

New Care Opco (Woodford) Limited Bramhall Manor Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Bramhall Manor Care Centre is a new, purpose-built care home registered to provide nursing and personal care for 71 people across three floors. The service is not a traditional care home as it exclusively provides short-term, intermediate care placements for people discharged from hospital but not yet ready to return home. At the time of our inspection there were 62 people using the service.

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

Medicines were not always managed safely which placed people at risk of harm.

Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always identified the concerns we found on inspection. The management team were helpful and quick to investigate when we fed back our findings during the inspection.

Staff were recruited safely and had a comprehensive schedule of induction and training to understand and meet people's needs.

People were supported to have 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. We received good feedback from people and their relatives about the high standard of food. Hospitality staff were knowledgeable and passionate about providing a pleasant and nutritious dining experience.

Staff were kind and caring and we observed some respectful interactions between people and staff. Feedback around staff was positive from people who felt well cared for.

All people who came to live at the home were required to isolate in their room for 14 days as per Government guidance. Although the provider told us there were systems in place to promote wellbeing, people and their relatives, along with staff members, told us people living at the home lacked social stimulation and some people told us they felt lonely. People and their families told us communication with the home was not always good and knowing how their loved one was feeling was important to them during a 14-day isolation period. We have made a recommendation about improving wellbeing support during the isolation period.

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

Rating at last inspection

This service was registered with us on 24/03/2020 and this is the first comprehensive inspection.

Why we inspected

The inspection was prompted in part due to concerns received about poor communication with families, medicines management and administration, nutrition, pressure care and wellbeing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe management of medicines, records relating to people's care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|-------------------------------|
| Is the service safe? The service was not always safe. | Requires Improvement ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was caring. | Good ● |
| Is the service responsive? The service was responsive. | Good ● |
| Is the service well-led? The service was not always well-led. | Requires Improvement ● |

Bramhall Manor Care Centre

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

This inspection was carried out by two inspectors, one specialist nurse adviser, one pharmacist inspector and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by two inspectors.

Service and service type

Bramhall Manor Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with twenty-six members of staff including the registered manager, commissioning director, head of care, clinical lead, hospitality and kitchen staff, laundry, maintenance, nursing staff, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four healthcare professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for 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.

Using medicines safely

- We looked at how the service managed medicines for six people; systems to manage medicines safely were in place but they were not always effective.
- One person's medicine was not accurately checked they were given more medicine than prescribed over a period of eight days.
- Another person was prescribed some pain killers but did not have their dose changed in a timely way which meant there was a risk they may suffer pain unnecessarily.
- Two people were assessed to check if they could look after their own medicines, the assessments did not include all their medicines.
- Two people were given doses of some of their medicines too close together or at the wrong times because staff administering medicines did not follow the manufacturers' directions which were clearly printed on the container labels. The system in use by the provider did not effectively reinforce this information placing people's health at risk of harm.
- Some people did not have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. Following our feedback, the manager has told us this information has now been put in place.
- Waste medicines were not always stored in line with current good practice guidance.
- We found people's thickener, used to thicken drinks for people who may have swallowing difficulties, was not always stored in line with published safety guidelines.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns throughout the inspection and these were acknowledged during and after the site visit. The registered manager told us they had now put measures in place to minimise any future risks regarding medicines. We will review the effectiveness of these measures at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- People we spoke with told us they felt safe.

- Information sent to us by the local authority informed us of alleged safeguarding incidents at the home. We had not always been informed by the service of these investigations. Please see the well-led section of this report for further information.

Staffing and recruitment

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included police checks and references from previous employers.
- The provider told us they used a staffing tool to determine the number of staff required to safely operate the home. We received mixed feedback from people and staff around staffing levels. Some staff felt levels were appropriate. However, other staff felt levels needed to be increased, especially when the home had more people with high dependency needs.
- People told us they did not always receive a timely response when they used their call bells. During the inspection we observed that call bells were answered promptly on some occasions; however, we also saw examples where people had to wait for attention from staff.

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

- People's care records did not always clearly identify individual risks and mitigating actions. Although information on care needs came from the hospital when discharged, people's care plans and risk assessments were not always written up in a timely way to identify if further actions were required to ensure people's safety and wellbeing. For example, one person was at risk of skin breakdown and no waterlow assessment had been carried out, and repositioning charts had not always been completed.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Health and safety checks of the home were regularly carried out by maintenance staff on the building, environment and equipment.
- Accidents and incidents were reported and recorded by staff. The service's electronic system allowed an overview of incidents and analysis to demonstrate any trends or repeat incidents.
- Action was taken by the management team to investigate any accidents and incidents.

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current 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 for 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.

Staff support: induction, training, skills and experience

- Staff received a programme of training and supervision to enable them to provide safe and effective care.
- There was a comprehensive mandatory suite of training, induction, shadowing and ongoing supervision of staff. Additional training is offered regularly, such as mouth care and tissue viability to meet the specific needs of the people living at the home. Staff competency checks were carried out.
- Staff told us they felt the training was good. One staff member told us, "The home trainer is excellent and will always answer any questions even if you have any in passing. If anyone is wanting any further training, they are always willing to provide this also."
- The provider supplied us with staff survey results that indicated the majority of staff were aware of schemes run by the service to promote their wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were assessed and catered for.
- The home had a hospitality team and meals were made by the resident chef team, who told us they were aware of people's dietary requirements. They told us they would fortify foods, such as yoghurts and smoothies to make them high calorie where someone had been identified as being at risk from weight loss.
- People told us they were given choices around food and were complimentary about the food. One person told us, "I enjoy the food. I don't leave anything."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People at the home had access to a wide range of healthcare professionals.
- Professionals on site included, physiotherapists, occupational therapists, advanced nurse practitioner and resident GP. The service was visited twice per week by a pharmacist to review people's medicines where necessary. The registered manager told us they also had links with the local tissue viability nurse team if they had concerns about anyone with a wound. We reviewed one person with a wound and found significant improvements had been made with the wound during the time spent at the home.
- People were collected to attend medical appointments to maintain continuity of care.
- Multi-disciplinary meetings were held each day and people's discharges to their home, or another service, were planned with the agencies and services involved. This enabled people to achieve their goals of returning home or moving to another longer-term care facility.
- The registered manager told us they had cared for 1220 people since the opening of the service, and they

told us they believed they had achieved good outcomes for people during this time.

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

- The home is a new, purpose-built facility that had been designed and furnished to meet people's needs.
- Signs and pictures were up around the home and on doors to help people find their way around. Each floor had accessible bathrooms and toilets, a passenger lift between floors and equipment available to assist people to move around the home. Bedrooms and communal areas were decorated to a very high standard.
- The home was surrounded by large accessible outside spaces; there were gardens and large, enclosed well-furnished patio areas and outside terraces on the first and second floors.
- Due to the Covid-19 pandemic the home had been split into three separate floors with staff allocated to just one floor. Movement between floors was restricted to minimise the risk of transmission in the event of an outbreak.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us they were aware of the DoLS procedure and had made applications where necessary. Due to the short-term nature of the service, they rarely received authorisations back before the person had left the service.
- Staff sought consent from people before providing support to them. We observed staff spoke respectfully when speaking with people and respected people's decisions and choices.
- We found that consent forms had not always been completed or signed. We fed this back to the registered manager, who told us they would review all forms and ensure they were signed.

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

- People's needs were assessed at the hospital prior to admission to the home to ensure the service could provide the appropriate care. This documentation detailed people's specific care needs at the point of their discharge.
- Systems to ensure that records are established and maintained accurately are discussed further in the well led section of this report.

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 for 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.

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

- People were supported by respectful and caring staff at the home.
- Staff worked hard to care for people well. We observed and heard staff speaking with people kindly and offering them choices.
- People told us staff were kind and caring. One person told us, "I feel I have been well looked after and the staff are caring." Relatives told they felt their loved one was cared for. One relative told us, "Staff are brilliant."
- The registered manager told us they value equality and diversity, and everyone is treated as an individual. They told us people's specific needs are catered for, including individual dietary and cultural needs. They told us religious representatives had visited people in the home.
- The manager told us they were proud of the staff. They told us, "I am proud my staff have sat and held hands of strangers they didn't know in order to provide reassurance and care when families were not allowed to visit."
- We reviewed the compliments file and found people and their relatives had written in to show their appreciation. One person had been so moved they wrote, "[Staff] kept her so peaceful. Staff were like family. All staff were amazing." They also wrote to the Queen to compliment the care their relative had received at the home. Other compliments included, "I would like to thank you very much for the kindness and care you gave to me when I stayed in the home recently. The staff were really lovely." And "thanks so much for all you do with such difficult times... we are very grateful."

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

- People were assessed prior to admission to the home and care plans written at the home. People were involved in decisions about their discharge back home or to another service.
- People were supported to leave the home with discharge packages designed to maximise safety and prevent readmission back to hospital.
- Due to Government guidance stating the need for a 14-day isolation period, relatives were told they were not able to visit their loved ones and when they could, they told us they found it difficult that there was a constriction on the length of visits. The registered manager told us they had put in place a visiting schedule that was managed by wellbeing and administrative staff who ensured a fair system of visiting was in place.
- The registered manager told us they had links to local advocacy services to assist people who may need help with representation in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff were always attentive and showed kindness when speaking and addressing people. People looked well-presented and cared for.
- The service had an acoustic monitoring system in place. This system was used at night to avoid any unnecessary disturbance and the monitor people's safety. The system also benefitted from a silent call bell. This meant other people would not be disturbed when assistance was summoned.
- Professionals we spoke with told us the care was good. One professional told us, "Staff attitude is good. They work hard under difficult circumstances." However, some professionals told us they would like to see people's independence being promoted more.
- Staff told us they felt the team was caring. One staff member told us, "The care team all get on well. Staff are caring."

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 home had a wellbeing co-ordinator in post. They told us due to the pandemic and the need for 14-day isolation, they had not been able to provide a full activities programme. They told us they had to provide support for people's wellbeing through one-to-one support, facilitating video communication/visits with families and activity packs. People had access to an interactive activity service on their television or hand-held device. Families were encouraged to bring in hobbies from home. When people are out of the isolation period, they are encouraged to spend time in communal areas and take part in other activities.
- The registered manager told us about the wellbeing strategies and systems they had in place to promote people's wellbeing. However, some people told us they felt lonely and staff confirmed some people did not receive much social stimulation and this could impact on people's mental health and recovery. Staff told us the wellbeing staff were currently spending their time facilitating visiting.
- We were supplied with a document 'Information for residents and families' which states 'no face to face visiting is permitted' for the initial two weeks. There is no information supplied that informs people, or their families, of the right for all people to be able to nominate an essential care giver to visit, even during the isolation period, if the person and care giver have a negative Covid-19 test. People do not have to have any additional needs to have an essential care giver.

We recommend the service reviews current wellbeing arrangements for those people in isolation.

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

- Due to the short-term nature of the service, care plans addressed people's immediate needs from hospital discharge rather than long term goals to achieve whilst living at the home. People's goals were to go home or to another facility after a short stay at Bramhall Manor.
- We found people's care plans were not always fully completed or contained all relevant information. Staff told us this was due to problems with the electronic system used at the home. We found one person's care plans had not been completed as the electronic system had been down for a couple of days. However, staff had information on the person's care needs provided by the hospital at discharge.
- The registered manager told us staff were able to access people's care plans on their hand-held electronic devices and paper care files. However, staff told us they relied on verbal handover and information from other staff for knowledge about people's immediate care needs.
- The concerns raised regarding care documentation were acknowledged and immediate steps were taken by the management team to rectify the problems. The registered manager told us they were moving to a

new electronic care system. We will review the effectiveness of this new system at our next inspection.

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.

- The registered manager told us they were aware of the need to provide information in an accessible way. They told us they received details on people's individual communication needs from the hospital discharge information. They told us they were able to access other communication facilities, such as translation services.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. Information on how to make an official complaint was displayed in the home's foyer and included in people's welcome pack given to them on arrival at the home.
- We reviewed the complaints information and found complaints had been responded to.
- People told us if they had any complaints, they felt they were able to raise any concerns with the staff on duty.

End of life care and support

- People had a care plan in place at the home to ensure they were supported to plan for their end of life care. Healthcare professionals were able to ensure people received the medical care they needed for end of life care.
- The home relaxed their visiting schedule to facilitate family visits if someone was approaching the end of their life. The registered manager gave examples where they had accommodated family to enable them to be with their loved one.
- The home had received compliments from families about people's end of life care. One professional told us, "They have supported people at the end of life which has been done with appropriate care and empathy through the pandemic."

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was not always consistent. 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 home had a comprehensive management infrastructure in place as they were part of a large chain of care homes. Policies and procedures were comprehensive and up to date. A suite of audits was in place and regularly carried out; however, they had not identified and actioned immediately the concerns found during this inspection.
- The provider had not always ensured the safe and effective management and administration of medicines. The provider had not always ensured accurate, complete and contemporaneous records were kept for service users because people's care records were not always complete and monitoring records, such as repositioning and bowel charts were not always completed. Incomplete care and monitoring records placed people at the risk of harm.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of oversight of the operations of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful throughout the process and reacted quickly to any concerns raised. After we raised our concerns about a lack of care documentation for one person, the clinical lead put together a paper-based pack for use by staff in the event of any further breakdown of the electronic system. The provider told us the implementation of a new care recording system would resolve the concerns we identified. We will review and evaluate the effectiveness of this new electronic care document system at our next inspection.

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; Continuous learning and improving care

- We identified concerns regarding the lack of statutory notifications submitted to CQC as per registration requirements. We found safeguarding investigations around care provided at the home had not been notified to CQC. The registered manager gave reassurances this was an oversight and notifications would now be submitted as required.
- The registered manager demonstrated their awareness of their responsibility to act on safeguardings, accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager told us they, or a member of the management team, were involved in a series of daily, weekly and monthly meetings. They informed us they completed daily walkarounds and held morning meetings on the floor.
- The registered manager advised they ensured good communication with staff through the above meetings, letters to staff and handover meetings and sheets. However, some staff said they felt the communication from the management team was not always effective. Staff told us they did not always feel fully informed of people's care needs and this communication needed to improve.
- The registered manager told us that due to the short-term nature of the service, feedback from residents is usually when they ask the person or relative to complete a review on a care website. A survey had been carried out a few months previously, but this was around staff vaccinations and not their opinions of the quality of the service.
- The registered manager told us they had employed extra administration staff to help with relative's phone calls. People and their relatives told us they felt there was a lack of communication with the home and they were not able to get through to the home on the telephone to find out how their relative was. Relatives told us they had not been involved in care planning and one relative told us, "I believe my loved one is looked after, but I am just frustrated at the lack of communication and I am concerned for the future."

Working in partnership with others

- During the Covid-19 pandemic the management team had worked very closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.
- Feedback from stakeholders was positive about the service. One stakeholder told us, "The service offered in my opinion is very good."

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed and administered safely. Regulation 12 (2) (f) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service and mitigate risk had not identified the concern found on this inspection Regulation 17 (1) (2) (a) Complete and contemporaneous records had not always been maintained. Regulation 17 (2) (c) |