

Pathways Care Group Limited

Brinton Care Home

Inspection report

103-104 Stourport Road
Kidderminster
Worcestershire
DY11 7BQ

Tel: 01562825491

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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

About the service: Brinton Care Home is a service which supported people with learning disabilities and/or autism; and the service was registered to care for five people and five people were using the service.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways through promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs.
- People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible;
- People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted by staff.
- People were supported by staff who knew about their needs and routines and ensured these were met and respected. People knew how to complain and were confident that their concerns would be listened to.
- People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensure people's needs were met.
- Service management and leadership was consistent and any areas for improvements were identified. The registered manager assured people's views and experiences were gathered, and any improvements made.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (report published 6 May 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: There will be ongoing monitoring.

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

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 good findings below.

Is the service effective?

Good ●

The service was effective. Details are in our good findings below.

Is the service caring?

Good ●

The service was caring. Details are in our good findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our good findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our good findings below.

Brinton 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 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.

Inspection team: One inspector carried out the inspection.

Service and service type: Brinton Care Home is a service which supported people with learning disabilities and/or autism; and the service was registered to care for five people and five people were using the service.

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: This inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with three people living at the home. We spoke with two members of staff, the deputy manager and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. Records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe in the home and were supported to understand how to keep safe and to raise concerns when abuse occurred.
- The registered manager and staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. The registered manager had reported abuse to safeguarding when it was identified.

Assessing risk, safety monitoring and management

- People were positive about how their risks were managed and knew when they required support to manage those risks. Care records documented people's history of risk, for example associated risks with any physical needs.
- Staff knew the type and level of assistance each person required to maintain their safety. Staff used guidance in people's care plans to reduce risks to individuals and other people living at the home.

Staffing and recruitment

- People were supported by enough staff to meet their physical and social needs. Staff responded to requests when people wanted assistance or to signs a person needed support.
- People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care and social needs.
- Staff told us before working at the home the registered manager had completed checks to ensure they were suitable to work with vulnerable adults. People had also been involved in interviewing people to check on their suitability.

Using medicines safely

- People were receiving their medicines when they should and medicines systems were organised and the provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Care staff were trained and their competency was checked. Staff looked for opportunities to promote people's independence in managing their own medicines.

Preventing and controlling infection.

- People told us the home environment was clean and their rooms were kept clean. One person told us, "My room is lovely and kept just how I like it."
- People's laundry was collected and washed within a separate laundry area.
- Staff who prepared food observed good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items

such as gloves and aprons.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager looked at how or why the incident occurred and whether a referral to other health professionals was needed. The registered manager took learning from any untoward incidents, and records showed people's risks had been updated in their care plans.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team before moving to the home.
- The registered manager completed an assessment of people's care needs to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to Brinton Care Home.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs and how they liked their care to be provided.
- Staff received an induction when starting work at the home. Further training courses had been completed, which helped them understand people's health conditions better.
- Staff told us they were supported in their role with structured routine staff meetings and individual discussions with the registered manager to talk about their responsibilities and the care of people living in the home.

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

- People were supported to access food and drinks in line with their needs and choices. One person told us, "We choose the meals we like" which were added to a pictorial daily menu board for people to see.
- Staff knew who needed support and monitoring in order to ensure adequate diet and fluids was taken. Staff sat with people to offer guidance where people required assistance with their meals, and to manage any associated choking risks.
- People's mealtimes were not rushed, and people chose where they wanted to eat their meals.

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

- There was a consistent staff team who met at the end of each shift to consider if people's care needed to be adjusted to continue to meet their needs.
- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs.
- People were supported to attend health appointments, for example, with their GPs, mental health specialists and speech and language specialists.
- Health action plans and hospital passports were in place. These helped to ensure people would receive the care they wanted from other organisations.

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

- There were several communal areas to choose from, including quiet areas.
- People chose how they spent their time at the home and were supported with communal areas which were accessible.
- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations to the environment.

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

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive to them. People had made friends at the home and one person told us, "We all get on, it's nice."
- People told us the care provided was individual to them and staff respected people's cultural and spiritual needs.
- People were relaxed around staff who supported them and people happily asked for any assistance they wanted.

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

- People told us the staff involved them with the care they wanted daily, such as how much assistance they may require.
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff.
- Information was provided, including in accessible formats, to help people understand the care available to them.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who respected their privacy and people were able to have time alone when they wanted.
- People told us their independence was respected and encouraged during their time at the home, which was important to them.
- When staff were speaking with people they respected people's personal conversations. Staff spoke considerately about people when they were talking and having discussions with us about any care needs.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

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

- People made decisions about their care needs and each person had a care plan that was tailored to meet their individual needs.
- People care needs were reviewed regularly or if any changes were needed.
- The wishes of people, their personal history and the views of relatives had been recorded. Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
- Staff gave us examples of things people enjoyed doing, such as spending time playing games. People went on trips which interested them, such as dining out and going to local attractions.
- People could choose from a range of things to do, such as crafts, shopping or lifestyle magazines. People also opted to spend their time relaxing in their home and one person told us, "this is my quiet day" and were enjoying this.
- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as objects of reference and picture cards.

Improving care quality in response to complaints or concerns

- People said they would talk to any of the staff if they had any concerns.
- The formal complaints process was available. The registered manager said where possible they would deal with issues as they arose.
- The registered manager had process to record, investigate and respond to complaints and make any suitable adjustments to care or to improve the service provided.

End of life care and support

- The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care and meeting people's wishes.
- Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People liked to spend time with care staff and the registered manager.
- Staff told us they enjoyed their work and were encouraged to reflect on people's individual needs and care provided.
- Staff confirmed they were clear about the registered manager's vision. Staff understood how they were expected to care for people.

Engaging and involving people using the service, the public and staff

- People's views were regularly sought through meetings and surveys. Where suggestions for improvement had been made, these had been acted on.
- The provider was introducing further ideas, such as 'My Voice' so people were able to be involved not only in their own home but with the provider.
- There was a clear management structure in place which was open, transparent and were available when needed. The registered manager was visible and worked as part of the team.
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed.
- The registered manager was supported to provide good care to people, based on best practice standards, researched people's lifestyle choices and the provider supported them.

Continuous learning and improving care

- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- There was a drive to learn and improve people's care further. Staff were encouraged to take learning from

any incidents and to reflect on the standards of care provided, so lessons could be learnt.

Working in partnership with others

- The registered manager was developing community links with a view to further improving care and support for people and to enhance people's life experiences. For example, with the local clubs and attractions.