

Four Seasons (Bamford) Limited

Brimington Care Centre

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

Brimington Care Centre is a registered care home. People in care homes receive accommodation and personal care as a package of care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Brimington Care Centre accommodates up to 45 people.

The home provides accommodation over two floors and people have shared access to communal rooms and bathrooms. At the time of the inspection the home was fully occupied. Many of the people were living with dementia.

At our last inspection in June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 13 November 2018 and was unannounced.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and follow. All staff were clear about action they would take. Recruitment of staff was carried out to ensure that adequate numbers of suitable staff were available to support people. People received medicines as they were prescribed.

People continued to receive effective support from staff who had a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible, whilst involving them as much as possible to make decisions. The policies and systems in the home supported this practice.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of independence in line with their abilities and wishes. People's diverse needs were recognised and support and access to activities was supported and enabled by staff.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Care plans and detailed assessments were individualised and contained a wealth of information about people, their needs and wishes.

People using the service were well known by staff and the staff team continued to work consistently to ensure that support provided respected their needs. People's own communications methods were well known and understood by staff who were keen to advocate on behalf of people whenever they were

unhappy, wanted to make preferences known, or wanted to raise an issue.

The care home continued to be well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. Staff were positive about the leadership and skills of the registered manager and people using the service had a good relationship with the registered manager too. Further information is in the detailed findings below.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continues to be well-led.

Brimington Care Centre

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 comprehensive inspection took place on 13 November 2018 and was unannounced.

The inspection team consisted of one inspector and one Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met or had sight of all the people who used the service. We spent most of our time in the company of people using the service provided. Some of the people living in the home had limited verbal communication skills but they were able to make known their views about some aspects of the service. Staff were familiar with and understood their communication methods. We spent time observing how people were being cared for and supported by staff to help us understand people's experience of living at the home.

We spoke with eight people about their daily lives and experience of living in the home and spent time in their company during the day. We met and spoke with two relatives who were visiting the service. We spoke with the registered manager, the regional manager and three care staff. We looked at care records of four people, the medicine management records and some records relating to the management of the home. These included records relating to checks of safety procedures including fire risks, staff training, meeting records and overall checks of the home.

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff were aware of their duty of care and there were posters in strategic places to remind staff of these and the agencies they needed to contact should they have any worries. They had received training in relation to these aspects of care and support. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. Staff supported people to move safely and where needed to eat safely. People had good reliable footwear to ensure their balance was not compromised by poorly fitting or insecure footwear.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, for some people, risk assessments were in place to help support people at risk of their skin breaking down. Staff were able to tell us about the risks to people. Pressure relieving cushions and mattresses were available for those who required them. Staff knew how to support people with their behaviour, and positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff were deployed effectively between floors. The communal areas had enough staff to ensure people were safe and had their needs responded to quickly and safely. Staff were well organised, communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner.

The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. One person told us, "Staff look after my medication, they give it to me and keep it safe. I have pain killers, I ask staff and they bring it to me".

Staff gave people their medicine in a safe way. People had their medicine reviewed by the GP. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way.

Accidents and incidents were prevented where possible. When they did occur, they were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. For example, if a person had a fall, the time and place were analysed to where possible ascertain the reason or cause and actions were put in place to prevent this happening again.

The environment was clean and tidy and staff knew how to prevent the spread of infection. However, the carpet in the sitting room was stained and worn. We were assured by a representative of the provider this would be addressed and the registered manager would let us know as soon as this was completed. Staff had access to protective clothing and we saw it was used appropriately. There was enough cleaning staff to ensure the cleanliness of the home and to prevent the spread of infection.

Is the service effective?

Our findings

People had their needs assessed before they were admitted to Brimington Care Centre. This ensured the service could meet their needs and wishes. Staff were trained to meet people needs and wishes and we saw they created a calm atmosphere where people were relaxed and engaged with their surroundings.

People were supported to eat and drink enough and maintain a balanced diet. All the food was cooked fresh and there was a variety of fruit and vegetables. We were told the food was good. One person said, "It's so good and there is so much of it." The menu was varied and balanced. One person told us the quality of the cooking was 'good' and there was always a choice of menu.

Risks to nutrition and hydration were assessed and people were offered the support they required. Staff closely monitored the amounts people ate and drank when risk was identified. Action was taken where this was required. Fresh fruit available throughout the day for people to eat as they wished.

Before people began using the service checks were made to ensure their needs were suited to the service and could be met. People told us that staff 'treated them well and looked after them'. A visiting healthcare professional said staff were knowledgeable and followed recommendations.

Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff had an induction period and were supported to understand each person's needs. New staff were able to study for the Care Certificate. Additional training had been arranged about people's specific needs, for example, staff had been trained to understand and better assist people who were living with dementia.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs. One member of staff was a 'oral health champion'. They said they were aware of how important good oral health was and had arranged for a local dental practice to call on an annual basis to review the care of all people. They had ensured people had the most appropriate toothbrushes and that their dentures fitted. This was important as it could prevent people eating properly. Physical health was promoted and the local GP visited every two weeks. People's mental health was promoted. Staff recognised what was important to people. Staff requested healthcare support when this was needed and followed the advice given.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on

such authorisations were being met.

People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. Consent was sought before care and support was provided.

The premises and environment met the needs of people who used the service and were accessible. The signage was good and was clear. The lay out allowed people to walk around unaided but allowed staff to discretely observe them. The corridors were well lit and guided people to their distinctive bedrooms doors. This allowed people to find their rooms easily.

Is the service caring?

Our findings

People were treated with kindness and respect. One person said, "Staff are very nice, they are good friends to me." Staff knew people well and about the things that were important to them. They knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. One person had a therapy doll which we saw was very important to them. Staff referred to this therapy doll by name and understood and respected the person's feeling for it. Staff made sure the person had the doll at all times.

People's families, friends and representative were welcomed to the service at all times. Communication was good and people were given information in accessible formats. When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights. The registered manager invited the Alzheimer's Society to give a talk to relatives to help them understand the effects of dementia and how it affects people. This was well attended and we were told much appreciated. The home offered people and their visitors a private room for their visit should they choose it.

Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.

People had their privacy, dignity and independence promoted. When staff assisted a person to walk they allowed the person to set the pace and they walked alongside them chatting to them. At one point we saw staff encourage them to walk by singing to them to distract them. There was lots of laughter and jokes being told throughout the day.

All people, regardless of their ability to care for themselves, were offered care in a dignified manner in caring surroundings. This created an atmosphere of calmness and care. Staff had received training about privacy and dignity. They knew how to protect people's privacy when providing personal care. Staff knocked on people's doors before entering and addressed people in a kind and caring way. Staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People or their representatives were involved in the care planning process as far as they could be. Their preferences about the way they wanted to receive care and support were recorded.

People's care plans included a section about what was important to them and what they liked and disliked. Staff told us that they had read the care plans and found the care plans to be a valuable source of information they needed to be able to support people.

People were supported to follow their interests and take part in activities that were socially and personal to them. They had regular outings to garden centres and other local attractions. The service had good connections with local services. For example, a local nursery school visited on a regular basis for a few hours and we were told people really enjoyed this.

On the day of our visit people were making fairy cakes to raise money for the 'Children in Need' appeal. One person said it was important to them to be able to help others. Other people were supported to pursue friendships they had made at Brimington Care Centre. People had access to a variety of books and magazines and we saw they used them.

Staff support people to read and chat to people. Staff were aware of people's lives what occupation they had before they retired. For example, one person had been a dressmaker and staff knew this was important to them.

People were welcomed to the service at all times and we saw a steady stream of visitors all day.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to meeting the information and communication support needs of people who use services. People had access to their care plans which were in formats that suited their needs. Staff used photographs, pictures, objects, gestures, sign and verbal language to communicate with people in ways that suited them. During our visit we saw and heard staff and people use a variety of communication techniques to engage with each other.

The provider had a complaints procedure which was accessible to people and relatives. At the time of the inspection there were no outstanding complaints. One relative told us they had to make a complaint recently. They felt listened to and the issue was resolved as soon as was possible without fuss. The service had received many compliments about the service they offer.

No one was receiving end of life care. A process was in place that would identify and allow people to spend the last days of their lives as they wished. This included reviewing pain relief and spiritual care.

Is the service well-led?

Our findings

The service continued to be well led. The registered manager of the home had been in post for two years and had been deputy manager before this. They had a clear understanding of their responsibilities. 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.

The registered manager had a good overview of all aspects of the service. There were systems in place to capture staffs' knowledge of people. The quality assurance process in place reviewed all aspects of the service. This included regular audits and checks which were made by representatives of the provider as well by the registered manager. Regular checks and audits were undertaken of the records and notes in the service to ensure that people using the service were safe and well cared for in all aspects of their lives.

The registered manager was known to people and their representatives. They said they were easy to talk to and very supportive. They were aware of people's conditions and needs. They ensured staffs' morale was high and the registered manager recognised staffs' ability to make a difference to people's lives. For example, one staff member who was interested in oral care they became the 'oral health champion'. They were proud of this role and understood the difference good oral health made to people. The staff member felt fully supported in the role. Another example of the registered manager being supportive to families was when they arrange a talk by a member of the Alzheimer's Society to help them understand their family member's condition.

Throughout the day we saw the registered manager talking to people and staff. It was clear people knew them and staff were at ease with them. Staffs' morale was high and all the staff we spoke with 'loved working' in Brimington Care Centre. This was evident in the low turnover of staff and the many years of service of most of the staff.

People were encouraged to make good use of local community with the service having good local connections that were important to them. Everybody was clear they could talk to any member of staff and or the managing team. The registered manager and staff had created a relaxed and calm atmosphere in the service which all people benefited from.

Staff were very confident about how they could raise any issue of concern and made reference to the providers attitude to whistleblowing, advising that they felt sure they would be listened to and taken seriously if they needed to raise anything. Information on who to raise concerns with was clearly – though discretely - visible throughout the service.

Staff told us they regular meetings with the registered manager. In addition to the staff meetings, the registered manager and staff told us they had regular supervisions sessions and an 'open door policy'. This meant the registered manager was available to staff and in turn was aware of problems and issues in the

service.

The registered manager felt well supported by the provider and had access to training and development linked to their role. They advised us that they valued the opportunities at training events to share experience and knowledge with other registered managers as well as hearing from guest expert speakers at learning events.

Notifications were shared with us as expected, and provided us with information about how issues had been dealt with by the home. We found that the previous inspection rating was displayed as required.