

Pearlcare (Lincoln) Limited

Brantley Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Brantley Manor 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. It provides accommodation for a maximum of 33 older people in a single house. At the time of our inspection there were 28 people living at the service.

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

Improvement was needed to the recording of the administration of people's medicines. The home was clean, and staff understood how to prevent and manage infections. There was a process in place to carry out quality checks. These were carried out on a regular basis.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm and staff were aware of these. People said they felt safe.

People enjoyed the meals and their dietary needs were catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

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 had good health care support from external professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. People had access to a wide range of activities and leisure pursuits and were involved in planning these.

We saw evidence of caring relationships between staff and people who lived at the home. Staff were aware of people's life history and preferences and used this information to develop relationships. People felt well cared for by staff. Care records were personalised and were regularly reviewed. People had been involved in the development and review of their care plan.

The provider had displayed the latest CQC rating at the home and on their website. When required notifications had been completed to inform us of events and incidents, however the provider had failed to notify CQC of DoLS authorisations. These have now been submitted.

More information is in the detailed findings below.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Brantley Manor on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (published 2 September 2017). At this inspection the service remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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 not consistently safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring 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 

Brantley Manor 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Brantley Manor 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. A registered manager was in post. A registered manager and 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

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection

During the inspection we spoke with three people who lived at the service, three care staff, the activity coordinator, the registered manager, the area manager and the deputy manager. We looked at three people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance. We spoke with three relatives of people living at the home. We also spoke with two visiting health professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 had deteriorated to 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

- We reviewed the management of people's medicines and found shortfalls in administration practice which increased the risk of harm. It was not clear if some people had received their medicines as prescribed, as staff had not consistently signed medicine administration records to confirm this. Improvement was required to ensure people's medicines were administered safely at all times.
- More positively, where people received their medicines in food without their knowledge (covertly) suitable arrangements were in place.
- Arrangements were available for medicines which require specialist arrangements for storage.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Preventing and controlling infection

- Infection control systems were effective. Regular checks had been carried out around the home. The home was clean.
- Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Assessing risk, safety monitoring and management

- Risks to people's individual safety had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks. Staff used nationally recognised tools to assess the needs of people who lived at the service.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment

- At this inspection we found there were enough staff available to meet the needs of people. A person who chose to stay in their room told us, "There are always staff about and they respond quickly."
- People received care in a timely manner and according to their care plans. During the inspection we observed staff responding to people in a timely manner.
- The registered person had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of

professional misconduct.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow internally but not all staff we spoke with were clear about referring to external agencies such as the local authority. Records showed that care staff had completed training and information was available in the home.
- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

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 the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had been put in place.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
- At the time of inspection there were 23 people subject to a DoLS authorisation.

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

- Bedroom doors were numbered and had pictures and photographs to support people to orientate themselves around the home.
- People's bedrooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was in working order.

Staff support: induction, training, skills and experience

- Arrangements were in place to provide regular updates on topics such as first aid and moving and handling. This helped to ensure staff's skills were up to date to provide effective and safe care.
- Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervisions had taken place. These were important because they provided staff with the opportunity to

review their performance and training needs.

- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard. A member of staff who was on their induction told us they thought this was the best induction they had, and they felt very supported.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.
- People and their relatives told us they had been involved in planning care and were aware of their care plans.

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

- People told us the food was good. One person said, "I like the food here." Staff were familiar with people's needs and likes and dislikes.
- Where people had specific dietary requirements, arrangements were in place to ensure people received this.

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

- People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. One person told us, "I see the nurse regularly she dresses my legs."
- Where people had specific health needs, for example, diabetes, care plans reflected this and detailed how to meet these needs.
- Care records included oral health assessments and we observed people had access to a dental service if required.

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was respected. For example, staff spoke discreetly with people, when offering support and providing personal care. One staff member told us, "This is a home first."
- Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept securely and out of public view. Computer records were password protected so that they could only be accessed by authorised members of staff.
- We observed people were supported to maintain their independence. For example, the provider had refurbished two double rooms into flats where people could live more independently with support.

Ensuring people are well treated and supported; equality and diversity

- People were involved in their care planning and expressing their wishes about their care.
- We observed staff knew how to care for people who needed support to prevent any distress. For example, a person became upset and staff sat with them and tried to reassure them and understand what was wrong. They checked if the person was in pain or required assistance. Another person was distressed because they said they didn't have any money for the biscuit they were offered. The staff member told them it was 'their treat'.
- Staff understood the importance of promoting equality and diversity and people were treated as individuals. For example, care records considered whether people's religious and cultural beliefs affected how their care was to be provided.
- The provider recognised the importance of appropriately supporting people according to their sexuality. A policy to guide staff was in place. Staff were aware of this.

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

- People were supported to express their views and be involved in making decisions about their care and treatment. For example, staff asked people if they needed assistance before providing it.
- Staff gave each person appropriate care and respect while considering what they wanted.
- People had access to advocacy resources and staff had ensured that people were aware of this by providing information and talking to each person on an individual basis about it. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had access to hobbies and one-to-one and group activities on a regular basis. For instance, on the day of our inspection people were taking part in exercises and had a visit from an animal charity.
- People were also supported on an individual basis to maintain relationships. Relatives were made aware of activities and encouraged to join in and make memories with people. A relative told us they were, "Always made welcome." One person had previously enjoyed going out for afternoon tea with their family member. Because they were no longer able to do this, arrangements had been made for afternoon tea to be served to them on a weekly basis at the home.
- People also had the opportunity to engage with the wider community. For example, weekly 'inter-generational' events were organised, enabling people to share activities with local children and their parents. Similarly, local organisations, including scouts and cubs, visited the home to take part in activities with people. One regular activity was a 'virtual cruise', which visited a different country each month, generating a wide range of activities about the culture, food and drink, dress, music and history of each country. For example, when the cruise visited France, people had the opportunity to participate in constructing a model of the Eiffel Tower.
- Care records included information about people's history. This is important because it helps staff to understand people's needs and wishes. We observed this information was used to care for people. For example, staff talked to a person who had worked in a newspaper office about how they folded the newspapers and used the information to encourage them to take part in exercises.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs had been assessed and care plans had been regularly reviewed and updated to reflect people's changing needs and choices.
- Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. Staff were aware of people's likes and dislikes and used their knowledge to enhance personalised care.
- An arrangement to ensure information was available when people required emergency treatment or hospital care had been put in place. Individual information packs had been developed, this meant people's needs and wishes would be met in the event of them requiring treatment.

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.

- Care plans included information about how to communicate with people. For example, a care record explained how a person, 'use short slow and concise information'.
- We observed staff using signs and gestures to support their communication with people.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.
- A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support

- People had been given the opportunity to put in place advanced care plans so that staff were aware of their wishes at the end of their life.
- Records recorded people's preferences for care and for funeral arrangements.
- The provider had worked with other agencies to ensure that medicines to support people at the end of life care were in place.

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 Good. This meant the

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had notified CQC of accidents and incidents as required. However, they had failed to notify CQC about DoLS. This is a requirement of registration. The registered manager told us they were unclear about the requirement and would now submit these. We have now received these notifications.
- A system for managing quality checks was in place and the provider also had processes in place to ensure that action was taken when issues were identified.
- The provider had followed best practice guidance in relation to management of risk, provision of care and infection control.
- A registered manager was in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- An electronic care planning system had been introduced. Staff were able to input information on a real time basis and they explained it saved time and meant they had more time to spend with people. The system also provided detailed information so that staff and visiting professionals were able to review people's health and welfare.
- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues.
- The previous inspection rating was displayed in the home and on the registered provider's website.

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

- Staff were engaged in discussions about the service. The registered manager had put arrangements in place to facilitate this, including regular staff meetings and supervisions.
- Staff told us they thought the registered manager was approachable. They said the registered manager was open and visible and they felt involved in the running of the home.
- Regular meetings were held with people who lived at the home. People were encouraged to be involved in decisions. For example, people had had opportunity to taste different breads at a lunchtime so they could identify which they would like to be provided.

Working in partnership with others

- The manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of life. For example, the registered manager had worked with the GP to improve arrangements for obtaining

medicines.

- Working relationships had been developed with other professionals, to access advice and support. We spoke with two visiting professionals. One said, "If I had to go anywhere in the future it would be here." Another told us, "We are planning training with the home so we can work together more."