Bupa Care Homes Limited

Brierton Lodge Care Home

Inspection report

Brierton Lane
Hartlepool
Cleveland
TS25 5DP

Tel: 01429868786

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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

This inspection took place on 21 September 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Brierton Lodge Care Home provides care and accommodation for up to 58 people with nursing needs, some of whom have a dementia related condition. On the day of our inspection there were 57 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

Brierton Lodge had not previously been inspected by CQC under its current registration.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. Accidents and incidents were appropriately recorded and investigated.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and training was arranged for any due or overdue refresher training. Staff received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care

specialists.

People who used the service and family members were complimentary about the standard of care at Brierton Lodge Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint and complaints had been appropriately dealt with.

The provider had an effective quality assurance process in place. Staff said they felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

Brierton Lodge 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 21 September 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector, an assistant inspector, a specialist advisor in nursing care and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch, who is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with seven people who used the service and five family members. We also spoke with the registered manager, deputy manager, a nurse and three care staff.

We looked at the care records of six people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

We carried out observations of staff and their interactions with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to talk with us.

Good

Is the service safe?

Our findings

People and family members told us Brierton Lodge Care Home was a safe place to live. They told us, "I never feel lonely, worried or unsafe the staff are truly wonderful", "I am safer here than at home as there is always someone passing by", "It's got to be one of the safest places I have lived" and "My relative trusts the staff and they respect that. If they were unsafe then I would know about it."

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff, and on an ongoing basis as necessary.

We discussed staffing with the manager and carried out observations of staffing levels during our visit. Four nurses were on duty each day, which meant medicines could be administered in a timely manner and nurses were not rushed in their role. No agency staff were used at the home as any absences were covered by the home's permanent staff or bank staff. Staff, people and visitors did not raise any concerns about staffing levels. A staff member told us, "The home benefits from a long established team which gives consistency, not using agency is beneficial in many ways." Our observations were there were enough staff on duty to support people safely.

The home was clean, spacious and suitable for the people who used the service. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. Infection control audits were carried out and we observed domestic staff cleaning people's bedrooms. This meant people were protected from the risk of acquired infections.

Accidents and incidents were appropriately recorded and analysed to identify any trends, and to ensure appropriate action had been taken. All accidents were recorded electronically and used as part of the provider's 'Metrics report', which was produced monthly. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Equipment was in place to meet people's needs including hoists, pressure mattresses and cushions, and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The manager maintained a safeguarding referral tracker, which was a record of any incidents, details of investigations carried out and whether the allegation was upheld. The manager understood their responsibility with regard to safeguarding and staff received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

We looked at the management of medicines. Medicines were securely stored in locked trolleys inside locked treatment rooms. Treatment rooms were clean and temperatures had been recorded to ensure medicines were stored in appropriate conditions.

People received their medicines with their preferred drink and we saw this was carried out in an unhurried manner. The administration of medicines was recorded on the medication administration record (MAR) and any refusals were clearly explained on the rear of the MAR. Records we saw were accurate and up to date, with no gaps.

Two people were in receipt of covert medicines. Covert medicines are medicines administered in a disguised form. Records were in place to show these medicines had been agreed with the person's GP and were in the person's best interests.

The controlled drug register was checked and no discrepancies were found. Controlled drugs are medicines at risk of misuse. This meant appropriate arrangements were in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

People were united in their praise for the staff and in particular how they could remember all their names and those of their children and grandchildren. People and family members told us they liked that there were no agency nurses so all the staff had become friends as well as carers. They told us, "I couldn't wish for her to be in a better place. They go the extra step" and "The staff all know what they are doing and as far as I know they are all trained and experienced."

Staff were fully supported in their role. They received six supervisions per year. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. In addition, staff also received three appraisal sessions; one at the start of the year to set objectives, a mid-year review and a final performance review at the end of the year. The manager told us care staff were encouraged to progress, with some going on to nursing courses and then returning to work at the home as a qualified nurse. A staff member told us, "I get regular supervision and appraisal and they are up to date. There is a lot of training and plenty of opportunities to progress, the managers support this."

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The manager maintained a training plan to ensure staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Mandatory training for staff included person centred support, behaviour that challenges, duty of care, communication, fire safety, health and safety, infection control, medication, nutrition and hydration, safeguarding, food hygiene, people handling, and pressure ulcers. Additional training was provided, for example, if required by the local authority or clinical commissioning group.

People were supported with their dietary needs and where appropriate, advice had been sought from dietitians. People and family members told us the food was good. Comments included, "My food is as good as the best restaurant. The chef is from a posh hotel and it shows", "My partner is a strict vegetarian and they always have a veggie option so that he doesn't feel different and it encourages others to eat well", "Sometimes the food is not to my liking so they prepare something just for me. I never feel as though I am being a nuisance which means I can ask without feeling worried" and "I can eat in the dining room or my room or the garden. I like the fact I can choose."

We observed lunch on both floors. Staff wore appropriate personal protective equipment (PPE) and asked people if they would like a "pinny" to protect their clothes whilst eating. People appeared happy and enjoyed their food. They were given a choice of food and drink. Some of the people were able to eat independently, however, staff were on hand to help those people who needed some assistance. We observed care staff support one person to eat their soup. This was unhurried as it took about 20 minutes but the person ate all of it. Food was delivered to bedrooms for people who preferred to eat in their own room or were unable to attend the dining room. Staff were knowledgeable about people's individual likes and abilities and regularly checked to make sure everyone was ok.

'Senses and communication' plans were in place for people that described how people communicated, their preferences, what they could do for themselves and what support they needed in this area. For example, one person could use the nurse call system but sometimes forgot to use it. The plan made sure staff were aware of this and would check on the person regularly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. DoLS had been applied for and where authorised, appropriate notifications had been submitted to CQC. Care records contained evidence of mental capacity assessments and records of specific decisions made in the person's best interest. This meant the provider was following the requirements of the MCA and DoLS.

Care records included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service and their family members had been involved in the decision making process.

People who used the service had emergency healthcare plans (EHCP) in place. An EHCP makes communication easier in the event of a healthcare emergency. People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, dietitians, and community and specialist nurses.

Some of the people who used the service were living with dementia. We looked at the design of the dementia unit and saw walls were decorated to provide people with visual stimulation. For example, there were themed corridors such as an indoor garden, with artificial flowers, murals and bird sounds. There was also a 'reminiscence room' that included antiques and old furniture.

Carpets and hand rails contrasted with the walls, and communal spaces and bathrooms were spacious and free from clutter. Communal rooms such as bathrooms and toilets were clearly signed. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home. Bedroom doors were painted different colours and the manager told us people had been able to choose the colour of their door. Memory boxes were placed on walls outside bedrooms where people could place photographs and other small items that were important to them. This meant the service incorporated environmental aspects that were dementia friendly.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Brierton Lodge Care Home. They told us, "Everything is based around the family. It's very personal care", "I have come from another care place and I thought it was OK but here it is like being in my own home but with all the care I could ask for", "Kind, caring and patient and every time I call in it is never any different", "I am lucky to have such kind people looking after me" and "When my partner was really poorly a member of staff spent the night with me in their room making sure both of us were ok. This meant such a lot as I have no family to support me."

Some recent compliments sent to the home included, "Thank you for the excellent care you gave to my mum", "You all do an amazing job with unbelievable patience and good spirits", "You made an extremely difficult time more bearable" and "I can never express my gratitude enough for all you and your amazing team did for [name]. Your care has been outstanding."

People we saw were well presented and looked comfortable in the presence of staff. We observed how many of the staff took time out to sit and spend time with people and this meant the rapport and knowledge could be used to support and enhance the care received.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Care records described how staff were to respect people's privacy and dignity. For example, "Ensure [name]'s privacy and dignity is maintained" and "[Name] likes to wear makeup every day. Staff to ensure [name] is wearing her makeup."

People and family members told us staff respected the privacy and dignity of people who used the service. One person told us, "I like to have a shower on my own but the carer knocks to see how I am doing and helps me dry myself and sometimes the towel is lovely and warm." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Where possible, staff supported people to be independent. For example, we observed people eating and drinking independently at lunch time. Care records described what people were able to do for themselves and what they needed staff to assist them with. For example, "[Name] has her own teeth. She can brush them with support" and "[Name] is unable to express her needs therefore needs assistance and encouragement to eat and drink." People who received personal care said they did not feel embarrassed or awkward because the carers let them do as much as possible, asking what help was needed instead of just taking over. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw people had been involved in the décor of the home and of their own bedrooms. Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw information about advocacy services was made available to people. The manager told us one of the people at the home had an independent advocate.

People's end of life care needs were catered for and future decisions were recorded. We saw a recent compliment that described how staff had supported a person and their family at their end of life. It said, "In [name]'s final days the kindness and dignity given to her was beautiful, enabling the end to be very peaceful."

Good

Is the service responsive?

Our findings

People's needs were assessed before and after they started using the service in order to develop care plans. We found care records were regularly reviewed and evaluated.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Care records included important information about people such as what was important to them, what they liked to do, whether they had any allergies, next of kin details and medical history. We saw that this had been written in consultation with the person who used the service and their family members.

Support plans included lifestyle, senses and communication, healthier and happier life, safety, moving around, skin care, washing and dressing, going to the toilet, eating and drinking, breathing and circulation, future decisions, and mental health and well-being. Where specific needs had been identified, these were recorded and appropriate assessments had been carried out.

For example, one person was identified as being at risk of pressure damage. A Waterlow risk assessment tool had been used to calculate the risk, two staff were required for positional changes and transfers, a profiling bed was in use, and creams had been prescribed to minimise skin breakdown. Staff were directed to monitor the person's skin for any issues, apply cream as prescribed and report any skin damage.

People were protected from social isolation. We spoke with one of the activities coordinators who told us about the weekly activities plan. Some of the people took part in group activities but because of the nursing care needs of many of the people, activities were also carried out on a one to one basis in people's bedrooms. People's individual likes and interests were documented in the care records and these were used to plan activities. For example, one of the people used to be a postman and they collected the post from reception every morning and delivered it around the home. Events coming up included a charity coffee morning, a German themed menu and afternoon tea in the courtyard.

The activities coordinator told us that a good way of interacting with people was by taking the tea trolley around the home and using that as a way of engaging with people. They told us sometimes all people wanted was a chat and some company and the care staff were good at supporting them with that. There was also an old style sweet shop in the home and in the afternoon we observed one person spending time in there, talking to the activities coordinator and singing a song.

People who used the service told us, "I like the activities in here and I can go and have a sit at some of the various places and be quiet or do a puzzle", "We are always busy here with something", "I like to see my friends and when they visit someone always comes and gets us coffee and biscuits", "I still like to make things and if I need support with sewing or whatever I can always ask for help", "The best bit of my day is when the carers pop in for a chat. Some of them find it helpful as well as me and we put the world to rights as well."

The provider's complaints policy and procedure was made available to people and visitors. This included details of who to contact, how long it should take for a complaint to be dealt with and contact numbers for CQC and the local authority. We looked at the complaints log and found there had been four complaints recorded since January 2017. Records included copies of complaints forms, letters and emails of correspondence with the complainant and details of investigations. All the records we saw showed that appropriate action had been taken. This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us about the rolling refurbishment programme at the home. For example, the hairdressing salon floor had recently been replaced and two bedrooms were being refurbished.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred, open and inclusive. People told us they liked the fact that the manager and staff knew all of their names and made everyone feel special. Family members remarked on the dedication of the whole staff team and how supportive they were towards each other, which filtered down to the residents. A family member told us, "Everybody, from the management down, is approachable." Staff told us, "Support from management and grass roots staff is a great help", "I am very happy here, I would not want to work in another home", "It is a lovely place to work, we all work as a real team", "The managers and very supportive and the nurses are brilliant", "This is not like coming to work it's like a day out with good friends and family. I have two families, this one and the one at my home" and "We are like a well-oiled machine with lots of relatives to look after. Some staff have been here so long we need a bed."

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. The service had an 'Employee of the month' board that displayed the staff member's photograph and reason for the award. The manager told us the home had won the provider's nursing team of the year award in 2014, the manager had won the manager award in 2015 and one of the nurses had been awarded nurse of the year in 2016.

Staff were regularly consulted and kept up to date with information about the home and the provider. The manager held heads of department meetings every morning to discuss staffing, any changes to people's needs and any other relevant updates. In addition, quarterly staff meetings were held for all departments.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider had a quality assurance framework in place that focussed on four key areas; care, people, service and life. As part of this, a number of daily, weekly, monthly and quarterly audits and meetings took place.

The manager had an audit plan that included the provider's mandatory audits and any additional audits required by the clinical commissioning group (CCG) or local authority. Audits included care records, infection control, nutrition, first aid, finance, safeguarding, dignity and respect, continence, health and safety, and medication. The manager showed us the care plan audits. We saw a note was put on the care plan following the audit and wasn't removed until any actions had been completed.

A monthly 'Metrics' audit was carried out for each person who used the service. This included a review of the person's care needs, accidents and incidents, medicines, bed rails, weight, whether they were nursed in bed, the last time they saw a GP and whether a DNACPR was in place. The information was sent electronically to the provider and formed a monthly report that was used by the provider to inform visits to the service. The manager told us this additional audit ensured "nothing gets missed."

Residents' and relatives' meetings were held every three months and the provider carried out an annual survey. An in-house survey was also carried out every three months. Results of feedback were displayed on the 'Customer feedback board'. For example, someone had said their dinner was cold when it arrived. The manager had responded by speaking to the catering staff to ensure the use of plate covers when delivering meals to people.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.