

Century Healthcare Limited

Brimstage Manor Nursing Care Home

Inspection report

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Date of inspection visit:
06 May 2021

Date of publication:
01 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brimstage Manor is a care home providing nursing care to up to 46 people living with dementia. At the time of the inspection, there were 31 people living in the home.

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

At the last inspection we identified a breach in regulation regarding the governance of the service. At this inspection we found that although improvements had been made and the provider was no longer in breach of regulation, further improvements were still required.

Systems were in place to help reduce the spread of COVID-19, however, staff testing procedures were not always completed by all staff as frequently as government guidance recommended. We made a recommendation about this in the main body of the report.

At the last inspection we identified a breach in regulation regarding the management of medications. At this inspection we found that improvements had been made and medications were stored and administered safely.

People told us they felt safe in the home and clear safeguarding procedures were in place. The home was clean and effective infection prevention and control procedures were in place. Staff told us they felt safe going to work and they had access to all required personal protective equipment.

Records showed that staff were recruited safely. There was mixed feedback regarding staffing levels within the home, but most people agreed that there were enough staff to meet people's care needs. Feedback regarding the quality of service people received was positive and relatives told us they were kept updated regarding any changes within the home, or with their family members health and wellbeing.

Risks regarding the environment and facilities had been assessed and regular checks undertaken to ensure they remained safe. Care files showed that risks to people had also been assessed and measures were in place to reduce identified risks.

The registered manager was aware of events and incidents that needed to be notified to CQC and had submitted notifications appropriately. Staff worked with other health professionals to ensure people's needs were met and made relevant referrals when required to ensure people's safety.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 15 January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the safety of the building and the management of the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brimstage Manor Nursing Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services .

Inspection team

The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brimstage Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This meant 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams. The provider was not requested to complete a provider information return prior to this inspection. 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 eight people's relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and operations director.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to safe recruitment. A variety of records relating to the management of the service were also reviewed, including accidents, safeguarding information and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed additional records provided after the site visit.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always safely managed. At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

- Systems were in place to help ensure medicines were stored and administered safely.
- Medication administration records were completed fully and accurately.
- When people required their medications to be administered covertly (hidden in food or drink), the necessary agreements and information for safe administration, were in place.
- Staff had completed training and had their competency checked to ensure they could administer medicines safely. A policy was in place to guide them in their practice.

Preventing and controlling infection

- Most aspects of infection prevention and control were managed well, however records showed that not all staff completed testing for COVID-19 in line with government guidance to prevent the risk of spreading the virus. The registered manager had taken some steps to try to improve this, but they had not been fully effective.

We recommend the provider reviews and updates its procedures to ensure guidance regarding testing is adhered to in order to minimise risks.

- We were assured that the provider was preventing visitors from catching and spreading infections. Visiting procedures were in place that reflected current government guidance. People living in the home were regularly monitored for any early signs of COVID-19.
- We were assured that the provider was admitting people safely to the service. People were encouraged to isolate, although this could be difficult to achieve due to people's needs.
- PPE was available to all staff around the home and we observed staff using this appropriately.
- An infection control policy was in place to guide staff and additional cleaning schedules had been implemented.

Staffing and recruitment

- Staff were safely recruited. Records showed that all necessary checks were made to ensure staff were suitable for the role.
- There was usually enough staff on duty to meet people's needs. However, feedback regarding staffing levels was mixed. Most relatives told us they believed there were enough staff available to support people. Comments included, "Yes I think there is enough staff" and "As far as I am aware before COVID-19 there were plenty of staff around." However, staff felt they would benefit from additional staff members, especially when staff had phoned in sick. One staff member said, "People phone in sick and it can be a struggle to get our job done proficiently." Staff told us the registered manager tried to cover any absences and now also used agency to help with this.
- The registered manager was in the process of recruiting more staff and told us staffing levels would continue to be adjusted as more people moved into the home.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported and recorded appropriately.
- Staff had undertaken safeguarding training and were clear about their responsibilities in reporting and recording any concerns. A policy was also in place to guide them.
- Records showed that referrals had been made appropriately to the local authority when required.

Assessing risk, safety monitoring and management

- The environment was safely maintained to minimise risks to people. Regular internal and external checks were made to ensure the building and equipment remained safe.
- Risk assessments had been completed to assess people's individual risks and records showed how these risks should be managed.
- Personal emergency evacuation plans were in place, to help ensure staff knew what support people needed in the event of an emergency.
- Relatives told us the home was a safe place to live. One relative told us, "I feel [name] is safe and have no concerns" and another relative said, "Oh yes I feel [name] is safe there and content as [name] has been to a few places before."

Learning lessons when things go wrong

- All falls were recorded and reviewed each month to look for any potential trends. Records showed appropriate actions had been taken following incidents to reduce risk to people.
- Procedures were in place to monitor the service and utilise learning from events and incidents both within the home and within other care services.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we found that systems in place to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements to the governance systems had been made and the provider was no longer in breach of regulation, but further improvements were still required.

- Procedures in place to ensure compliance with government guidance regarding COVID-19 staff testing were not effective. The registered manager told us they would look at further ways to improve staff compliance with this.
- A range of audits were completed regularly and identified actions required to drive improvements. They did not always clearly reflect if these actions had been addressed, but the registered manager provided additional evidence that showed they had been completed.
- The provider's management team had recently recommenced visits to the home after being postponed due to COVID-19, when virtual monitoring took place instead.
- The registered manager was very responsive during the inspection and took quick action to address issues raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service helped to ensure good outcomes for people.
- Feedback from relatives regarding the quality of service people received was positive. Comments included, "[Staff] respect him, understand him and are really good with him", "The staff are wonderful and work incredibly hard" and "The staff are massively attentive, conscientious caring and always happy to chat with me."
- Staff and relatives told us they felt the home was well managed. One relative told us, "It is well run and organised. [Registered manager] is lovely and approachable. Staff told us they were well supported, that the registered manager had an open-door policy and one staff member said, "[Registered manager] is very organised, authoritative and knows what she is doing."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their relatives.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Records showed that family members were informed in the event of accidents or incidents and relatives confirmed this.

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

- The registered manager was aware of their role and responsibilities.
- A range of policies and procedures were in place to help guide staff in their roles and had been updated as required.
- The manager had notified CQC of events and incidents that providers are required to inform us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked closely with other health and social care professionals to help ensure people's needs were met.
- There had not been any recent meetings held with relatives, but relatives were kept informed through regular newsletters and phone calls. One relative told us, "I call them once a week, but they always call if needed. They ask me my views and always have communication." Another relative said, "I have good contact and if there are concerns [staff] will contact me."
- Referrals were made to relevant professionals when required for specialist advice and support.