

Pro Care Homes Limited

Bronswick House

Inspection report

16-20 Chesterfield Road
Blackpool
Lancashire
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Tel: 01253295669

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bronswick House is registered to provide personal care for fourteen people whose needs are associated with their mental health. It is set on two floors with three bedrooms on the ground floor and ten on the first floor. At the time of the inspection there were 10 people living at the home.

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

A system for staff recruitment was in place and one staff member said, "All the checks on me were completed before starting work at Brunswick House." The building was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). There were sufficient staff to meet people's care and support needs. People's safety was at the centre of care delivery. One person said, "I do get a little nervous, but staff are always around and it makes me feel safe here." Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service. Responses we looked at were positive. We found the management team acted upon suggestions or ideas that were made to ensure the service continued to develop and improve the lives of people.

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

Rating at last inspection

The last rating for this service was Good (published 30 August 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-Led.

Details are in our well-led findings below

Bronswick House

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 carried out by one inspector.

Service and service type

Bronswick House is a 'care home without nursing'. 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 should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection.

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 and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at Bronswick House, three members of staff, the manager and clinical lead of the organisation. In addition, we spoke with the area manager. We observed staff interaction with people. In addition, we reviewed a range of records. These included care records of people, medication records, two staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems and care records.

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 'good'. At this inspection, this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Staffing and recruitment

- Staff recruitment processes were in place. Pre-employment checks were completed to help ensure suitable people were employed. One staff member said, "All the checks on me were completed before starting work at Bronswick House."
- There were enough staff to support people's needs and promote their independence. People we spoke with told us they were supported by staff that were available when they required help and company. One person said, "I love my chats, they always have time to sit and talk."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable adults. Discussions with staff confirmed they were aware of how to react and who to contact if they felt someone was being harmed or abused.
- The management team completed risk assessments to make sure they kept people safe. Staff continued to support people to be as independent as possible, while guiding them against unnecessary risks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. In addition, they consulted professional social workers and health professionals if this was required. Documentation confirmed this.

Using medicines safely

- The manager had good systems and procedures to manage medicines safely. Staff received training on a regular basis and they confirmed this.
- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed for 'as and when' required use.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance. Indoor visiting was suspended during the COVID-19 outbreak other than in exceptional circumstances; essential care givers were able to continue to visit indoors.

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 'good'. At this inspection, this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- People received person-centred care, and support. Plans of care we saw were well written, person-centred documents that promoted independence within a risk framework. Staff told us care records provided guidance about people's needs and support and how they could be met.
- Feedback from the staff was positive. All staff members we spoke with said they enjoyed working at the home and were confident the management team supported them well to carry out their role. Comments included, "A very good management team and they are so supportive." Also, "The area manager does not just call and sit in the office she takes such an interest in everybody and knows all the residents well."
- 'Resident' meetings were held and people said their views and suggestions were listened to and they felt valued by the management team. For example, in one meeting a person identified a broken rail in a bathroom. In the minutes evidence identified the issues and action was taken to repair the item with timescales and notification it had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- The service should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.
- The manager encouraged candour through openness. The management team and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.
- The management team assessed and monitored Brunswick House through methods such as audits. These included, medication, care planning and the environment. The area manager informed us any shortfalls were addressed to improve and develop the service for people. We confirmed this with documentation we looked at.
- The management team understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team encouraged people to provide their views and about how the service operated

through one to one meetings and surveys. Comments from surveys we looked at were positive for instance, 'Staff are very approachable and nice.' And, 'All staff are lovely.'

- The management team and staff involved people in the running of Bronswick House and gave consideration to their equality characteristics.

Working in partnership with others

- Records showed, when needed, advice and guidance was sought from health and social care professionals.
- The management team worked closely with other agencies and relatives to share good practice and promote people's independence.