

Dennis Moore - Care Ltd

Dennis Moore Care Ltd

Inspection report

Brideoake Care Home
Widdows Street
Leigh
Lancashire
WN7 2AE

Tel: 01942601770

Date of inspection visit:
18 August 2016

Date of publication:
21 September 2016

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 unannounced inspection took place on Thursday 18 August 2016.

Brideoake Care Home provides personal care and support to older people with dementia care needs and is owned by Dennis Moore Care Ltd. The home accommodates up to 20 people and has 17 rooms, three of which are double rooms. The bedrooms are located on two floors and there are two lounges and a dining room downstairs. The home is situated in a residential area of Leigh within walking distance of the local shops and amenities. At the time of the inspection there were 20 people living at the home.

We last inspected Brideoake Care Home on 13 March 2015, when the home was rated as 'Requires Improvement' overall and in both the Safe and Well-led key questions. This inspection focussed on any improvements made since then.

People living at the home told us they felt safe living at Brideoake. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns. We found that medication was given to people safely, with staff receiving appropriate training. Management also undertook regular audits to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken.

There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role.

The home worked within the requirements of the MCA (Mental Capacity Act), with the manager completing appropriate assessments if there were concerns about a person's capacity. The home also worked within the requirements of DoLS (Deprivation of Liberty Safeguards) and supported people to access outside space, whilst keeping them safe at the same time.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home.

All of the people we spoke with during the inspection including people living at the home, visitors and health professionals made positive comments about the care provided.

People told us they felt staff treated them with dignity and respect and promoted their independence where possible.

We observed several caring interactions during the inspection between staff and people living at the home, such as when people became distressed and upset.

The staff at the home had facilities in place to enable people to communicate with their families such as an internet connection and the use of skype. This would be beneficial to people whose family did not live close by and wanted to maintain contact.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection.

Each person living at the home had their own care plan, which was person centred and detailed people's choices and personal preferences.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings and accident/incident monitoring.

Staff told us they enjoyed their work and liked working at Brideoake.

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.

People living at the home told us they felt safe. Staff also displayed a good understanding about reporting safeguarding concerns.

Medication was handled safely.

Appropriate checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

We found staff received sufficient training to support them in their role.

The manager had made DoLS (Deprivation of Liberty Safeguards) referrals where necessary.

We saw people received enough to eat and drink and received appropriate support at meal times.

Is the service caring?

Good ●

The service was caring.

The people we spoke with and their relatives told us they were happy with the care provided by staff at the home.

We saw people were treated with dignity and respect by staff

People's clothes were clean and we saw people looked well-groomed and presented.

Is the service responsive?

Good ●

The service was responsive.

Each person living at the home had their own care plan, which

provided guidance to staff about how best to meet people's needs. These were regularly updated.

We saw examples of where the home had been responsive to people's needs.

There were systems in place to seek feedback from people such as residents meetings and satisfaction surveys.

Is the service well-led?

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Good ●

Dennis Moore Care Ltd

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on Thursday 18 August 2016. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission).

In advance of our inspection we liaised with the local Quality Assurance Team based at Wigan Council. This was to see if they had any information to share with us in advance of the inspection. As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents or serious injuries.

At the time of the inspection there were 20 people living at the home. During the day we spoke with the registered manager, the care director, three people who lived at the home, four visiting friends/relatives, eight members of staff and one visiting health care professional. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included four care plans, five staff personnel files and 10 medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home to see how people were supported to eat and drink.

Is the service safe?

Our findings

The people we spoke with said they felt safe living at Brideoake Care Home. We also spoke with friends and visiting relatives who felt their family members were safe living there. One person said; "I feel safe because it's just like being at home". When we asked another person if they felt safe, we were told; "Definitely". A visitor also said to us; "My relative is safe living here. They have only had limited falls since living here so it's a safe place I would say".

We found there were appropriate systems in place to safeguard people from abuse. The staff we spoke with had a good understanding of safeguarding and whistleblowing and how they would report concerns. One member of staff told us; "If I suspected someone was being abused I would report to management. If nothing was done about it I would go straight to the Police or social services". Another member of staff said; "We have an appointed safeguarding lead, so I would raise all concerns with them. If I suspected them I would report to management or social services". A third member of staff also added; "With safeguarding I would report to CQC, Social Services or Police if I thought it serious".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of references being sought from previous employers. There were also interview notes and what the responses had been to questions asked. The staff we spoke with told us they were asked to provide references and complete a DBS form, when applying for the job. These had been obtained before staff started working for the service, which demonstrated to us staff had been recruited safely.

We looked at how medication was handled and looked at the records of 10 people who lived at the home. We found all records contained photographs of the people who used the service and detailed their allergies and GP contact details. Photographs of people who use the service reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

The MARS (Medicines Administration Record Sheets) had been printed by the community pharmacy. Medicine records were clearly completed without missed signatures or gaps. We saw the records about creams provided staff with clear guidance on when and where to apply medication as prescribed. These records were also complete and up to date.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were being stored as per legislation. We found appropriate arrangements were in place for the management of controlled drugs, which included accurate records of current stocks. We undertook a stock check of some controlled drugs and found quantities and recorded stock were accurate and up to date.

We found arrangements in place to administer certain medicines at the correct time with regard to food or when medicines, which needed to be given at specific time intervals, such as pain relief. If medicines are not

given with regard to the manufacturers' directions they may not work properly, which would place people's health at risk.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. We found that PRN medicine was supported with a written protocol, which provided staff with clear guidance on administering such medicines.

Minimum and maximum fridge temperatures were recorded everyday as per national guidance. The recommended range for storing medicines is between two and eight degrees Celsius. On the day of our visit we noted that maximum temperatures were recorded in excess of 18°C. We were told by the provider that the issue had been raised with the pharmacist who provided the fridge, which we verified from records. Staff were using an additional thermometer within the fridge to ensure temperatures did not exceed the recommended range.

We verified that all staff administering medicines had received training and were subject of competency assessments by management.

There were sufficient staff on duty on the day of our inspection to meet people's needs. We saw when people requested assistance that it was provided promptly. On the day of the inspection we found the staffing levels consisted of two care assistants at night, one of whom was able to safely administer medication. There had previously been three care assistants at night, however these numbers reflected annual leave and sickness. We also saw that staffing levels during the day consisted of a senior carer and three care assistants. In addition to this there was a kitchen manager, laundry/ domestic person and a maintenance person. The care director and registered manager were available to assist also. These staffing levels were to provide care to 20 people living at the home.

All of the staff we spoke with during the inspection said they felt there were sufficient staff available, as did people living at the home. One person living at the home said; "I'm never short of anything. I only need to ask and it's there". A member of staff also said; "Only recently have we been short on nights, but normally it's ok and I have no concerns about staffing at night. We have management on call, so if we have any problems or need more staff we just ring". Another member of staff said; "Generally staffing levels are ok and if busy the management will always help out". A third member of staff also told us; "The staffing numbers are enough to meet people's needs. I think it is good".

We looked at how risk was managed within the service. We saw people had specific risk assessments in their care plans covering areas such as slips, trips, falls, mood/anxiety, poor vision, toileting, use of a wheel chair and moving and handling. Where people had been deemed to be at risk, we noted there were control measures in place to help keep people safe. We noted some of these risk assessments were showing as last being reviewed in 2012 and 2013, with no evidence of updates since then. We raised this with the manager who told us these would be reviewed immediately following the inspection.

We observed that the home appeared clean and tidy on the day of the inspection. Cleaning schedules we saw confirmed that cleaning took place regularly. We saw that personal protective equipment (PPE) such as gloves and aprons was available and used by staff, for example when serving meals. Staff also told us they carried anti-bacterial hand gel and would use this regularly. This would help reduce the risk of the spread of infection in the home.

We saw documents that showed regular checks of equipment and the environment were carried out to

ensure they were safe. This included checks of the fire alarm system, water temperature tests and checks of hoists and slings. We saw labels on the hoists that showed they had been recently serviced by an external contractor.

Is the service effective?

Our findings

There was an induction programme in place, which staff were expected to complete when they first started working at the home and was centred around the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. One member of staff said; "My induction consisted of three days shadowing then. I also did training in moving and handling, safeguarding and medication. I have also done a National Vocational Qualification (NVQ) level 2 and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)". Another member of staff added; "I have completed a diploma in health and social care. I'm working towards the care certificate as part of my induction. I have training coming up such as dementia awareness and moving and handling".

We saw staff were provided with sufficient training to support them to undertake their role effectively. We looked at the training matrix, which showed staff received training in health and safety, moving and handling, fire safety, infection control, medication, dementia, challenging behaviour, MCA/DoLS and safeguarding. The training matrix clearly identified when training had last been done and when any updates were due. One member of staff said; "We have a lot of options for training, I'm currently doing further courses in medication. I'm also attending a dementia awareness course in September 2016". Another member of staff said; "We get mandatory training in moving and handling, first aid and safeguarding. I have a course in MCA & DoLS coming up. I feel myself, I get enough training". A third member of staff also added; "I came fully trained, but have done dementia, moving and handling and I currently doing an NVQ2. I feel I get plenty of training".

We found staff received supervision as part of their on-going development and reported they took place usually two to three times a year. One member of staff said; "We have one to one supervision on two occasions each year and one appraisal. I get supervision with the deputy manager and we discuss training, performance and any personal issues. Any development we have had, we will discuss to make sure we fully understand it". Another member of staff added; "I get supervision as often as you need, but I've had two or three since starting here".

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.

We saw that people's capacity had been assessed and that the service was making DoLS (Deprivation of Liberty Safeguards) applications to the local authority where it had been identified that a person lacked capacity and restrictive practice was required to ensure they received the care they required and remained safe. The staff we spoke with understood the principles of the MCA, DoLS and its legislation. We also observed that people currently under DoLS were supported to go for walks in the local area with staff, meaning they had access to the outside environment, but were kept safe at the same time.

We observed staff seeking consent from people living at the home before care was provided. For example when moving a person's chair closer to the table at lunch or having a blanket placed on their lap. We saw people were also asked if they would like to go through to the dining room for breakfast. The people living at the home said staff sought their consent before delivering care?, with staff also being able to tell us how they aimed to do this. One person said; "They never take me for granted and they always ask first". A member of staff also said; "We have one person who can't verbalise consent. With this person we look at their body language and you get to know what they want". Another member of staff said; "We get to know people through their body language and their cooperation, otherwise we would know if they were not happy".

We looked at how people were supported to maintain good nutrition and hydration intake. We noted people had specific eating/drinking care plans in place. There was also a clear description of if they needed to staff to sit with them whilst they ate their meals, their level of independence and if they had any particular choices and preferences. The home also maintained a record of people's weights, which were done either weekly or monthly depending on each person's needs. The kitchen manager also held records relating to what people had eaten and drank during the day, however we were told this would only be completed if people had been deemed to be at risk with regards to their nutrition.

We observed part of the lunch time meal served at the home and overall saw it was a pleasurable experience for people. The meal served consisted of a choice of either chicken or steak, served with mashed potatoes and vegetables. At one point we observed a person telling a member of staff they didn't like the food and they were immediately provided with an alternative, which they seemed happy with. We had also identified two people that required full support to eat their meals and we observed staff sitting with these people, slowly assisting them to eat. We also saw several other people not eating, however staff had noticed this and encouraged them to eat more. One person living at the home told us; "No complaints about the food and I have a very good appetite". A relative also added; "The food is great, I wouldn't mind it myself".

We saw adaptations had been made to the environment that would help people living with dementia to retain their independence in the home. The adaptations included pictorial signs on doors, colour themed corridors and contrasting coloured hand-rails. We spoke with the registered manager about adding additional signage to guide people towards areas such as the lounge, however they told us they had trialled this in the past with limited success. They also told us they did not want to take away the 'homely' environment currently in place.

We saw people had access to health professionals as necessary. During the inspection we saw two different GP's visiting the home, who had been contacted by staff due to having concerns for their welfare and therefore sought further advice.

Is the service caring?

Our findings

We asked people living at Brideoake if they liked living there and were happy with the care they received. During the inspection we were able to speak with three people living at the home. Other people were unable to tell us about their experiences due to living with different stages of dementia. One person said; "I like it. I think it's alright and I have absolutely no problems. It's easy living here and they take care of me. I'm perfectly happy here". Another person said; "They provide good care and everybody seems happy. I doing ok for now. Smashing actually".

People told they liked the staff and described them as kind and caring. One person said; "The staff are always very nice to me". Another person said; "If I had three words to describe the staff here is would be kind, caring and friendly".

The visiting friends and family we spoke with also told us they were happy with the care provided at the home. One visitor said; "I think people get very good care here. The carers are fantastic. They treat people as if they were their own family. The staff are extremely kind and caring. When I visit people always seem clean, presented and well cared for. Overall the staff here are all very compassionate". Another visitor said; "I think the place is nice and I have no concerns. The staff look after people well here and I'm always made to feel welcome and always offered a drink". A third relative also added; "My relative is quite happy. Staff make me feel welcome and are friendly. I have had no concerns about the place. They do meet his needs, he is well presented and fed well".

During the inspection, we saw people looked clean and well presented. However one person did look unkempt and looked as though they needed a shave and had long finger nails. We observed a member of staff discreetly asking this person if they would like to go into their bedroom and have a shave, to which they eventually obliged. Staff said this person regularly refused to have their finger nails trimmed and that they respected this person's choice. We saw this was clearly documented in this persons care plan that staff had regularly attempted these interventions.

People told us staff respected their privacy, for example by knocking on the door and waiting to be welcomed in before entering. Staff told us they would help maintain privacy and dignity by making sure people received personal care in a private environment and ensuring were covered whenever possible. During the inspection we observed staff taking people to private areas of the home to deliver personal care such as to their bedrooms. One person living at the home said; "They treat me very well I must say". A relative also commented; "No faults whatsoever in that area".

People also said staff encouraged them to be independent and to try and do things for themselves. Staff were also able to describe how they did this when assisting people. One person living at the home said; "The staff never push me to do anything, but they do let me try myself". A member of staff also told us; "We encourage people to be independent, like walking and washing. We get to know what people can do". Another member of staff added; "We encourage people with personal care, let them choose their own clothing. It is important they are independent as possible".

Staff were able to tell us about how they offered people choices about the care and support they received. One member of staff said; "We get two or three different outfits for people to change into and we let them choose. People have choices when it comes to food as well". Another member of staff added; "I will always give people a choice with what they want to wear and not to make decisions for them".

During the inspection we observed several caring interactions between staff and people living at the home. At one point, we observed a staff member approaching two people who were sat in lounge and asked them whether they would like a blanket over their legs. The member of staff was seen to gently place the blanket on the person and tuck it in, smiling and reassuring the person at the same time. On other occasions, we saw staff showing concern when people had become distressed and re-assured them things were going to be okay.

We saw a sign advising people living at Brideoake that facilities including the internet and Skype video calling were available on request. This would enable to people to speak with family members if they did not live locally, or even lived overseas. This showed the service had considered ways to support people to maintain social relationships with people important to them.

Is the service responsive?

Our findings

The people we spoke with said they felt the service was responsive to their needs, as did the visitors and visiting professionals we spoke with. One person told us; "The staff help me to wash, get dressed and also give me my medication". A visitor also said; "The home is good at responding to things and gets back to you straight away. They keep me informed about everything". A visiting professional also said; "I have a client with behaviour issues and this is the only home I have found that can manage their behaviour well. They have strategies in place. Staff are very helpful and I always get a very good response. They keep me fully informed of any issues with my client. I have never had any concerns with this home".

We saw examples of where staff at the home had been responsive to people's needs and preferences. For example in one person's care plan it stated they liked to look clean, smart and have their hair brushed. The care plan also stated they liked to wear a cardigan during the day. Whilst looking at another person's care plan we read that they would like regular re-assurance from staff due them feeling anxious about certain things. We saw staff had undertaken these tasks during the day of the inspection.

During the inspection we looked at the care plans of four people who lived at the home. We saw they were person centred and had been completed in detail that would allow staff to support people in line with their needs and preferences. We saw care plans provided information about supporting people with personal hygiene, dressing, oral care, vision/hearing, foot/nail care, mobility, continence, medication, eating/drinking and social interests. From discussions with staff, it was clear they were aware of people's current support needs and they told us any changes in people's needs were communicated in staff handovers.

People we spoke with told us they did not have any complaints, but would feel confident to raise any concerns they may have with staff. We saw the complaints procedure was clearly displayed in several areas around the home and was also displayed in pictorial form. This would help enable people, including people who were not able to read, to make a complaint if needed. We found there were no open complaints at the time of our visit. There was also a makeshift post box located in the reception area where people living at the home and their relatives could make comments and suggestions about the home.

On the day of the inspection, the activities co-ordinator was not present and this was the reason the activities schedule was not adhered to that day. In the afternoon of the inspection however, care staff had made an effort to play some ball games and do chair exercises, which people seemed to enjoy. We asked people and visitors if they felt there was enough to do to keep people occupied. On visiting relative told us; "I visit every afternoon and I've seen them playing games such as bingo and exercises". Another relative added; "They do have activities, they had an open day a few weeks ago".

Staff had a positive attitude towards activities. We saw people's involvement and enjoyment of activities was recorded to help plan future activities. We were told feedback and ideas for activities were also discussed during residents meetings. One member of staff said; "We have just had a new activity coordinator. We have singers coming in and have a fun fair and things like that". Another member of staff said; "We have an activities coordinator and outside agencies will come to do exercises with residents. The

activities coordinator plays games like bingo, dominoes; she is new and has lots of ideas, which included one to ones sessions with people" . .

We were told satisfaction surveys for 2016 were sent out to people living at Brideoake Care Home, external agencies, professionals and relatives on an annual basis. We were told surveys had just been sent out and the service was awaiting returns. Visitors we spoke with confirmed they had recently received surveys in order to be completed. We saw some of the responses from previous years, with comments being mainly positive about the services provided. A relative commented; "I think it's quite good that they ask us for our opinions".

Is the service well-led?

Our findings

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We received positive feedback from people who lived at the home, staff and visitors about management and leadership. One person living at the home said; "The managers are just like friends to me, I can't fault them. We get on very well". A member of staff also said; "I do feel valued and appreciated. The management are approachable and I feel I can speak to them about any issues". Another member of staff said; "I feel very supported by management and feel I'm listened to". The staff we spoke with said they enjoyed their work and liked working at the home. One member of staff said; "This is a good place to work, the staff and management are great, no concerns at all". Another member of staff added; "No concerns working here, I really enjoy it".

During the inspection, the registered manager and care director were quick to take action and respond when we identified any areas for improvement around the home. For example, we had observed an electric cupboard, which had a sign saying it must be locked at all times, but was unlocked when we first arrived at the home. Another small cupboard with cleaning products was also unlocked meaning people could potentially access the contents placing themselves at risk of harm. We had also noted that two bathrooms didn't contain hand hygiene guidance and appropriate hand washing facilities to provide people with the correct guidance to wash their hands properly. We also identified three window restrictor latches had started to become loose and the handyman was immediately called in to rectify this. These issues were addressed early on during the day of our inspection and nobody had been placed at harm as a result. This demonstrated that management were quick to take action if any shortfalls were identified.

We looked at the systems in place to monitor the quality of service to ensure good governance. The care director was responsible for quality assurance audits and we looked at ones completed within the past 12 months. We saw they provided a focus on activities, care plans, cleaning, the kitchen area, laundry, maintenance and medication. We saw an overview of the findings was provided along with any relevant actions to take to ensure the service could continually improve.

During the inspection we observed the daily handover meeting between night & day staff in dining room, which was undertaken by the night time care assistant. We saw that discussions included whether residents were up or still in bed, whether personal care had been delivered, risk assessments and when district nurse and GP visits were scheduled for. We observed it was apparent staff knew the needs of people and the care they required. During this meeting, one resident who was confused and agitated was sat with a member of staff, who held their hand and reassurance was provided in a patient and kind manner.

Staff told us team meetings were held every three to four months, which provided them with the opportunity to discuss their work and hear about any developments at the home. Staff told us they could make

suggestions, and that they felt their ideas would be listened to. We also saw copies of accident reports that had been completed. The service kept a summary breakdown of the type and frequency of accidents each month that would help them to identify any trends or actions that may be needed.