

Pro Care Homes Limited

Bronswick House

Inspection report

16-20 Chesterfield Road
Blackpool
Lancashire
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Tel: 01253295669

Date of inspection visit:
09 January 2020

Date of publication:
03 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bronswick House is registered to provide personal care for fourteen people whose needs are associated with their mental health. The home offers support for life and does not offer rehabilitation services. It is set on two floors with three bedrooms on the ground floor and ten on the first floor. There is one shared bedroom. Bronswick House is situated in a residential area and is close to public transport.

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

People told us they felt safe and supported by the staff team. Staff assessed and managed risks so people were able to be as independent as possible but remain safe. The registered manager had robust system for recruitment and there were enough staff to meet people's care and support needs. Staff supported people with their medicines as they needed. The home was clean with satisfactory infection control.

Staff supported people to see healthcare professionals promptly to help their health and wellbeing. People had sufficient food and drink and staff were familiar with their dietary needs. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions. The provider had made improvements to the home environment. However, this would benefit from further attention to make the décor pleasant and appealing. Staff had been suitably trained and supported and had the skills, knowledge and experience to provide good care.

Staff provided care that met people's needs and preferences and respected their diversity. People, and if appropriate their relatives, were involved in planning their care and encouraged to make decisions. People told us they enjoyed living at Bronswick House and were treated with respect and consideration.

Staff had assessed and were familiar with people's specific communication needs. People were involved in a variety of activities independently or with staff support. Staff encouraged people or their families to tell them about any concerns or complaints. People could remain at Bronswick House, with familiar people to support them, when needing end of life care.

People said they were encouraged to make decisions about their lives. They said staff listened to and acted on these. The registered manager monitored the service to check on the quality and to make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations. They worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe.

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

Rating at last inspection:

At the last inspection the service was rated good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bronswick House

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.

The inspection team

This inspection was carried out by an inspector.

Service and service type

Bronswick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that 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:

The inspection was unannounced.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Bronswick House. We spoke with the registered manager and two care staff.

To gather information, we looked at a variety of records. This included medicines records and parts of two people's care records. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

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; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse and avoidable harm. They said they felt safe because they knew and trusted the staff, and security of the house was good. People said they would talk to senior staff at Brunswick House or their social worker if they had worries.
- Staff were trained in safeguarding vulnerable adults and knew what to do if they felt someone was being harmed or abused.
- The registered manager completed risk assessments to make sure they kept people safe. Staff supported people to be as independent as possible, while guiding them against unnecessary risks.
- Staff had arrangements in place to support people in emergency or unexpected situations.

Staffing and recruitment

- Staff recruitment remained robust and safe. The registered manager made recruitment checks before any new staff member could work at Brunswick House.
- There were sufficient, suitably skilled and experienced staff to meet people's needs and support them in the home and local community. People told us there were enough staff to provide the care they needed.

Using medicines safely; Preventing and controlling infection

- Staff continued to manage medicines safely, as prescribed and in line with good practice guidance. They had training in managing medicines. This helped them give medicines correctly and to learn about the uses for and effects of various medicines.
- The registered manager checked staff were giving medicines safely and according to procedure. If an error was made, the registered manager dealt with the error promptly.
- People supported, staff and visitors were protected from potential infection because staff were trained and followed safe infection control practices. Staff told us they had access to disposable gloves and aprons when they supported people with personal care. This reduced the risk of cross infection. All areas of the home were clean and hygienic.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. They reported and documented accidents, incidents and near misses. The registered manager reviewed these for lessons to be learnt. They reflected with staff and took action where improvements were needed. This reduced the risks of similar incidents.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had arranged some upgrading of the building since the last inspection. However, it needed further improvement to make the home pleasant and appealing to live in. One person said, "The house isn't as nice as other homes but the staff are lovely, that is why I am here." Where people needed mobility equipment this was to their individual's needs.
- Since the last inspection, the provider had organised the replacement of a damaged roof, fitting of a new kitchen and new flooring and décor in several rooms. Other areas of the home remained poorly decorated, despite the efforts of the registered manager, who had bought new bedding and other items.
- Staff had encouraged people to personalise their bedrooms to their individual taste. They had also encouraged people to get involved in improving the courtyard garden with plants and garden ornaments.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff continued to provide people with sufficient food and drink and assist with any help they needed. This helped people to receive appropriate nutritional care and support.
- The staff team worked closely and effectively with health and social care professionals. They helped people to receive health care promptly to improve their health and wellbeing. One person said, "They are marvellous. They help me keep healthy and on the straight and narrow." Another person said, "They have been very good while I have struggled to get about."
- We saw staff informed other professionals where someone became acutely ill and provided support to people who were admitted to hospital.
- Staff gave people advice and guidance in how to live healthy lives, encouraged them to eat healthily, exercise and be active.

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

- There was a stable staff team who were familiar with people's needs and most people who lived at Bronswick House had lived there for several years. The registered manager had continued to improve and develop care records. This meant, there would be enough information to provide continuity of care, even if there were staff changes in the future.
- Staff encouraged people to be involved in updating their care plans and making new choices where they were willing to be involved. They made sure information was up-to-date and changes made promptly.
- Staff applied learning effectively in line with best practice. This helped them to provide care that met people's needs.

Staff support: induction, training, skills and experience

- Staff completed training in care to help develop their skills and knowledge. People told us staff were able and competent. The staff team had frequent training, supervision, appraisal and staff meetings, to help them provide suitable care.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been authorised.
- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff continued to be knowledgeable and respectful of people's rights, differences and diverse needs which helped them provide the right support.
- People told us staff were kind and patient and treated them in a caring way. One person said, "The staff here are just fabulous. They treat us as people who deserve their care and as though we are important to them." Another person told us, "They are all pretty good. They do their best for us and are pleasant."

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

- People said they were encouraged to give their opinions about their care and support. They were involved in deciding how their care was provided and with making decisions about their lives. Staff involved relatives, where appropriate, in discussions about their family member's care.
- People were given information about advocacy services, and help to contact them if needed, so an independent person was able to act on their behalf, if needed.
- Family and friends were welcomed to the home. Visits could take place in private if people wished.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One person told us, "Staff always knock on our bedroom doors before coming in and encourage everyone to do the same."
- Staff helped people to be as independent as they were able. They assessed risks with people, encouraged people to avoid risky behaviours and to remain safe.
- People's care records were kept securely, and their confidentiality respected.

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; 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

- Staff gave people care that met their needs, respected their choices and improved their wellbeing.
- People said they had the opportunity to take part in social, leisure and educational activities, in house and the local community. These helped meet people's social, spiritual and emotional needs.
- People were involved in reviewing their care plans which were informative and person-centred.

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.

- Staff were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Staff understood each person's communication needs, including where people needed extra support with speech, hearing, sight or understanding. This information was written in people's care plans.

Improving care quality in response to complaints or concerns

- Complaints information was available for people and their representatives. People told us they were aware of how to complain if they were unhappy with any part of their care and support.
- People said they hadn't needed to make a formal complaint about their care. They told us any problems were dealt with quickly and to their satisfaction. One person said, "I would just tell [registered manager] and she would get it sorted."

End of life care and support

- Staff had supported people at the end of life and knew the importance of doing this well. They wanted to support each person to remain at Bronswick House if possible. If this was not possible, they said they would give as much support as they were able, wherever they were being cared for.
- Staff had supported people to grieve when one of their housemates were seriously ill or had died.
- Staff had explored people's preferences and choices in relation to end of life care where people were willing. They had recorded this in care plans.

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.

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

- There was a clear staffing structure and lines of responsibility and accountability which people understood. The registered manager worked alongside the staff team and closely with people supported. There were few changes of staff and they remained a stable support and influence on people.
- The registered manager carried out frequent audits on the quality of the service. If shortfalls were found, they promptly made improvements. They made sure the provider was kept informed about the management of the home.
- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

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

- The registered manager sought people's views in a variety of ways including informal discussions, meetings and surveys. People told us the registered manager was approachable, requested their views about any new ideas or changes in the home and fully considered their ideas.
- Staff told us they were comfortable in suggesting ideas or changes or raising concerns with the registered manager. They said they could do this through staff meetings, supervision, handover meetings and informal chats.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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, provider and staff team were open and transparent. They were clear people they supported were their priority. They knew people well and encouraged them to make decisions about their care and support.
- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service through meetings, discussions and training to ensure good outcomes for people.

- The registered manager had systems to check people had good care and were supported as they should be. They sought people's views, and reviewed care and records. They evaluated any accidents and incidents to see if lessons could be learnt and to reduce risks of similar events.
- The registered manager looked at current legislation, standards and evidence-based guidance. Where improvements could be made, these were discussed and acted on.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals. They were involved in the local community and made sure people were part of this by using local shops and leisure facilities and getting to know neighbours.