

Pearlcare (Lincoln) Limited

# Brantley Manor Care Home

## Inspection report

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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 15 August 2017 and was unannounced.

Brantley Manor Care Home is situated on the outskirts of Lincoln. It is registered to provide accommodation and care for up to 33 older people, ranging from frail elderly to people living with dementia. On the day of our visit, there were 27 people using this service.

At the last inspection, the service was rated Requires Improvement. At this inspection we found the service was rated as Good.

The service had a registered manager. 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 and associated Regulations about how the service is run.

During our previous inspection we found that the provider had not followed their policy to ensure that where people required their medicines to be given in their meals (covert medicines) this was done safely. In addition, medication information sheets did not include information about people's allergies to medicines.

At this inspection we found that improvements had been made. Medication records had been completed to include people's allergies. We also saw that where people required their medicines to be given covertly, best interest discussions had taken place with people's GP and written plans were in place to support people to take their medicines.

We also found at the previous inspection that some people were sharing bedrooms where inadequate screening was in place. There were six shared bedrooms and people's privacy had not always been adequately protected.

At this inspection we found that the provider had made improvements. At the time of this inspection only three of the six double rooms were occupied by two people, with the remaining rooms being used for single occupancy or were vacant. There were screens available in the rooms occupied by two people to ensure their privacy was maintained during personal care. In addition the registered manager showed us proposed plans to convert the six double rooms into single rooms with en-suite wet rooms. The registered manager told us they hoped this work would commence in the new year.

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and keep them safe. Adequate staff with the appropriate skill mix were available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. If required, staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories. People's views were listened to and they were actively encouraged to be involved in their care and support whenever possible. Any information about people was respected and treated confidentially.

People's needs were assessed before they commenced living at the service and the care plans reflected how their needs were to be met. Records showed that people and their relatives were involved in the assessment process and review of their care. There was a complaints procedure in place to enable people to raise complaints.

There was a culture of openness, transparency and inclusion at the service amongst staff and people using the service. A variety of quality audits were carried out, which were used to drive continuous improvement which was used to good effect in supporting people and staff to express their views about the delivery of care.

## 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

Systems were in place to ensure that people were protected from avoidable harm. Staff knew about abuse and how to report it.

Risk management plans were in place to protect and promote people's safety.

There was a thorough recruitment process in place to ensure that safe recruitment practices were being followed. Sufficient staffing numbers were in place to meet people's needs in a timely manner.

Systems were in place to ensure that people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

Staff had undertaken a variety of training and supervision to keep their skills and knowledge up to date.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff. People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive

People received care that met their assessed needs. Care and support plans were personalised and reflected people's individual requirements.

People were encouraged and supported to take part in a range of activities that met their social needs.

The complaints procedure was on display and people knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led

The management of the service had an open culture and staff were confident that their opinions were respected.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people to ensure continuous improvement.

# Brantley Manor 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 15 August 2017 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. 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 could not talk with us.

We spoke with seven people who used the service and observed the way in which staff interacted with them. As some people were unable to express themselves fully due to their complex needs, we also spoke with three relatives of people using the service. In addition we had discussions with six members of staff. These included the registered manager, a team leader, three support workers and the cook.

We looked at five people's care files to see if their records were accurate and reflected their needs. We also reviewed five staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

During our previous inspection we found that the provider had not followed their policy to ensure that people received covert medicines safely and there was a lack of recorded information in relation to people's allergies to medicines.

At this inspection we found that improvements had been made. We saw that medication records had been completed to include people's allergies. This meant that that staff could easily check if people had allergies to any medicines. Where people needed their medicines to be given covertly, we saw that best interest discussions had taken place with people's GP and this was recorded and held in their care plans. In addition written plans were in place to support people to take their medicines covertly, for example whether tablets should be crushed or taken in a particular type of food.

People told us that they received their medicines at the prescribed times. One person told us, "I always get my tablets when I need them." Staff told us and records demonstrated that staff received training in the safe administration and their competencies were regularly assessed. One staff member told us, "We are always looking at how we can improve our medicine procedures. It's very important to get it right."

We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received 'as needed' (PRN) medicines. Medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

People using the service were protected from avoidable harm. People told us they felt safe living at the service. One person said, "Yes it's great here. I feel very safe because they look after me." Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "I feel that [name of relative] is well looked after. When I leave here I don't have to fret or worry because I know [name of relative] is in safe hands."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I absolutely would go the manager if I was worried about a staff member's behaviour or any worries I had." Information about how to report safeguarding alerts and whistleblowing concerns was displayed around the service and was accessible to all staff. We saw evidence that the registered manager had submitted safeguarding alerts to the local safeguarding team to be investigated. We saw training certificates, which confirmed that staff had undertaken safeguarding training.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative told us, "I do know that [name of relative] has risk assessments in place. The staff let me know about them and why they have to be there."

Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of falls. We have a risk assessment in place to make sure the risks to [name of person] are reduced as much as possible."

Records demonstrated that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when their needs changed.

Accidents and incidents were recorded and monitored. The registered manager reviewed all accidents and incidents on a monthly basis. This was to ensure they had been reported and managed appropriately.

People told us there were enough staff on duty to meet their needs. One person said, "There are always staff around when I need them." A relative told us, "The staffing is okay. I don't see people having to wait long before staff help them." Staff confirmed that the staffing numbers were sufficient at the time of the inspection. They told us that rotas were flexible if the needs of people changed for any reason. One staff member said, "There is enough staff to care for the people we look after."

The registered manager told us there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. We checked the rota for the current and following three weeks and found that it reflected the numbers stated by the registered manager. Our observations demonstrated that staff responded to people in a timely manner and there were enough staff to meet people's needs swiftly.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.



## Is the service effective?

### Our findings

People praised the competency of the staff and told us that they were always supported by staff that had the skills to meet their needs. One person told us, "They know how to look after me just right. I am very well looked after." A relative commented, "The staff are fantastic. They have helped [name of relative] to sort out a proper sleep pattern. The staff have gone over and above to make sure [name of relative] has been able to eat enough. They have tried all sorts of things and I am very happy with the effort the staff and the manager has gone to, to make sure [name of relative] gets good care."

Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, "We know the signs that one person shows when they are becoming anxious. We then know how to respond to make him feel better." We saw that this information was recorded in detail within the persons care plan so that all staff could understand the positive strategies in place.

A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "The induction was very helpful. I was especially grateful that I was able to shadow staff so I could get to know people first."

Records showed that all staff received induction training, as well as on-going training which was kept up to date. We saw the induction training covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were also provided with regular training updates and were expected to complete the Care Certificate during their probationary period.

The service had a supervision and appraisal system in place. Staff told us they received regular supervision and an annual appraisal of their performance. One staff member commented, "We get regular supervisions. The support for staff is very good. The manager has an open door policy so we can always discuss things any time." Within the staff files there was evidence to confirm that staff were provided with regular supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

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. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. We saw records that staff had

undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People told us they enjoyed the food provided for them. One person commented, "The food is always good. We get lots of choice and if there is anything you don't like they will cook you something else." A relative informed us, "My [name of relative] needs a lot of encouragement to eat. The staff go out of their way to try different things. Thanks to the care here [name of relative] is eating well."

We spoke with the cook who demonstrated a good understanding of people's dietary needs and food preferences. They were enthusiastic about providing good quality meals for people.

We observed the lunchtime meal. This was in two sittings with the first sitting being for people who were more independent and the second for people who required more support. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. We saw that staff sat alongside people and chatted as they supported them. Staff told us that if people didn't want the offered meals or the meal they had chosen they were able to provide alternatives.

We found that people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we saw that there was information on people's dietary needs. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People told us that they regularly saw health professionals as required. One person said, "If I feel poorly the staff are quick to get the doctor." We reviewed people's care plans and saw evidence of regular health appointments and check-ups. We also saw that staff recorded such information in people's care records so that the information was handed over to other staff.

# Is the service caring?

## Our findings

We found at the previous inspection that people were sharing bedrooms and their privacy was not always maintained.

At this inspection we found that the provider had made improvements. The registered manager told us that only three of the double bedrooms were now occupied by two people, one was occupied by one person and the remaining two were vacant. We saw that staff made every attempt to ensure people's privacy was protected during personal care with the use of screen. The registered manager showed us proposed plans to convert the six double rooms into single rooms with en-suite wet rooms. The registered manager told us they hoped this work would commence in the new year.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us, "They always treat me with dignity. I feel they respect me and my family." A relative said, "I visit regularly and I always see them treating people with respect."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always treat people how I would want my grandma to be treated." We saw that staff knocked on people's doors before entering and found that interactions between people and staff were respectful.

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The staff are very kind. They always ask if there is anything they can do for me." Another person told us, "We are very lucky here. The staff are wonderful." A relative commented, "I am very impressed by the staff. They are kind and patient. They show so much compassion and patience towards [name of relative]."

We found that staff worked hard to make people and their relatives feel cared for. One staff member told us, "The best about working here is the residents. Everyone has something different to tell you. I love listening to people's stories." A second member of staff commented, "It feels like we are one big family. You get to know the resident and their family members. I like having the key worker system as it means I can really get to know the family and their needs."

We observed good interactions between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. It was evident that staff had the skills and experience to manage situations as they arose. For example, we saw that one person using the service became distressed periodically throughout the day. We saw that staff approached the person and spoke with them calmly and distracted them with other activities. This was carried out with sensitivity and patience and resulted in the person becoming calm and happy. This showed that staff supported people to communicate their needs and respected their wishes.

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "They always ask me what I would like to eat." Staff told us and we

observed that they consulted people about their daily routines and activities. Care was focussed on each person's wishes and needs rather than being task orientated and routine led. Records confirmed that people and their relatives were involved in the care planning process to ensure that the care provided met their individual needs.

People felt assured that information about them was treated confidentially and respected by staff. One relative told us, "The staff are very good and very professional. They don't gossip or talk about people in front of us." Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "Sometimes confidentiality is discussed at supervision and staff meetings."

We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "The carers know me very well. They know how I like things to be done. They get it right." Another person explained, "I have my own routine and the carers know what that is. They let me have my way." People talked to us about how staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with echoed these sentiments and one relative said, "It's all the little things that make the difference. They really do go over and above what you would expect of them."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to ensure people received the care and support they needed; and to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can. The more we know about a person the better care we can give."

Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met. One staff member told us, "I find the care plans are very useful. If I don't know something then I look in the care plan." Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day.

We looked at people's care plans. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred had been tailored to people's individual needs. They had been reviewed on a regular basis to make sure they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. Relatives we spoke with told us that communication was very good with the service." One said, "Communication here is very good. I always know what's going on."

Staff also understood the need to meet people's social and cultural diversities, values and beliefs. The service had a programme of activities and people told us that there was always something for them to do if they wanted to. One person commented, "I like to stay in my room. If there is entertainment on then I like to go to the lounge."

The registered manager told us that the activities coordinator had recently retired but they had already recruited another person to fulfil this role. They were due to start the following week. In preparation for this the service had completed a survey about the activities provided and what people would like to see made available.

We saw that one to one activities were also provided to people who were cared for in bed to provide companionship and reduce social isolation. The registered manager told us, "People have regular one to one sessions, sometimes doing a relaxing hand massage or painting their nails." The service had an activity programme, which enabled people to participate in activities outside and inside the service. Entertainers regularly visited the service to perform. We saw there were pictures displayed at the service of activities that people had participated in. These related to day trips, birthday celebrations and theme events such as Christmas and Easter parties.

People and relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. One person said "I don't have any complaints, but I would tell the manager if I did and they would help me." A relative told us, "I would have no hesitation in making a complaint if things weren't right. I know [name of registered manager] would deal with it."

The registered manager told us that complaints were used to improve on the quality of the care provided. We saw a copy of the service's complaints procedure was displayed on the notice board. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

## Is the service well-led?

### Our findings

There was a registered manager in post and the staffing structure made sure there were clear lines of accountability and responsibility. We received positive feedback from people and their relatives about the leadership and management of the service. One person said, "You can go to the [registered manager] with anything." Another person told us, "Yes I know the manager. I see her every day." A relative commented, "Her [registered manager] door is always open. She runs a good home and wants to get it right."

Staff were also positive about the service. They felt they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them with either the registered manager or the regional manager and felt they would be listened to. One staff member told us, "I would be comfortable raising any concerns I had. I know they would be taken seriously and dealt with quickly." Another member of staff explained, "I would go the regional manager to report any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

When we spoke with the registered manager they told us they worked to continuously to improve services by providing an increased quality of life for people, including people living with dementia. The feedback, culture and attitude of all the staff we spoke with was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations, to ensure people were able to have enriched and fulfilled lives. This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

The provider used a variety of initiatives to gain feedback from people and staff to drive improvement at the service. The registered manager had sent out satisfaction surveys and we noted a number of positive comments had been written. In addition we saw there were regular meetings for people who used the service and relatives meetings. Staff told us they had regular team meetings and one staff member said, "We have staff meetings. We discuss a lot of things and we are listened to." We saw records of these meetings and found that suggestions had been put forward and acted on to help progress the service and improve the quality of care. This meant that the provider enabled people, relatives and staff to give feedback which was used to develop the delivery of care.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had

systems in place to do so should they arise.

There were quality assurance systems in place to carry out checks as the service developed. We were told that internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. Records we looked at confirmed this. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints.