

Pathways Care Group Limited

Brinton Care Home

Inspection report

103-104 Stourport Road
Kidderminster
Worcestershire
DY11 7BQ

Tel: 01562825491

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11 March 2016
14 March 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Brinton Care Home is registered to provide care and accommodation to up to five people with a learning disability. At the time of our inspection five people were living there.

The inspection took place on the 11 and 14 March 2016 and was unannounced. The visit on the 14 March was for a short period of time to clarify on a matter unresolved on the first day of the inspection which took all day.

At the time of our inspection a manager was in post and was on duty throughout our 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.

People responded positively to staff while they provided care and support for them. Staff were seen to support people in a kind and caring way and communicated with people in a friendly way. People were supported by staff who were aware of their responsibility to report any abuse. Relatives of people told us they believed their family member to be safe living at the home and had no concerns about the care provided. Information was available for people to refer to regarding safeguarding. People were supported to take their medicines as prescribed and protocols were in place for people who took their medicines on an as and when basis.

People had access to healthcare professionals to maintain their health and well-being. However staff had not always carried out directions regarding medical tests to ensure people's welfare was maintained as instructed by healthcare professionals. Although staff received regular training their knowledge regarding the results of these medical tests and the action needed was not always in place.

People received care and support from staff who were supported by the registered manager and were able to seek guidance on aspects of people's care and support. Staff enjoyed working for the provider. Staff were able to attend staff meetings during which people's care needs as well as practices within the home were discussed. The suitability of new staff members was checked before they started working for the provider.

People's consent was obtained by staff before care and support was provided. Best interests were considered when people were unable to make decisions for themselves. People's relatives and suitable professionals were involved in these decisions. People's privacy and dignity was respected and people were encouraged to make choices about how they spent their time.

People were supported to do things they enjoyed doing in the home and in the wider community.

The quality of the care provided was checked and reviewed by the registered manager and the provider.

Where improvements were identified these were carried out.

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.

Relatives told us they believed their family member was safe. People were supported by staff who had an awareness of how to protect people from the risk of abuse. People receive their medicines as prescribed. There were enough staff available to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were able to access healthcare professionals although instructions given had not always been followed through. People were supported by staff who had received training. People were supported by staff who were aware they needed to gain consent from people prior to them providing care and support.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the development of people's care plans. People's relations felt listened to and felt able to raise concerns with the registered manager. People were able to make choices as to how they spent the day.

Is the service well-led?

Good ●

The service was well led.

People were aware of the registered manager and spoke highly of them. People benefited from living in a home where quality

checks were carried out.

Brinton Care 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 was planned to check 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.

This inspection took place on 11 and 14 March 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with all five people who lived at the home and had discussions with two people about the care and support they received. We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of the service provided.

We spoke with the registered manager, the deputy manager and three other staff members including one agency member of staff. We spoke with four relatives or advocates of people who lived at the home.

We looked at the records relating to two people who lived at the home as well as medicine records. We also looked at staff records and quality audits.

Is the service safe?

Our findings

People who lived at the home were seen to be at ease with staff members. One person told us, "I like it here" and "I like the staff". People did not indicate any signs of worry or hesitation when they were with staff members. People we spoke with did not tell us of any concerns they had about their safety. People's body language and facial expressions showed they were relaxed with staff. People were seen hugging staff, holding their hands and laughing.

Relatives we spoke with told us they believed their family member to be safe living at the home and raised no concerns with us. One relative told us they felt their family member was always happy to be back at the home when they took the person out. They felt this was an indication the person felt safe living there. Another relative told us they believed their family member to be, "Perfectly safe" due to how well their family member got on with the staff. A further relative told us their family member, "Seems very safe from what I have seen."

We spoke with staff and they were able to describe different types of abuse people who lived in a care home could be subjected to. Staff told us they had not witnessed any abusive practices happen at the home. Staff were aware of their responsibility to report any concerns they had about people's safety. Staff told us they would speak with the registered manager in the event of them having any concerns or to other agencies as necessary such as the local authority, the police and the Care Quality Commission (CQC). One member of staff told us, "I have never had to do this, but I would".

The registered manager was aware of how to report safeguarding incidents and was aware of incidents which had occurred at the home in the past. They were able to described to us the strategies implemented to reduce the risk of incidents between people who lived at the home to maintain their safety. We saw information about safeguarding and the action to be taken was readily available for staff and visitors to the home to see in the event of them needing to know who to contact.

Relatives told us they believed sufficient staff were on duty at the home when they had visited their family member. Relatives we spoke with were happy with the staffing arrangements. One relative told us, "The staff are terrific". Another relative told us they were happy with the staff as their family member received one to one care and support throughout the day. The registered manager told us they had experienced difficulty in the recruitment of staff and had as a result relied on staff working additional hours and the use of agency staff. The registered manager and staff assured us they had maintained a safe level of staffing to ensure people had not been placed at risk in terms of their safety and not having their care and support needs met. Regular agency staff had been used to maintain consistency of care. Staff we spoke with including an agency member of staff confirmed this was the case.

The registered manager ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The registered manager had used the information received to ensure suitable people were employed so people using the service were not

placed at risk.

We found that the provider had strategies to make sure risks were identified and managed. We saw risk assessments included the actions needed to reduce risks to people's safety. Plans were in place to guide staff on what they needed to do to support people. One relative told us they had seen the risk assessments written up to support their family member. They believed staff had covered all the risks their family member was subjected to and told us they were happy with the staff and the care provided. The relative believed as a result of the assessment of risk their family member was safe with staff who knew their needs well.

People were supported to take their medicines as prescribed by a healthcare professional. One person told us they had seen the doctor and had some new medicine as a result of this. The same person confirmed staff always gave them their medicines and was happy with these arrangements. Staff maintained records to show when they had administered medicines. We found these were in good order and accurate. Protocols were in place for medicines prescribed on an as and when needed basis as a way of guiding staff as to when these medicines may be needed.

Is the service effective?

Our findings

Relatives we spoke with confirmed they were kept informed of any changes to their family member's health care needs. One relative told us, "They (staff) will ring straight away if (family member) is not well." Another relative told us they felt the care their family member received regarding their health care to be, "Pretty good" and added, "The whole thing (the care and support their family member had received) is very good."

Staff told us healthcare support and guidance was sought from specialists such as speech and language therapists where relevant. On reading care records we found staff had not always taken action in line with instructions given by a healthcare professional. For example, staff had not carried out medical tests as directed to make sure the person remained well and or whether any further medical intervention was required. This had not been picked up as the care plan and records had not been reviewed and evaluated during this period of time. In addition we saw occasions when the medical test had not happened at all as a means of monitoring the person's well-being. We asked staff when they would need to seek further medical advice in relation to the medical tests they had carried out. Staff were not able to answer this and no written instructions were available for staff to refer to. Although there was no evidence the person had come to any harm as a result of ineffective staff practices we raised the shortfalls we had identified with the registered manager. They acknowledged the shortfall and undertook to take action to correct this area.

However during our inspection we saw staff acting to ensure people's health was monitored. For example the registered manager was up dated by a member of staff regarding one person who was feeling unwell. The registered manager took time to see the person to assess their how they were. Due to their concern for the person's health the opinion of a healthcare professional was sought. We saw staff including the registered manager checked how the person was and monitored them throughout the day.

Relatives we spoke with believed staff at the home had the skills and ability to meet the needs of their family member. One relative told us the staff, "Know what they are doing". Another person we spoke with told us they believed their relative had improved since they had moved to the home. This was because staff had the skills to bring about these changes with their family member.

All the staff we spoke with were complimentary about the training they had received and believed they had the opportunities to gain knowledge to help them care and support people effectively. We saw staff were scheduled to take refresher training which was allocated to them. The registered manager was aware some staff needed to undertake training in the use of a special medicine used in the event of a person becoming unwell. This training was scheduled to take place. Interim arrangements were in place until additional training could be provided to ensure suitable action was taken in the event of the person becoming unwell. For example the staff could contact a manager who was on call or contact emergency services.

Staff we spoke with told us they were well supported by the management. They told us they were able to gain advice and guidance as needed to assist them in the provision of care and support to meet people's identified needs. Staff told us they attended regular one to one meetings with the registered manager to discuss their work and training needs.

We looked at how staff sought consent before they provided care and support for people. 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 interest and as least restrictive as possible.

We found from speaking with staff they understood the principles of MCA. Staff were aware of the need to speak with people to gain their consent before they provided care and support. Staff we spoke with were aware people may have the capacity to make some decisions while they may not have capacity in relation to other areas of their lives. The registered manager had carried out assessments regarding people's capacity in making decisions regarding aspects of their care. We saw when it was assessed people lacked capacity best interest decisions had been made. For example in relation to people needing dental care. A relative confirmed they were involved along with dental professionals and staff from the home in acting in their family member's best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had completed and submitted applications to the local authority under DoLS to deprive people of their liberty. As a result of not hearing whether the application were approved after a period of 12 months the registered manager had submitted further applications.

People we spoke with told us they liked the food provided. Relatives told us in their experience the meals were good. A relative told us their family member liked having 'take away' meals which people at times had. On the day of our inspection three people went out for their mid-day meal. The two people who remained had a snack which was in line with the choices available. Staff confirmed people had their main meal each evening. We saw a pictorial menu showed a range of options available for people to select from was on display. On the first day of our inspection this showed items which were available to people on that day. When we returned three days later we saw the board had not been changed during that time frame and therefore was not an accurate reflection of what people had available to them that day. Therefore people did not have the correct information available to them to enable them to select the meal they wanted. Staff we spoke with were aware of the needs some people had in relation to eating and drinking. For example the practice of thickening people's drinks where this was required to reduce the risk of people choking.

Is the service caring?

Our findings

During our inspection we saw examples of staff working in a kind and caring way with people who lived at the home. Staff were seen to afford people the time they needed and support them appropriately. People were relaxed and at ease when in the company of staff members. We saw people smiling and laughing while they engaged in hobbies and other interests with staff members.

Relatives we spoke with were complimentary about the staff at the home and the care their family member received. One relative told us, "Staff are very nice and very caring. I am very happy with the care there." Another relative told us they believed the care their family member received to be, "Near perfect" and, "The best care" their family member had ever had and the happiest they had been for years. A further relative described the atmosphere in the home as, "Relaxed" due to the way people, "Get on together."

When staff engaged with people who lived at the home we saw they were considerate and friendly. For example we saw staff asked people about what they wanted to do during the day such as whether they wanted to go out for a drive and have a meal out. One member of staff told us as part of their job they "Make time to speak with people. It's their home. I am a visitor." The same member of staff told us, "I can assure you good care happens here".

We also saw occasions where people showed signs of anxiety or were upset. On all of these occasions we saw staff provided support in a kind and calm way and provided the reassurance people required. We saw staff remained with people until they showed signs of feeling better and more settled.

People were involved in aspects of their care. For example people were able to choose where they sat in the communal areas and were able to spend time in their own bedrooms if they wished. We saw people had personalised their own bedrooms. A relative told us they believed their family member saw Brinton as their home and treated the service as they would their own home. This was as a result of how they had personalised their bedroom and their free movement around the home. Another relative told us their family member was, "Over the moon with their bedroom".

Relatives we spoke with told us they believed their family member was treated with privacy and dignity. One relative told us their family member was, "Treated as an individual and I am happy with the way they are treated by the staff."

Staff we spoke with were aware of ways to ensure people had these values upheld and were able to give examples of the practice they carried out. For example staff closed bedroom doors while they provided personal care. We saw staff knocked on bedroom doors before they entered people's bedrooms. When people needed assistance with aspects of their care and support this was carried out discreetly.

Staff acknowledged through their practice that people's bedrooms were their own private space. One person had a key to their bedroom. During our inspection we witnessed staff seek permission from people before they went to their bedrooms. We spoke with one person who lived at the home who confirmed staff

always sought permission before going into their bedroom.

Is the service responsive?

Our findings

People's relatives told us they and their family member were involved in planning the care provided. Relatives told us any changes were discussed with them and their family member before they were implemented. One relative told us, "Once every 12 months we meet up and have a review of the care plan." Another relative told us, "Once a year we sit down and have a chat and discuss needs."

Staff we spoke with told us they involved relatives in the care of their family member as much as possible. Staff we spoke with had an awareness of people's likes and dislikes and had involved family members in preparing a family history for their family member. This was to assist staff get to know what was important to each individual who lived at the home.

During our inspection we saw staff responded well to people's need for support. For example when one person was unwell the registered manager was informed and suitable action was taken to ensure the person's well-being. Relatives told us they were happy with how staff responded to their family member. One relative told us their family member was more alert since moving to the care home due to how staff had responded to the person's individual care needs.

One care plan we looked at contained regular reviews and any changes to the person's care and support were recognised. Although the registered manager told us care plans should be reviewed monthly we saw another care plan had not been reviewed since October 2015. The registered manager acknowledged this and undertook to ensure the care plan was reviewed and up dated.

People were able to participate in interests and hobbies. During our inspection we saw people involved in a range of interests. For example people engaged in puzzles and art work. One person was engaged in a discussion with a member of staff while they completed a jigsaw puzzle. The picture showed landmarks of London and the discussion was about these places and what they were like. We saw staff encouraged another person with games and stimulation to engage the mind. Through body language we saw people were keen and pleased to be going out in the car for a drive and some lunch. One relative told us their family member "Gets as much stimulation as they need." Staff told us people took part in disco and bingo sessions held within the home.

We had a discussion about holidays. People and staff were able to tell us about the holiday people had gone on last year and about the plans for the different holidays planned for people this year. The holidays were tailored to meet individual needs and interests such as a liking for open spaces. The registered manager told us they wanted to provide more days out for people once they had more permanent staff in place.

Relatives we spoke with confirmed they were asked for their opinion of the service provided for their family member by the use of questionnaires. The registered manager was aware of the comments made as a result of recent questionnaires sent to relatives and professionals. We saw the comments were positive throughout. Relatives had recorded their approval of staff and the care and support provided for their family member. Professionals had responded either 'excellent' or 'very good' to the questions asked.

The registered manager had sought the views of people who lived at the home via meetings with people and questionnaires. The comments made by people were positive. For example people said they felt safe, liked living at the home and enjoyed the food and drink provided.

People we spoke with said they could tell staff if they were unhappy. One person told us it, "Would be best to tell [registered manager's name] as she is the manager." The same person told us the registered manager would listen to them and sort out any worries or problems they had with the care they received.

Relatives we spoke with were confident they could raise any concerns and they would be dealt with. One relative told us, "I would raise any concerns and know they would listen to me" Another relative told us, "I have no complaints at all. I think they are very good".

The registered manager told us they had not received any complaints about the care and support people had received. As part of their regular visits the provider monitored whether any complaints had been received as part of their auditing and oversight of the home.

Is the service well-led?

Our findings

Throughout our inspection we saw people interacted well with the registered manager. One person told us they liked her. Relatives we spoke with were complimentary about the registered manager and spoke of the confidence they had in her. One relative told us, "If there was ever a problem she (the registered manager) would sort it." The same relative told us, "The manager cares about people."

Relatives were complimentary about the communication between them and the registered manager regarding the care of their family member. One relative described the registered manager as, "Lovely" and added, "We have a good relationship". Another relative told us they believed the registered manager to be, "Very good. I would recommend the care they provide".

We spoke with staff and they were all complimentary about the registered manager and how they enjoyed working at the home. One member of staff told us the manager was, "Very good" "Approachable" and "Helps out". Another member of staff told us the registered manager was, "Brilliant" and "Always there to help you and to listen". The same member of staff added, "She's very approachable and makes a big difference to people's care". This was because of how they worked with staff and due to the relationship they had developed with people who lived at the home and their family members. Staff told us they found the registered manager to be open with them and kept them informed of things they needed to know. Staff told us they enjoyed their job at the home. One member of staff told us, "I love it here."

The registered manager was knowledgeable about the people who lived at the home such as their likes and dislikes and their family members.

The registered manager had knowledge about their responsibilities and how they could drive effective care. For example audits were carried out by the registered manager such as the monitoring of accidents and incidents to establish any trends and therefore how risks could be reduced. Other audits undertaken included medicines. They told us they were well supported by their manager who visited the home regularly to provide support and carry out further audits on the level of service provided.

We saw the need for some areas of the home to be redecorated was highlighted on an audit. The registered manager told us plans were in hand to have these areas done to repair damage which had occurred. We found the registered manager had taken suitable action to repair a fire door which was not closing fully into its frame. A device to self-close another door had also broken. This was brought to the attention of the registered manager when they first arrived at the home. Action was taken to ensure suitable persons were informed in order for the fire door to be repaired due to the risks this presented.

Meetings involving people who lived at the home had taken place. Notes taken following the meeting included reference to people's holidays and the discussions held with people while selecting where they wished to go.

Staff confirmed they met as a team. We saw minutes from a recent meeting during which the registered

manager had reminded staff of the action they should take in the event of them becoming aware of any abuse taking place. We saw staff who had not attended the meeting had signed the minutes to show they had read them. One member of staff told us staff members could raise issues or make suggestions during a staff meeting and that these would be discussed and action taken.