

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

We inspected Brimington Care Centre on 9 February 2016. This was an unannounced inspection. The service was registered to provide accommodation and nursing care for up to 44 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 43 people living in the care home.

At our last inspection on 23 September 2014 the service was found to be non-compliant regarding consent to care and treatment and complaints and action was required. The provider subsequently submitted an action plan detailing how they proposed to address the identified shortfalls. On this inspection we found improvements had been made in these areas and no other concerns were raised.

A registered manager was in post and present on the day of the inspection. 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.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Potential risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were enough staff on duty to keep people safe and meet their needs. Accidents and incidents were monitored and analysed to reduce the likelihood of recurrence. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely, in accordance with current regulations and through guidance for staff, who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People received consistent care and support from an established staff team who knew and understood their needs. They were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional staff training specific to the needs of the service. Staff received one-to-one supervision meetings with their manager.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made

including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were protected from risks associated with eating and drinking as their nutritional needs were assessed and any specific dietary requirements were managed effectively. Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals, which ensured people received the care and treatment they needed in a timely manner.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. Staff made sure people had the information they needed to make informed choices and to understand information that was important to them. People were supported to maintain relationships with their friends and families.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

## 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 were protected by thorough staff recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Concerns and risks were identified and acted upon.

### Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They

were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were met, as staff understood their needs and were aware of how individuals wished to be supported.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

### Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was a quality monitoring system to help ensure the care provided reflected people's needs.

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

This inspection took place on 9 February 2016 and was unannounced. The inspection team consisted of one inspector and an 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also looked at a Provider Information Return (PIR) which we had requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit, we spoke with five people who lived in the home, one relative, three care workers, a senior nursing care assistant, the clinical lead nurse, two regional managers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives spoke positively about the safe, comfortable and homely environment. People told us they felt safe living in the home and were happy to speak with staff should they have any worries or concerns. One person told us, "I always feel safe here - why wouldn't I?" Everyone is lovely and they can't do enough for you." This was supported by one relative we spoke with who told us they felt their family member was, "As safe here as at home – in fact, more safe here because there are more people around." People we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to their needs. One person told us that if they ever needed to use the call bell in their room, staff would, "Run like the house is on fire, to see what I need." They also said, "All the staff here are good and the night staff are great if you want anything at all they're always there for you. 'We're a good crowd here.'"

Throughout the day we observed friendly and good natured interactions and saw people were comfortable and relaxed with staff. The registered manager told us that staffing levels were flexible and routinely reassessed whenever an individual's condition or care and support needs changed. This was supported by duty rotas that we were shown and helped ensure people's safety and welfare. We found that staffing levels were monitored and assessed on an on-going basis according to the individual dependencies of people who used the service. The regional manager described the organisation's staffing tool. They told us, "We use the 'Care Home Equation to Safe Staffing', (CHESS) which is a research and evidence based staffing tool and ensures staff skills, numbers and deployment reflect people's assessed care needs and dependency levels." They also said this enabled staff to meet people's identified care and support needs in a safe and consistent manner.

A regional manager told us the person centred approach to care provision, "Acts in the people's best interests, helps ensure they are safe and promotes their dignity and human rights." We saw people's care plans incorporated comprehensive assessments regarding potential risks, together with guidance for staff on how these were managed to help ensure people were kept safe from harm. We found evidence that people's risk assessments were regularly reviewed and that staff had a good understanding of people's individual needs and how to keep them safe from avoidable harm.

Medicines were managed safely and consistently and all staff involved in administering medicines told us they had received appropriate training, to help ensure they had the necessary skills and knowledge. We spoke with the clinical lead nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They confirmed that, "The safety of the residents here is paramount. Everyone with responsibility for medication has had the necessary training and their competency is regularly assessed." This was supported by training records we were shown.

The registered manager told us, "To keep people here safe we have a comprehensive 'blended' training programme for all staff, incorporating both e-learning and practical training, which includes areas such as equality and diversity, the requirements of the Mental Capacity Act and deprivation of liberty and medicines management." They said staff had completed training in safeguarding people and received regular training

updates. This was supported by training records we were shown. Staff understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw the current policy and procedure relating to safeguarding was implemented on 14 November 2014 and was scheduled to be reviewed in March 2016. This helped ensure people were protected from abuse and avoidable harm.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. A member of staff explained the contingency plans that were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.



# Is the service effective?

## Our findings

People and their relatives told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "The staff are lovely here, they look after me very well and if I want any help, they will help me." Another person told us, "It's good here. We have everything we need." A relative we spoke with described their experience before their family member moved into Brimington Care Centre and their satisfaction with the service. They told us, "Before [my relative] came here we visited several other homes, including ones run by doctors, but they were not a patch on this one."

People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. Each person's identified care and support needs were met, in a structured and consistent manner, by competent staff who were appropriately trained and had the necessary skills and awareness. The deputy manager told us all new staff received a comprehensive induction programme when they started working at the service. This included time shadowing other staff and attending key training sessions, until they felt confident and had been assessed as competent to work unsupervised. This was supported by members of staff who said they received the necessary training and support they needed to fulfil their roles.

We spoke with a doctor, from the local GP surgery, who visited the service regularly. They explained it was a long-standing arrangement for each person at Brimington Care Centre, with their consent, to be registered with the one surgery, which made coordinating care services for people, "More straight forward than it used to be." However they said this multi-disciplinary approach could be enhanced further with improvements to current arrangements for district nurses. This resulted in nurses from other practices attending the service, whilst those, "Working in the next room to me at the surgery are not involved with people here." The GP said they had been visiting the service for many years and had developed a close and effective working relationship with the staff. They conducted a "ward round" every two weeks and said staff were "always very proactive in contacting the surgery."

Staff told us they had one to one meetings with their line manager, which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. Records showed staff were up to date with their training in key areas such as infection control, dementia awareness and medicines management. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager understood when

an application should be made. They also confirmed that, following individual assessments, they had made DoLS applications to the local authority, as necessary, and was waiting for decisions regarding authorisation.

Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before providing personal care.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about people's health needs. One person told us, "I can always see the doctor when I need to." We saw that people living with dementia received support through specialist teams and had access to a social worker. People's individual plans demonstrated they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Plans also contained records of any appointments with, or visits from, such healthcare professionals.

## Is the service caring?

### Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. We spoke with two people who were sitting together in the dining area knitting. One person told us, 'This is my home and it feels like home. The staff are very nice and if I want anything I only have to shout and they will be here.' Another person told us, "The staff here are very kind and caring. They look after me really well and nothing seems to be too much trouble." Relatives we spoke with confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited.

The registered manager told us, "Through our person centred planning, dignity training and feedback, such as residents' surveys, we ensure that our residents are treated with kindness compassion and respect at all times." Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff spoke politely with people and responded to them in a calm, considerate and respectful manner. We also observed staff regularly checked people's understanding rather than just assuming consent. They called people by their preferred names, patiently waited for and listened to the response and ensured the person had heard and understood what they were saying. This demonstrated that lessons had been learned and improvements made following the previous inspection.

Staff understood people's needs and personal preferences and were aware of how they liked to be cared for and supported. Individual care plans contained details regarding people's personal history, their likes and dislikes. This information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. One member of staff who had been working at the service for over five years said they had recently completed their NVQ3 and was hoping to become a senior carer later in the year. They told us, "We are very hot here on person-centred care. No two residents are the same." They also explained how people were encouraged to, "Bring in things from home, such as pictures and photographs and even small items of furniture." They told us, "It really helps the person to settle in and feel this is their home now."

Another member of staff told us, "We just try to make them happy every day." They described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support.

A local GP, who had been visiting the service for many years, spoke very positively about the kindness and compassion of the staff. They told us, "The care here has always been good and over recent months the organisation has improved." This was supported by one member of staff who told us they would have been happy for their own relative to live at the service.

People's wishes regarding their religious and cultural needs were respected by staff who supported them.

The registered manager told us, "As part of our initial assessment, we would ascertain if the person required any support with their cultural needs, and liaise with family and any pastoral communities, such as churches, that they may have been part of. We would then formulate a person centred care plan, to reflect any specific cultural needs that are required." They explained that staff were made aware of this information through individual person centred care plans, team meetings and regular handovers.

The deputy manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. Staff told us they made sure people's privacy and dignity was maintained when providing personal care. We observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. We also saw the service had appointed two members of staff as 'dementia champions'. This meant that people had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care.

## Is the service responsive?

### Our findings

Relatives we spoke with told us the home was very welcoming and there were no restrictions on visiting times. One relative told us, "We're kept informed of what's going on and there's always someone around to speak to." We saw staff took the time to sit and talk with people, rather than only speaking with them while providing personal care or because a task needed to be done. We also observed that any call bells that rang were attended to straight away. One person told us, "They all know what I like - and nothing's too much trouble. This demonstrated that people received personalised care and said staff were aware of and responsive to their individual care and support needs.

The registered manager explained that before moving into Brimington Care Centre, people's individual care and support needs were routinely assessed, "To establish their suitability for the service and their compatibility with existing residents." They described the care planning process as "consultative" and said their open door policy also encouraged friends, relatives and visitors to raise and discuss any concerns or issues they may have. Care plans we saw, incorporated personal risk assessments and individual activities of daily living. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. We saw the care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This demonstrated that the provider was responsive to people's individual needs.

We saw an activities board which showed photographs of some of the various activities provided. The majority of activities were personalised and tailored to reflect individual interests and preferences. People said they enjoyed the entertainment provided. One person told us, "I like playing bingo, doing jigsaws and the exercises with music and the big beach ball." Another person said they enjoyed the concerts and added, "There's one this afternoon."

One person told us they, "Like to go out in the minibus to Matlock but we don't go out in the cold." They also mentioned they had been to the Pantomime and the Rotary Club where, "We have a pie and pea supper and a drink - it's a good night." As part of a busy activities programme, the afternoon entertainment on the day of our inspection was provided by a popular and dynamic young singer, who was very personable and enthusiastic. We were told he was a regular visitor and people clearly enjoyed his interactive performance, with many happily dancing and singing along.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. The registered manager told us people were assessed before they moved into the service, to ensure their identified needs could be met. Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with individual possessions that were important to them. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with ensuring, wherever possible, a satisfactory outcome for the complainant.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. Meetings were held every three months with people and their relatives although we were told attendance was variable. However, relatives told us that they were impressed with the registered manager and had "every confidence" in them. One relative told us, "The manager here is brilliant. She has made a big difference since she came. She doesn't just sit in the office – you see her around the home, talking to people. She's not afraid to get her hands dirty either. If she sees something needs doing and staff are busy, she gets stuck in."

Staff we spoke with told us they felt supported and were able to approach the management team about any concerns or issues they had. One staff member told us they felt supported by the registered manager and that they could tell them their concerns if needed. All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

Our discussions with the registered manager showed they understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. Without exception, all members of staff we spoke with told us how much they enjoyed working at Brimington Care Centre and described the culture as, "positive," "open," and "inclusive." One staff member said, "I get all the training I need to do my job and I get regular appraisals. I can always take ideas to the manager and if she thinks it's something that might be good for the residents she is 100% supportive."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy. Staff had confidence in the way the service was managed and described the manager as, "Approachable," and, "Very supportive." We saw documentary evidence of staff receiving annual appraisals and regular formal supervision. This is a confidential meeting with their line manager to discuss their individual progress and identify any specific support or training needs. ..

The registered manager had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits had been drawn up in areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify any preventative measures that were needed. We also saw satisfaction surveys were used to gain feedback from people and their relatives regarding the quality of the service provided. One relative confirmed they had been involved in this process and told us, "I'm always regularly consulted for my views. I have also filled in two questionnaires, one an independent one and one that feeds back to the company running the home."

The registered manager described other quality monitoring initiatives which included a daily 'management walk-around'. The provider had also recently introduced a new computerised system of quality monitoring. The deputy manager explained and demonstrated the 'Quality of Life' monitoring system', which incorporated two touch screen computers, one a portable hand-held device and the other which was floor standing and situated just inside the front door. Both were simple to use and had been programmed with a range of survey type questions and enabled people leave their views and comments regarding the quality of the service. The information was collated centrally and used to drive improvement. A member of staff told us, "This is for anyone; residents, relatives and visiting professionals, to give feedback on our home. Also if there are any concerns, they can be dealt with effectively and efficiently." We saw there was a notice board displaying various information relating to the service, including a 'You said – we did' section which clearly detailed issues or concerns that had been recently raised by people or their relatives, and the action the provider had taken to respond and address any such issues.

Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the registered manager told us they were able to compare what is actually done against best practice guidelines and policies and procedures. As a result, any necessary actions were identified to help improve the service.