

Ideal Carehomes (Number One) Limited

De Brook Lodge

Inspection report

110 Irlam Road
Flixton
Manchester
Greater Manchester
M41 6NA

Tel: 01617559750
Website: www.idealcarehomes.co.uk

Date of inspection visit:
02 September 2021
07 September 2021

Date of publication:
06 October 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

De Brook Lodge (known as De Brook) is a residential care home providing personal care and support for up to 52 older people, some of whom live with dementia. Communal rooms and individual bedrooms are provided on each of the three floors. Aids and adaptations are provided throughout. At the time of the inspection there were 37 people living at the home.

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

A new manager had recently been appointed. It was acknowledged by the management team that improvements were needed to ensure people received safe and effective care. A range of audits and checks had been completed to review the service. Action had been taken to address the shortfalls.

Safe recruitment procedures were in place. Following review, staffing levels had been increased so that sufficient numbers of staff were always available. Further recruitment was taking place and shift patterns reviewed providing more flexibility in support at core times.

Systems were in place to help manage people's prescribed medicines. Staff responsible for the administration of medication completed training and assessment to check their practice was safe. Issues identified in one unit were resolved during the inspection.

Individual care plans were in place. These were personalised detailing people's wishes and feelings. Where risks had been identified these had been assessed and planned for. Support and advice was sought from health professionals where there had been changes in people's needs.

People and their visitors spoke positively about the care and support provided by staff. A range of activities and opportunities were provided offering variety to people's day.

Suitable arrangements were in place to ensuring the premises and equipment were kept safe. Good hygiene standards were maintained, and guidance adhered to in relation to COVID-19.

Systems and processes were in place to deal with any safeguarding concerns and complaints. People and their visitors said they felt able to raise any issues with the staff team. Managers had worked closely with the local authority to resolve recent concerns and improve systems so people received safe and effective care.

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 28 September 2020).

Why we inspected

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 number of falls, weight loss and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

De Brook 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 Care Act 2014.

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 two inspectors 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

De Brook Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was making application to register with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives and friends of people about their experience of the care provided. We spoke with seven members of staff including the regional director, manager, senior care staff and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and support. Other records in relation to health and safety and the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, staff rotas and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to help protect people from harm.
- The management team had been working closely with the local authority to address recent concerns about the safe care and treatment of people.
- People told us they felt safe and cared for by staff who knew them. We were told, "What makes me feel safe is at night, as there are people around me" and "The staff make me feel safe and I feel I receive the care I need."
- Following recent concerns managers had developed an action plan to both inform and develop the team; helping to minimise future risks and improve standards of care.
- Staff were aware of their responsibilities to report any issues or concerns. One staff member told us, "I have confidence in [manager], she's a hands-on manager and will sort things."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and planned for.
- Concerns had been raised in relation to a high number of falls and people's weight loss. Management audits and checks had been introduced to help monitor and explore any themes or patterns so timely intervention could be provided.
- A review of care records showed weekly weights were now being recorded for those people at high risk. Staff spoken with were aware of those people losing weight and how to support them. Additional advice was sought from healthcare professional when needed.
- Information seen showed there had been a reduction in falls over the last month. Where necessary sensor mats were in place to alert staff. One person's relative told us, "The staff are very accommodating and flexible they understand my [relative] has mobility issues."
- People had the use of aids such as zimmer frames, enabling them to move around the home safely as well as maintain their independence.
- Maintenance and servicing of the environment and facilities were carried out. An 'emergency grab bag' was available in the reception area. This included up to date personal emergency evacuation plans for each person along with relevant contact information for staff and support agencies.

Staffing and recruitment

- Robust recruitment processes were in place.
- A review of four staff files showed that relevant information and checks were made prior to new staff commencing their employment.
- People told us they felt enough staff were not always available. One person said, "They could do with

more staff as they are always short staffed."

- Managers acknowledged adequate staffing levels had not previously been provided. A review of staffing levels had been completed. Staffing levels had been increased to help ensure people were cared for safely.
- A review of rota's confirmed what we had been told in relation to the increase in staff. From our observations the atmosphere within the home was relaxed and staff were seen to work well together.
- Staff were aware of the new shifts being introduced. One staff member felt 'this would help', they also said, "It's a close-knit team, we work well together and are great with the residents."

Using medicines safely

- The management and administration of people prescribed medication was safe.
- A medication 'champion' took responsibility for overseeing the medication system as well as supporting those staff responsible for the administration of medicines. This included the completion of audits as well as relevant training and assessments of competency; ensuing practice was safe.
- Where people were at risk of choking, thickeners had been prescribed to add to their drinks. Care records detailed how this was to be used and care staff showed us where this was recorded on people's care records.
- The application of topical creams was also recorded on care records along with details of where and how often this needed to be applied.
- On one unit we were told no-one received their medication covertly (where medication is mixed into food or drinks). This was being reviewed for one person with their GP so that a decision could be made in the persons 'best interest'.
- During the inspection we found the medication fridge on one of the units was not maintained at the correct temperature and records for one person who recently returned to the home were not accurate or complete.

The provider responded immediately during the inspection to address the shortfalls found. They confirmed all the actions identified were completed and records updated to accurately reflect items prescribed.

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 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 using PPE effectively and safely.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Electronic care records were in place to record all interactions and support provided. Further training and guidance had been provided for staff to help enhance the information recorded. Staff said the system provided prompts, so all areas of care and support were completed.
- Care plans were personalised and included individual routines, choices and preferences. Daily notes and monitoring of people's well-being were also completed. Records had been reviewed to make sure they reflected the current and changing needs of people.
- During the inspection we observed staff being kind and caring to people, understood the individual needs of people and responded to requests for help in a timely manner.
- People we spoke with said, "Staff treat me with respect, they knock on my door, call me by my first name" and "Staff are kind and good."

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

- Designated staff were responsible for coordinating the activities and opportunities available for people. As part of the home's improvement plan, managers had recruited additional staff to enhance this further.
- Throughout the inspection we observed a range of activities taking place on each of the units. This included; reading the newspaper, reminiscing, singing and skittles. An afternoon in the cinema room was also well attended with people watching "The Greatest Showman" and staff preparing milkshakes with whipped cream for refreshments.
- Staff were seen to be confident and animated, enjoying interactions with people. People enjoyed singing along to Morecambe and Wise songs with staff.
- Two people we spoke with told us how they had been supported in developing relationships with befrienders during the pandemic, enjoying visits as well as sharing hobbies and interests.
- De Brook had also taken part in the organisations 'Garden in Bloom' competition. The grounds and garden were extremely attractive with colourful decorations representing the 2020 Olympics. The home had been judged as winners of the regional event.

Improving care quality in response to complaints or concerns

- Processes for the reporting and responding to complaints and concerns were in place.
- People we spoke with commented on staffing and management changes, however said they had no complaints about the care they received. One person said, "If I had any complaints, I would raise them with the staff on duty."

- The home's complaint procedure was displayed in the home and accessible to people and their visitors. One person's visitors told us. "I feel able to speak out if I had any concerns."

End of life care and support

- Care plans were completed for those people wanting to outline their wishes and feeling about their care at the end of their life. This also included a 'Do not attempt cardiopulmonary resuscitation' (DNACPR).
- The team worked closely with healthcare professionals, so that the care and support people wanted and needed at the end of their life could be provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available in a way that people could understand, depending on the individual needs of people. This included, using display boards, easy to read leaflets or through group and individual meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new management appointment had been made. Application to register with the commission had been made. The manager demonstrated a good understanding of the needs of staff and people who used the service.
- The manager reported all events affecting the well-being and safety of people to the CQC, as required by law.
- Visitors told us they were aware of the changes in staff and management and felt they were kept up to date with any changes. One person told us, "I've seen an improvement since we last visited which was three months ago, a lot calmer and relaxed"
- Staff also felt morale with improving. We were told, "I have confidence in [manager], she's a hands-on manager and wants to develop staff" and "I feel she can make the changes needed, she's more present."

Continuous learning and improving care

- The manager and regional director acknowledged internal issues had contributed to recent concerns. Following a full review of the service a comprehensive improvement plan had been implemented, identifying areas of improvement and how these were to be met.
- In addition, numerous audits and checks were being completed on a weekly and monthly basis to help monitor standards of care. This included areas such as, medication and accidents and incidents.
- Actions identified had been shared with the staff team to support their learning as well as keep them informed. This had included, role play sessions about people's experiences of living in a care home, reinforcing the importance of dignity and respect as well as further training around maintaining accurate and clear care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Due to management changes, the manager had arranged to meet with people and their relatives to help improve communication. Feedback from one family member following a recent review was, "Thank you for spending so much time with us this morning, informative and gave us reassurance." Another visitor was complimentary about being kept informed about their relative when restrictions were in place.
- The home had introduced 'resident of the day'. This provided people, where able, with the opportunity to

express their views about areas, such as housekeeping, meals, activities & staffing.

- Further opportunities were also provided to help keep staff informed as well as enable them to share their views. These included daily handovers, individual supervisions and team meetings. Staff felt communication had improved.

Working in partnership with others

- Following recent concerns managers were working closely with the local authority provider relationship team, who monitor the service. We were told the authority was happy with the progress made and plans to increase occupancy within the home.

- People's records showed that additional advice and support had been sought from health professionals where people's needs had changed.

- As part of the home improvement plan managers were exploring how they could build on links within the local community.