

Ideal Carehomes (Number One) Limited

Brinnington Hall

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brinnington Hall is a residential care home providing personal care for people living with dementia. The service can accommodate up to 67 people in a purpose built three storey building with a variety of communal areas, and single person bedrooms. At the time of our inspection there were 65 people using the service.

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

Medicines were managed safely, however we recommend that the service reviews how thickeners are recorded and ensure that all relevant paperwork is accurate.

Feedback about staffing levels was mixed, although there were enough staff to meet people's needs on the day. Safer recruitment practices were being followed. People's needs were assessed and mitigated as much as possible and people felt safe.

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.

People, relatives and staff spoke positively about the culture of the home, felt able to raise concerns and share views, and told us they were confident any feedback would be acted on by the management team. The management team and staff were committed to making Brinnington Hall a good place for people to live and were keen to learn and improve the service.

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 rating for this service was good (published 17 December 2019).

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.

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brinnington Hall on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation that the service ensure the use of thickeners in people's drinks is accurately recorded.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brinnington Hall

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 1 inspector, 1 medicines inspector 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

Brinnington Hall 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. Brinnington Hall is a care home without 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 the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 6 people who use the service, 4 relatives and 13 members of staff, including the registered manager, care manager, senior care workers, care workers, and auxiliary staff including kitchen and maintenance workers.

We reviewed a range of records including 9 people's care records. We looked at 5 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined. During the inspection we visited 2 clinic rooms, reviewed 9 people's medicine administration records and looked at medicines related documentation. We observed medicines administration and checked medicines storage.

We continued to review evidence and seek further clarification during and following the inspection.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The service had systems and processes in place for the safe storage, administration, and use of medicines. People were supported by staff who followed systems and processes to request, administer, record and store medicines safely.
- Covert medicines (medicines that are hidden in a person's food or drink) were managed well and the service ensured that they had instructions from a pharmacist so staff could administer medicines in a safe way.
- For medicines to be administered 'when required' (PRN), person centred protocols were in place. These provided staff with enough information to administer these medicines appropriately.
- Thickening powder used to thicken fluids to stop aspiration and choking was stored safely, however staff did not always record when thickener powder had been added to drinks. For 2 people information was not always up to date to inform staff of what quantities of powder to use.

We recommend that the service ensure that the use of thickener is recorded accurately, and that paperwork related to the use of thickener is reviewed to ensure it reflects what is required.

Staffing and recruitment

- Staff were recruited using safer recruitment practices. Staff were subject to appropriate checks prior to employment. This included checks with previous employers and with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw there were enough staff to meet people's needs on the day of inspection. Staff were kind and caring and knew the people they were supporting. However, we received mixed feedback about staffing levels. Some people, relatives and staff felt that there were not always enough staff. One person said, "There seems to be enough staff about in the day, but not enough at night." A relative told us, "They can be short-staffed, but the staff all work very hard and you see a core of familiar faces." The registered manager told us they only used agency staff during the night and recruitment for night staff was ongoing.

Systems and processes to safeguard people from the risk of abuse

- People felt safe, staff had completed training and understood their responsibilities to safeguard people and there were suitable policies and procedures in place
- People told us they felt safe living at Brinnington Hall. One person said, "I feel very safe in this environment." A relative told us, "We feel [family member] is 100% safe here."

Assessing risk, safety monitoring and management

- Risks were assessed, and systems were in place to monitor and manage this. Equipment was subject to regular checks and maintenance.
- Environmental risk assessments were in place and, where risks were identified, action was taken to reduce this as much as possible.
- People's needs and risks were assessed, and care plans developed to reduce risk where possible. Assessments were completed prior to admission to ensure the home could meet a person's needs and were subject to ongoing review. Equipment, such as floor sensors were put in place where potential risk was identified.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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

People living at Brinnington Hall were supported to see their friends and family in line with current guidance. We saw several people enjoying visits with their loved ones during our inspection.

Learning lessons when things go wrong

- The service investigated and analysed incidents where things had gone wrong to understand where lessons could be learnt. Updates and information from lessons learnt was shared with staff in a variety of forums, including staff meetings and one to one supervision.
- Systems for oversight of accidents, incidents and safeguarding's were in place. We saw that action was taken in response to these. For example, by putting appropriate equipment in when people had fallen or developed skin integrity issues.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy living at Brinnington Hall. One person told us, "It is always such a pleasant atmosphere around the home because the staff make it that way. I would recommend the home to anyone." Relatives also commented on the culture of the home with one telling us, "It's a very good atmosphere, very pleasant and jolly all the time."
- Staff spoke positively about working at Brinnington Hall and were happy in their role. One member of staff told us, "I love it here. There are a good bunch of staff."
- People and families told us they felt able to share their views. One person told us, "I've met the manager. They come in and chat when they are passing. I feel if I had anything to say I could talk to them and they would deal with it."

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 registered manager understood the requirements of the duty of candour.
- Staff told us the registered manager had an open-door policy. One staff member told us, "I feel I can approach all the managers here. There is an open-door policy and you can raise any concerns."
- Where things had gone wrong, such as a person had fallen or there was a medication error these were investigated, and lessons learnt. Investigation reports were provided where needed and there was evidence family were kept informed.

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

- The registered manager worked closely with all members of the management team. Work was shared appropriately to drive improvements within the home.
- The registered manager understood and complied with legal and regulatory requirements. Information was being shared with CQC, safeguarding teams and other services as needed.

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

- There were various processes to involve people, families, staff and the community in developing the service. This included various meetings and surveys.
- Resident meetings were held, and surveys used to obtain feedback from people and relatives. We saw how

this information had been used to make changes within the home, for example around food and snack options and activities. One person told us, "We have residents' meetings and I always put my two-pennyworth in. If we say things, they do act upon them."

- People, relatives and staff all felt able to raise any issues. One relative told us, "I am sure I could speak with the registered manager if I had any problems. I am glad to say I have no issues with the care my family member is receiving."

Continuous learning and improving care

- The registered manager and management team were committed to driving improvements across the home. The registered manager was new and was working with the management team to develop and implement a number of areas for change and improvement within the home.

- The management team were responsive to feedback and committed to delivering good quality care. Staff were enthusiastic about the work they did and keen to learn and develop skills.