

## Pro Care Homes (Blackpool) Limited

# Bronswick House

### Inspection report

16 -20 Chesterfield Road  
Blackpool  
FY1 2PP

Tel: 01253295669

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bronswick House is a 14 bedded residential service. The service is situated in the north area of Blackpool and supports people with mental health issues. At the time of the inspection 14 people lived at the home.

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

We found some issues with infection control that could put people at risk. However, most of the concerns had been addressed at the time of the site visit. Observations and feedback received highlighted the need for some renovations and upgrades of the building. Staffing levels were not sufficient to ensure the building was properly maintained. People told us there were enough staff to support their daily care needs. However, a shortfall in domestic staff had contributed to the building not consistently being cleaned and maintained. This had been identified by the provider and action taken to address the issues. One person said, "We have been short of a cleaner and staff had been doing more."

Quality monitoring was not consistent. Management team checks, audits and quality assurance systems failed to identify shortfalls in maintaining the cleanliness, building repairs and infection control concerns at the home. The provider had addressed the issues and work was ongoing to improve the service.

Good recruitment procedures were in place and the provider followed guidance required to safely recruit staff. Safeguarding training was provided annually and updated. Staff were aware of the processes to follow to enable people to be safe. Risks were assessed and monitored to ensure individuals safety and promoted their independence. People received their medicines safely.

People's needs were assessed and reviewed regularly. Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. People were involved in menu planning and encouraged to support staff with their dietary needs and choices. One person said, "Plenty of good food here and what I like." Staff had the skills and knowledge to deliver care effectively and access to training programmes was good. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to maintain their dignity and independence. People told us staff were polite and always asked before providing help and support. Care plans were individualised and showed the care, encouragement and support people required and chose. One person said, "The staff are so kind and patient I love it here."

Staff knew how to communicate effectively with people. Promoting people's independence and encouraging people to follow their chosen activities and interests was encouraged by staff. Activities were meaningful and supported social inclusion. Relatives and friends were encouraged to visit. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

Staff worked in partnership with other agencies to deliver effective care. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 23 January 2023 and this is the first inspection.

Why we inspected

The inspection was prompted due to concerns received regarding, infection control, the maintenance of the building and management of quality assurance systems. A decision was made for us to inspect and examine those risks. As a result, we undertook a comprehensive inspection to review all the key questions.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate risks, and this had been effective.

Enforcement and Recommendations

We have identified breaches in relation to quality assurance systems at the service.

We have made a recommendation to the provider regarding improvements to infection control.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our safe findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below

### Is the service well-led?

Requires Improvement ●

The service was not always 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 2 inspectors.

#### Service and service type

Bronswick House 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

At the time of the inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

The inspection activity started on 03 January 2024 and ended on 14 January 2024. The site visits were on 03

January 2024 and 10 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service. 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 home, this included notifications sent to us by the provider and information passed to us by members of the public. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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.

#### During the inspection

We spoke with 6 people who lived at the home, 4 members of staff, the registered manager and provider. In addition, we spoke with 2 relatives/friends and 2 health and social care professionals. We observed staff interaction with people, also, we reviewed a range of records. These included care records of 2 people, medication records, and staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. We walked around the premises and looked at infection control measures.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems the provider had in place and staff training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

### Preventing and controlling infection

- Some areas of the home were not always clean and in a good condition. For example, some walls in communal areas and the 'games room' were damp. Areas of the home were not cleaned properly, and wallpaper had come off the walls. In addition, communal bathrooms and 'resident' rooms and not been thoroughly cleaned regularly. This could put people at risk of infection. However, the provider had taken action and work was near completion to address all the infection control issues. A firm of 'contract cleaners' had been in the building to undertake a deep clean and the environment was now clean and tidy. One person said, "What a difference it looks great now."

We recommend the provider continuously monitor cleaning and maintenance of the building to ensure people are protected from any infection.

- The service had an infection prevention and control policy, and it was updated.

### Staffing and recruitment

- Sufficient staff were not always available to meet the needs of the service. For example, there was not a domestic staff member for a while which led to the building not being appropriately maintained. However, the provider had addressed the issue by recruiting another member of staff. One of the management team added, "We have now recruited someone, and they are commencing work this week."
- People told us that there were enough staff to support needs and staff responded appropriately when they asked for help. One person said, "I feel we have enough staff around to help me, not a problem."
- Staff recruitment processes were good and thorough. Records looked at confirmed all checks had been completed prior to staff commencing work. One staff member said, "I have just started and have to say I love it. The recruitment process was very good and helped me."

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

- The registered manager assessed risks to ensure people were safe.
- The registered manager and staff promoted positive risk taking to help people gain skills and live an independent life as possible.
- Systems were in place to carry out regular safety related checks on essential equipment.
- Accidents and incidents were analysed to look for how a reoccurrence could happen. Action was taken to reduce the risk of accidents.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them.
- There were effective safeguarding processes in place. The management team and staff had a good understanding of safeguarding people. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Training in areas of safeguarding adults for staff was provided for new staff and updated annually.

#### Using medicines safely

- Records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required. People received their medication safely by trained staff.
- Auditing processes to monitor medicines and identify any issues were undertaken regularly.

#### Visiting in care homes

- People were able to receive visitors without restriction, in line with best practice guidance.



# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Accommodation was accessible and homely.
- The building was adapted appropriately to be homely and to enable people to have as much independence and personal freedom as possible. However, observations highlighted the need for the environment to be updated in some areas. For example, minor repairs were required to one of the lounges and communal bathrooms.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family photographs and ornaments that were special and individual to them.
- The registered manager assured us plans were in place to upgrade parts of the building to further encourage effective use of the service. During the inspection we noted work was ongoing to improve the building.

Staff support: induction, training, skills and experience

- Staff training and competencies were updated at regular intervals.
- Staff were competent and knowledgeable and access to training programmes was good to ensure staff were appropriately trained. Each staff member had a training programme which was ongoing and discussed with the management team in one-to-one supervisions. One staff member said, "Training opportunities are very good here and supported by the management."
- A formal induction process was in place when staff commenced work to support staff in their role.

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 MCA 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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

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

- Care plans were personalised and reflected people's needs and aspirations.
- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. The views of the people were also considered and written in their care records.
- People's care records reflected their current care and support requirements, and they were being reviewed on a regular basis.
- Staff asked people who used the service for important information about their likes, dislikes, and life history to help staff enhance people's independence.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough to maintain a balanced diet. One person said, "I love the food. I make my own choices and enjoy a cooked breakfast."
- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- The registered manager had good systems to reduce the risk of malnutrition and manage people's food intake and any concerns were identified and acted upon. They continued to focus on helping people to improve their nutrition in ways that offered choice and maximised their independence.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and independence. One staff member said, "Residents are independent and we feel we are there to support them to achieve as much independence as possible. We are a happy home."
- The staff team were knowledgeable about accessing services and ensured people had the right professional support to help them with their daily lives. One person said, "I like to go out with someone it helps me to feel better and they don't mind coming with me."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with care, patience, respect and kindness. We observed warmth from staff towards people and conversations were friendly and not rushed. We observed staff taking time to stop and offer help and conversation or reassurance to people. Comments from people were positive. One person said, "They are all kind and I know they do the best for me that is why I like living here."
- The registered manager concentrated on building and maintaining open and honest relationships with people. A staff member said, "[Registered manager] is approachable and always helpful and caring."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure people made their own choices with clothing and respected their views on how they dressed.

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions if possible. Evidence of consent obtained from people was written in care records we looked at.
- People had choice and control in their day to day lives. There were 'resident' meetings where people could voice their views.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information was available to show people's personal preferences. Written personal profiles focused on descriptions of people's preferences and support required. Each profile was individualised to the person.
- People's care and support was centred around their choices and preferences.
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible. People's care plans included the support they needed with communication and how staff should provide it. A staff member said, "We have had training in mental health issues, and it helps to learn how to communicate with people."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The management team supported people to follow their interests and take part in a range of activities and maintain relationships that were important to them. One person said, "I like it when my friend comes, and we go out."
- People were offered a range of activities and opportunities to socialise by staff. An activity co ordinator was employed by the service to provide stimulation and support people. One person said, "[Staff member] comes here often and I do enjoy playing a few games with each other and having a chat."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- People told us they felt confident the provider would act on their concerns. A visiting social care professional said, "We find the management open and honest."

End of life care and support

- Bronswick House does not support people on end of life care at present. End of life plans would be put in

place and staff would have appropriate training if required.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

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

- The provider did not have an effective management structure. The provider did not monitor the quality of care provided in order to drive improvements and identify any issues that may arise.
- Audits and checks undertaken were functional and frequently tick box with little or no actions identified to improve the quality of the service. For example, infection audits were completed and ticked as though there were no concerns. This was not the case following a visit from the local contracts team and infection control professionals.
- The building was not cleaned to an acceptable standard and failings to identify this through auditing systems had put people at risk.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were placed at risk because effective systems to monitor and improve the quality of the building at the home were not in place.

Improvements to quality assurance systems had been put in place to ensure any issues would be highlighted and action taken.

Continuous learning and improving care; working in partnership with others

- The management team and staff worked well with other health and social care professionals for the benefit of people who lived at the home.
- Care professionals told us they had good communication with staff and the registered manager who were competent and caring. One social care professional said, "We have a good relationship with the home, and they provide really good care for people who live here."
- The provider and registered manager were committed to continuous improvements for the benefit of people they supported.

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

- There was a positive culture which focussed on ensuring people received high standards of care. One person said, "I make my own decisions, but staff are always around to help and encourage me to be independent as possible."
- Staff told us they felt supported and valued by the registered manager. A staff member said, "I have

nothing but praise for [Registered manager], she has been so supportive."

- People were comfortable and confident when approaching staff and the registered manager to express their views.

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

- The provider and registered manager had created a learning culture at the service which aimed to improve the care people received. They had created developments to enhance people's independence and were passionate about providing good support and care to people.
- The staff team promoted a positive, personalised and open culture. This helped and supported positive outcomes for people.

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 registered manager encouraged candour through openness.
- The registered manager and provider had been open and honest when things went wrong and apologised to people when appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance arrangements in place were not robust. Managerial and provider oversight did not always promote good outcomes for people.</p>