommended fluid intake. This was discussed with the manager who informed us, this was a training issue with their system and staff would be trained on how to use it effectively.
- People were not encouraged to eat at mealtimes. One person was left with a meal in front of them without support until the meal went cold. We requested another meal to be provided. This placed people at risk of malnutrition.
- There were mixed views in relation to the food served, one person told us, "Meals are fine but there's a lot I don't like, I can have something else." However, another person told us, 'The food has deteriorated, main meals are not very good, teas are ok.'
- Those receiving modified diets were not offered a choice at mealtimes, this was brought to the managers' attention on the first day of the inspection and an alternative meal was now being offered.

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

- Referrals were made to the relevant health professionals when required.
- People had access to healthcare services, the provider worked with the local GP who visited the home weekly.
- The home had a therapy team who were employed by the Bridgewater NHS trust, they provided support to people who had rehabilitation needs, to support them to become more independent. An occupation therapist told us, "Staff are good at following our advice and care plans for mobility purposes."

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

- People's needs were assessed when they arrived at the home.
- Some care plans and risk assessments were updated following a change in need. All risk assessments and care plans are currently being reviewed, to ensure people's assessed needs are incorporated into care plans.
- Permanent staff had the opportunity to familiarise themselves with the level of care people needed daily.

Staff support: induction, training, skills and experience

- Inductions were in place for permanent staff, however agency staff were not all provided with a formal induction, 1 agency care worker told us, "My induction was mainly how to deal with the hoists, I was shown

by another carer, I did look at some care plans."

- All staff within the service had completed their mandatory training, this ensured all staff had the right skills to support people.
- Updated training and refresher courses helped staff continuously apply best practice.

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

- Some people living in the home were living with dementia. However, there was limited signage to help orientate people around the home.
- Some rooms were personalised however other areas within the home felt clinical and cluttered, the manager informed us this was due to the home going through a refurbishment.
- People had access to equipment required.

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.

- There were concerns regarding MCA framework not being followed in all areas, 1 person was receiving covert medication however, the MCA process had not been followed. Another person had restrictions in place without the legal authority to do so. The manager took immediate action to try and rectify the situation.

The MCA process was not always being followed and consent was not always sought, this was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was taking steps to ensure DoLS had been applied for however, there was a delay in them being authorised due to issues beyond the provider's control.

# Is the service caring?

## Our findings

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

This service has previously been inspected under the previous provider and was rated good. However, this is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We observed care workers regularly using non-person-centred language towards people such as 'wandering', 'feeding', 'those over there'. This was something the manager was addressing with staff.
- Observations carried out over the 2 days identified, some people did not receive the support they required in a timely way. One person was left in the communal area when they had requested support to their room. This was brought to the attention of 2 staff members on 2 separate occasions, however there was still a delay.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was not always promoted, we observed a staff member entering a person's room without knocking.
- Permanent care workers were said to be nice and supportive, one person stated, "They are kind and respectful the vast majority listen to you, they are nice." Relatives were happy with the care their loved ones were receiving, 1 relative told us, "We are happy with the staff and that after an initial communication 'issue' (which was not sorted) everything was good."

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

- Feedback and suggestions were encouraged, and dates of meetings about the service were displayed. However, not all people were aware they had this opportunity.
- People provided positive feedback in relation to staff respecting their views. A person told us, "[staff] are kind and respectful, the vast majority listen to you, they are nice, staff do help me."

# Is the service responsive?

## Our findings

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

This service has previously been inspected under the previous provider and was rated good. However, this is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People who received support were not involved in their own care planning. One person told us, "No one discussed it with me". Another person said, "I don't recall it." However, 1 family member informed us, "We are happy with how we had been involved in our [family members] care."
- Care plans were not consistent, some care plans were person-centred and contained personalised information such as their likes and dislikes however, others were task based. The manager told us this was an area for development they were already in the process of addressing with staff.
- People were not always given a choice when they could get up, we observed people being woken up early to be supported with personal care. Staff informed us, "We are told we have to get people up even if they are asleep." Another staff member told us "[Person] has been awake a lot in the night and are in a deep sleep but we still have to get them up."
- Permanent staff knew people well and supported them in line with their preferences.

People were not actively involved in their care planning and were not always offered a choice of when they wanted support. This is a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Communication care plans were in place with guidance on how to support people, some contained phrases such as 'staff to use soft and relaxed tone, staff to repeat back to them [person].'

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

- The provider employed 2 activity coordinators, during both inspection days we observed a range of activities taking place in the downstairs communal area. There were mixed views in relation to the activities, a person told us, "Activities are few and far between, they are getting a bit better, there's a new activity person." However, another person told us, "I haven't been to anything, not done much while I've been here."

- During both days no activities took place on the first floor, a person told us, "I spend all day in my chair."
- We observed outside agencies providing activities to people within the home, people taking part appeared to enjoy them.

We recommend the provider reviews the deployment of the activity coordinators, to ensure people who live on the first floor and for those who choose to remain in their bedroom, are provided with a choice of activities to avoid social isolation.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, however, informal complaints were not recorded. This was discussed with the manager who has since implemented a recording system to ensure informal complaints are documented.
- Not all complaints had been responded to in a timely manner, the new manager had ensured all previous complaints had been investigated and reported back to the complainant.

#### End of life care and support

- End of life care plans were in place to guide staff should a person's health decline and they require this type of support.

# Is the service well-led?

## Our findings

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

This service has previously been inspected under the previous provider and was rated good. However, this is the first inspection of this newly registered service. This key question has been rated 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.

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

- Permanent staff expressed concerns regarding the number of agency staff utilised, a staff member told us, "It's one of those things technically we are covered but it's agency so it's harder." Another staff member told us, "It's been a bit hectic. As it's been agency covering, I haven't been able to have a break."
- Some people living at the home were concerned regarding the staff turnaround. One person told us, "People are leaving in droves."
- People spoken with, were positive about the support they received from permanent staff. Regular staff understood people's preferences and were keen to promote good care. One person told us, "Staff are very good and helpful; I can't complain about any of them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were not clear on their roles. A nurse told us, "Care staff often think they are in charge of the shifts." Another staff member told us, "Some staff need a strong leader but we are getting there."
- Staff were not always professional. We observed an altercation between 2 members of staff over the support being provided. This was in a communal area and witnessed by other staff and people who lived in the home.

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

- People were not actively involved in sharing feedback to allow for improvements. Although resident meeting dates were displayed throughout the home, all residents spoken too said they were unaware of these and knew nothing of feedback surveys.
- Not all family members were aware of relative meetings, although there was evidence, they had taken place. Relatives told us that they had not been aware nor invited.
- Staff members had not received regular supervision. One staff member told us, "You only get supervision if you have done something wrong." The new manager was in the process of ensuring all staff received supervisions.
- The manager was visible within the home throughout both days of the inspection. There were mixed views in relation to the support from management. A staff member told us, "It's become very formal and [Manager]

is 'sticking to the law' compared to how it was previously." Another staff member told us "[Manager] is very strict." However, one staff member told us, "It's improved massively since [Manager] came, for the better."

#### Continuous learning and improving care

- Systems were in place to allow for the analysis of falls and incidents to identify themes and trends however, this had not been routinely completed prior to the new manager taking over.
- Daily walk arounds were completed by the manager and concerns identified were brought to staff attention. However, staff did not always follow the guidance provided. This was evidenced through hand over records and observations.
- Environmental checks were completed however, actions identified were not always followed up in a timely manner. We identified 1 person's window had been broken for over 6 months. We informed the manager who requested this be rectified urgently with the maintenance team.
- Audits were completed by the manager however, they had failed to identify some of the concerns found within this inspection.

The provider did not always operate effective systems and processes to make sure they assess and monitor the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was receptive to any concerns found during the inspection and took immediate action to make some improvements.

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 CQC was informed of incidents and events which occurred within the service in line with regulatory requirements, however they had not been updated on the change in management.

#### Working in partnership with others

- The service worked alongside the local GP who visited weekly and the therapy team, and referrals to other professionals were sent as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not actively involved in their care planning and were not always offered a choice of when they wanted support. This is a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The MCA process was not always being followed and consent was not always sought, this was a breach of regulation 13 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance



Treatment of disease, disorder or injury

The provider did not always operate effective systems and processes to make sure they assess and monitor the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.