MDS Healthcare (Care Homes) Limited

Brandreth Lodge Nursing Home

Inspection report

Stoney Lane
Parbold
Wigan
Lancashire
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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

Brandreth Lodge 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.

This inspection took place on 29 January 2018, and was unannounced.

Brandreth Lodge Care Home is situated just outside the small rural village of Parbold in Lancashire. The home can accommodate up to 24 people requiring support with their nursing or personal care needs. Permanent or short term placements are available. The home has a small private car park.

This service was registered by CQC on 3 October 2016, and this is the first time a rating has been given to the service since registration.

A registered manager was not in post at the service, however, the manager of the home had applied for registration with the Care Quality Commission, and their application was being processed at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was passionate about ensuring people at the service had a good quality of life and were supported safely. They had worked well with outside professionals and took on board advice and guidance to make a positive difference to the support people received. They used information from mistakes and incidents to learn lessons and improve safety.

There was an open culture at the service which meant staff felt able to raise concerns freely and know that something would be done as a result. People and families told us the registered manager was approachable and visible.

The whole staff team had received refresher training in areas such as manual handling and skill levels were good.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and we noted that these had lessened in this service.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. Staff

recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had robust disciplinary procedures in place.

Medicines were well managed. People had their medicines reviewed by their GP and specialist health care providers.

Staff were trained in infection control and supported people in their own environment. Staff we spoke to displayed a caring attitude. They understood how to support people and help them maintain their dignity and privacy.

There were regular internal and external audits of all aspects of the service. Changes were put into place after evaluation of the service. Good recording systems were in place and these covered all the support needs of the people in the service.

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.

There were enough staff to provide the support people required.

Robust systems were in place to check that new staff were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

Suitable arrangements were made to safely assist people in taking their prescribed medicines.

Is the service effective?

Good

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People were well supported to maintain good health. Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and wellbeing.

People capacity was always assessed in line with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were supported by staff who were very caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well.

Staff gave people time to carry out tasks themselves and understood the importance of supporting people's independence.

Is the service responsive?

Good

The service was effective.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support.

The registered provider had an appropriate and responsive procedure for receiving and managing complaints.

Is the service well-led?

Good

The service was well-led.

Although the service did not have registered manager in place, the manager, who was experienced and well trained, was going through the application process to be registered with the CQC.

People using the service, their relatives and staff were positive about the new manager's running of the service.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

The provider set high standards and monitored the quality of the service to ensure these were maintained.

Brandreth Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 29 January 2018, and was completed by one adult social care inspector, an expert by experience and Specialist Advisor (SpA). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. SpAs offer particular professional knowledge and expertise to inspections when this is needed. They are health and social care professionals and clinicians drawn from a range of disciplines.

Prior to the inspection we gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

We spoke with five people who used the service, six visiting relatives, 5 visiting healthcare professionals, seven members of staff, the acting manager and the registered provider. During the inspection we reviewed four people's care plans, four staff files, quality audits, team meeting notes, medication records and other documents and records associated the running the of service.

Good

Is the service safe?

Our findings

People living at the home said that they felt safe. One visiting relative said, "I've been looking for a place for my [relative] for ages, and tried many places. Since moving here, my [relative has been settled and very happy. I go home at night knowing that my [relative] is safe and sound." One visiting health professional said, "We visit very regularly and have no concerns over safety."

We found that staff received training in safeguarding vulnerable adults, and our discussions with staff showed that the service had well established relationships with the local safeguarding team operated by the Local Authority. Staff were aware of how to report safeguarding issues and concerns, and had a good understanding of potential abuse which helped to make sure that they could recognise signs and symptoms of abuse.

The manager and service provider were found to investigate (when asked) and review incidents in an open and transparent way. Whistleblowing procedures were in place, and staff knew how to use them. Evidence held within the service records showed that incidents, accidents and safeguarding concerns were reported promptly, and, where required, thoroughly investigated.

The staff and management team clearly explained how they identified risks to the service users, and how they managed them. Staff understood how to minimise risks and there was a good track record on safety and risk management. There were policies and procedures in place for managing risk and staff understood and consistently followed them to protect people. We saw documentary evidence to show that they regularly reviewed how they did this and worked with people, supporting them to manage their environments and behaviours. Staff looked to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Restrictions were minimised so that people felt safe but also had the most freedom possible – regardless of disability or other needs. Staff explained that they gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments were found to be proportionate and centred round the needs of the person. The service regularly reviewed people's needs and took note of any changes, incorporating these into care pans and risk assessments in order to enable people to live as independently as possible.

There were strategies in place to make sure that risks were anticipated, identified and managed. Where the service was responsible it kept equipment serviced and well maintained. The staff and management team took action to reduce the risk of injury caused by the environment people lived in and looked for ways to improve safety. People told us that staff used equipment correctly. People said they knew that the staff and management team would always keep them and their belongings safe and secure.

We found documentary evidence to show recruitment systems were robust and made sure that the right staff were recruited to keep people safe. All the proper pre-employment checks were seen to be carried out in a timely manner, and new staff were shadowed whilst on induction. Rotas showed that there were always

enough competent staff on duty who had the right mix of skills to make sure that practice was safe and so that they could respond to unforeseen events. The service manager explained that he regularly reviewed staffing levels and adapted them to people's changing needs.

Our observations, the records and audits showed that staff stored medicines correctly, disposed of them safely and kept accurate records. People were assured that they received their medicines as prescribed. Where appropriate, the staff involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible. To protect people with limited capacity to make decisions about their own care or treatment, the service followed correct procedures such as ensuring regular discussions with GPs and Social Workers took place, and that decisions relating to medicines were appropriately recorded. To reduce the risk of errors, staff talked with each other, their managers and other agencies and carers, who shared the responsibility for giving medicines. The service assessed the risks when people wished to manage their own medicines.

Staff told us that there was a culture of learning from mistakes and an open approach. There were specific examples of learning from incidents such as falls and medication errors when processes had been modified to prevent further re-occurrences of issues. The staff explained how they managed the control and prevention of infection. Staff followed policies and procedures that meet current and relevant guidance. Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. People who used the service said that they had no concerns relating to food hygiene or general hygiene issues.

Good

Is the service effective?

Our findings

One visiting health professionals said, "The staff team always come across as being very professional, and understand the needs of the people living here. As a group, they have a good set of skills, and I have confidence in the way they work with people." One person living at the home said, "The food is very nice, and the staff are always happy to help. If I need the doctor, then one of the nurses usually spends some time with me to find out hat is wrong, and then if needed, they will call the doctor. I feel very happy here as I know the staff are there to help me when needed."
People's needs were assessed before they moved into the home. Where assessments were not able to be fully completed due to a lack of information, additional measures were put in place to ensure prompt support was available to help with any concerns that may arise. The manager explained that he made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience and attitudes.

We saw records that showed that staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The service had a proactive approach to staff members' learning and development. Staff told us that supervision and appraisals were used to develop and motivate them, and review their practice or behaviours. The manager explained staff were asked questions around equality and diversity during their supervision and appraisals, and this was documented in the staff files.

People were involved in choosing food from a rotating weekly menu. We observed people being served their evening meal. This was a sociable experience and people chatted with each other and with staff whilst eating. Where people required assistance from staff, this was provided discretely and in an unhurried manner. Where people did not want an item on the menu, alternatives were offered. Staff were aware of people's likes and dislikes, and the catering staff were aware of people who required a specialised diet, and ensured this was provided through nutritional assessment and planning.

The service had good links with external agencies such as Speech and Language Therapy, Tissue Viability, Safeguarding, local GP's, Occupational Therapy and Physiotherapy. The feedback we received from visiting professionals was that the service worked well with them to deliver good care and treatment that was safe and focussed on the person.

People were supported to maintain their health and emotional wellbeing through access to preventative healthcare, for example dentists, opticians and chiropodists and had annual health checks and medicines reviews. Staff knew people's routine health needs and preferences and the records showed that these were consistently kept them under review. We found that the service provider, manager and staff engaged proactively with health and social care agencies and acted on their recommendations and guidance to meet people's best interests. Appropriate referrals were made to other health and social care services as and when required. The records showed that people's needs were regularly monitored and reviewed and relevant professionals and people using the service were actively involved in this.

The home was accessible to people with physical impairments, and pleasantly decorated. The manager

explained that there was a rolling programme of refurbishment and renewal. We found that one bedroom had recently been redecorated, and was now used as a dedicated space for people receiving end of life care and treatment. The service had plans to redecorate the dining room, and we saw that people living at the home had been consulted regarding colour choices for wall paper and paint. People living at the home said that it was a pleasant environment to live in.
The service had clear systems and processes in place for referring people to external services. When people used or moved between different services the service provider and manager explained how this was properly planned. We saw evidence in daily records to show that people were involved in these decisions and their preferences and choices were respected.

Consent was always sought before care was provided, and when decisions were made on behalf of or about individuals, then this was appropriately documented. We saw that people, and their relatives (where appropriate) had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment within care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

Staff understood and had a good working knowledge of the key requirements of the MCA. They put these into practice effectively, and ensured people's rights were respected. People were always asked to give their consent to their care, treatment and support. Staff always considered people's capacity to take particular decisions and knew what they need to do to make sure decisions were taken in people's best interests and involved the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, their friends and family were involved.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

Good

Is the service caring?

Our findings

People received care and support from staff who knew and understand their history, likes, preferences and needs. The relationships between staff and people receiving support were described by service users as "positive", "respectful" and "dignified." One person said, "The staff are all lovely. If you need to talk to someone then there's always someone that will listen. They are all very kind and caring."

The atmosphere in the home was calm and relaxed. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home.

People said that staff knew, understood and responded to their person's needs and met them in a "caring and compassionate way." Staff confirmed that they knew people's individual communication skills, abilities and preferences. Staff also told us that they were given enough time to get to know a person who was new to the service, and time to read through their care plan and risk assessments.

People said that they were proactively supported to express their views and staff said that they gave people information and explanations they needed about their care so that they can make informed decisions. Staff were seen to enable people to take control of their daily routines, make decisions and maintain their independence as much as possible. This was evident throughout the inspection when staff consistently asked people for their thoughts and wishes. Staff communicated effectively with every person using the service, no matter how complex their needs. People who used the service knew about and had access to advocacy support and the service had links to local advocacy services where available.

We observed that staff treated people with dignity and respect and encouraged people to treat each other in the same way. We heard that when people had disagreements, staff would act as mediators to help them resolve their differences in a way that helped them to maintain respect for each other's views and opinions and hopefully reach a resolution. This was confirmed by a health professional who told us how staff had assisted a person they supported to resolve an issue with another person who lived at the home.

People told us that they trusted the staff that worked with them, and the staff we spoke with understood and respected people's confidentiality. Staff recognised the importance of not sharing information with people inappropriately, and the service had processes in place to deal with breaches in confidentiality.

Good

Is the service responsive?

Our findings

People told us they knew how to complain. One person told us they would, "Tell the managers" if they had reason to complain. When we asked if they thought the managers would sort it out they responded, "Yes." A visiting relative said, "I have no complaints, and I know who to talk to if a problem arose."

People were seen to receive consistent, personalised care, treatment and support. They were involved in identifying their own needs, choices and preferences and how these were to be met. We saw that people who received services, and those that mattered to them, were actively involved in developing their care plans. Care, treatment and support plans were seen as important to providing good person centred-care. They were detailed and reflected people's needs, choices and preferences.

People's changing care needs were identified promptly, and were regularly reviewed with the involvement of the person and changes put into practice. There were appropriate systems in place to make sure that changes to care plans were communicated to those that needed to know. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links.

People's support plans included information about all areas of their life and guidance for staff in how to provide the support they required. For example, their communication, eating and drinking, work, social and leisure needs, their health and emotional wellbeing and their goals and aspirations. They also included information about people's end of life wishes where appropriate. Support plans included information on how to promote people's independence and choice,
Assessment processes were in place to determine people's individual communication needs and requirements. The manager explained that if people needed information to be displayed in an accessible format then this would be done. Accessible information was displayed in different parts of the home eg staff photographs and names and information leaflets. The activities coordinator explained that the menus were currently being looked at to ensure they were displayed in a more accessible manner by using photographs as well as words to describe the meals.

There were different ways in which people could feed back their experience of the care they received and raise any issues or concerns they may have. The service provider and manager explained that concerns and complaints were always taken seriously. People told us they would feel able to speak to the staff if they had any concerns and said they would be listened to. We observed people freely discussing issues with staff. We saw written evidence to show that all complaints were explored thoroughly and responded to in good time. The service was able to show how a difference to the way they delivered care, and proactively used complaints and concerns as an opportunity for learning. We saw that a slight change to the way care was provided to one person following a minor complaint regarding the food they received, and another regarding the way personal care was provided.

The service had appropriate systems and procedures in place to support people at the end of their life, ensuring that they could have a comfortable, dignified and pain-free death. Staff received awareness

training in end of life care, and were able to talk in depth about the need to ensure that people were supported to keep comfortable through appropriate oral health care, pain relief, adequate nutrition and hydration, and skin care. The nursing staff were trained in the use of appropriate end of life pain relieving medicines, and appropriate systems were in place to ensure interventions were managed in accordance with people's advanced wishes.

Good

Is the service well-led?

Our findings

The manager at the home was not registered with CQC, however, their application to register had been submitted and was being processed at the time of this inspection. The manager was found to have some limited management experience, and had worked as a nurse in different care settings. Our discussions with her showed that she had a thorough understanding of the regulations and standards relating to care homes. The manager had been in post for four months, and durin this time she had introduced new quality assurance systems, a more focussed staff supervision system and had gained that trust and support of the staff team.

Staff said that the service provider and manager were visible and approachable. They explained that there were was an open and transparent culture within the home which helped them share ideas and raise any concerns. Staff felt supported by the management team, and they said that there was a good team approach to work in the home.

The leadership and governance systems were found to promote good quality care based on the assessed needs of people living at the home. Governance and performance management were reliable and effective. Systems were regularly reviewed, and risks were identified and managed. Staff completed on-going checks as part of their daily tasks to ensure people received the care they needed. The service provider and manager undertook a range of audits to ensure staff were providing safe and good quality care. Any actions were identified and completed. Feedback to staff was described as consistent and this meant that any instructions were clear about what was needed to bring about improvements. Policies and procedures were in place for staff to follow, and these were periodically reviewed to ensure staff had up to date guidance which was in line with national guidance and good practice.

We found a positive approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders. People told us they felt involved in how the home was run. Residents and staff meetings took place regularly and people were encouraged to share their views and ideas for improving the service. Minutes of the last meeting showed that people discussed the things that were important to them, such as activities, décor and menus.

People and their relatives had opportunities to provide feedback about their views of the care provided. The service provider had a system where they sent out surveys to a range of stakeholders (i.e. people at the home, relatives, and professionals); however, the result of this survey was not available at the time of the inspection as the results were being collated. The service provider agreed to supply CQC with the results once they had been collated.

Staff told us that communication in the team was effective. They had a handover meeting so that staff coming on shift had up to date information about people and any incidents or changes to their care needs. There was a written copy of the handover so staff could refer to it, and a shift plan with allocated duties to be completed throughout the shift which ensured staff understood their responsibilities and the home ran smoothly.

Through discussion with the manager and staff we found that quality assurance arrangements were applied consistently. Action to introduce improvements were not just reactive or focused on the short term changes, but were planned in consultation with people at the home. For example, changes to the environment had been identified following discussions with the staff and people at the home.

The service had a collaborative and cooperative approach to working with external stakeholders and other services. Visiting healthcare professionals confirmed that the manager and staff always shared information effectively and appropriately. Data relating to people living at the home was shared as required with eternal agencies and this helped to showed there was good systems in place that promoted partnership working. As this was the service's first inspection since re-registration, there was no rating to display. However, there were systems in place to ensure this would happen once a rating was given e.g. website, noticed board with the home. The manager notified CQC of incidents such as safeguarding alerts, as required.